

Shabach Health Care Ltd

Tameside

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Tameside is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Whilst we found no evidence that the service was not complying with the Mental Capacity Act (MCA), we found managers and staff knowledge relating to MCA was limited.

All required checks had not been completed prior to staff starting to work at the service. Following the inspection the registered manager told us they had completed a full audit of all staff files and confirmed all records were complete. There were sufficient staff to meet people's needs. Records showed no visits had been missed. People told us staff were usually on time and staff let them know if they were going to be late. People told us they felt safe with staff. Staff had received training in safeguarding people from abuse and procedures were in place to guide staff should they have any concerns. Staff knew how to raise concerns, but not all staff had a good understanding of safeguarding or signs of abuse. Risks to people who used the service were identified and well managed. Risks to staff or people within the environment of people's homes had not been assessed. There were systems in place for the safe administration of medicines. Risks associated with COVID-19, and other infectious diseases, were identified and well managed.

People's needs were assessed prior to them starting to use the service. Detailed care records were in place to guide staff on the care and support people needed. Staff had the training and support they needed to carry out their roles effectively. Following the inspection, the provider arranged additional training for staff regarding safeguarding and MCA to improve their knowledge and understanding. People were supported with their nutritional needs. People told us staff would alert relatives if they were concerned about their health and would contact medical professionals if needed.

People were well treated and their individuality was respected, they told us staff were caring. The provider and staff knew people well. Staff were described as friendly, kind, compassionate and hard working. People told us they were involved in all decisions about their care and support, and staff were polite and respectful and promoted their independence.

People received personalised care that took account of their needs, wishes and preferences. The provider was following the Accessible Information Standard. There was a system for logging and responding to complaints.

There was a range of oversight, quality monitoring and auditing. Detailed spot checks and observations of staff performance were in place. The providers placed great importance on people receiving responsive

person-centred care and support. People spoke very positively about the service provided, the staff and managers. They told us the registered manager and nominated individual ran the service well and were easy to contact and very approachable.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service, the length of time since registration and to provide a rating for the service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tameside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and managers are often out and we wanted to be sure there would be staff at the office to speak with us.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about.

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke via telephone with 2 people using the service and 4 relatives, who had given us permission to contact them. We also spoke with 6 staff including; the registered manager, the assistant manager and care staff. The assistant manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care records, 2 staff recruitment files, records relating to medicines, training and supervision, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- All required checks had not been made prior to staff starting to work at the service. One staff file showed Disclosure and Barring Service (DBS) and reference checks had been made but were dated after the person had started to work for the service. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Two recruitment files identified gaps in previous employment, but there was no written explanation for the gaps.
- Following the inspection, the registered manager confirmed the gaps in employment had been explored and a full audit of all staff files had confirmed all records were complete.
- There were sufficient staff to meet people's needs. Staffing and visits were organised around geographical areas. This ensured staff had time to travel to their next visit and people received support from regular staff they knew well. People told us they were supported by the same staff. They said, "We tend to get carers from a group of 5 including the manager. We know them all. The manager covers if someone needs a day off. They wear a uniform and wear masks, pinnies and gloves" and "Mostly it's the same staff who come on visits. Occasionally somebody different comes but they are introduced first."
- Records showed no visits had been missed. People told us staff were usually on time and staff let them know if they were going to be late. They said, "They [staff] can be 10 minutes late or early. No visits have been missed. If they are late, they apologise. It's not inconvenient" and "The carers come on time and have only been late once." Where people's support needs required two staff, people confirmed that two staff always attended. One said, "Yes, we are very happy. We get two carers for each visit and they do a proper health and safety service."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and procedures were in place to guide staff should they have any concerns. Staff knew how to raise concerns. They said, "If I thought the client was at risk of harm and it is an emergency, I would call the office and [local authority]" and "I would never leave someone until I know they are safe." Not all staff we spoke with had a good understanding of safeguarding or signs of abuse. Following the inspection, the nominated individual told us they had arranged additional safeguarding training for staff.
- The registered manager was aware of their responsibility regarding safeguarding and how to inform CQC and other agencies should there be any concerns.
- People told us they felt safe with staff from the service. They said, "The care is definitely safe" and "I think the care is safe."

Assessing risk, safety monitoring and management

- Risks to people were identified prior to them starting to use the service and were regularly reviewed and well managed.
- Care records reflected people's needs and clearly explained to staff what needed to happen to keep people safe. They were sufficiently detailed to guide staff on the support people needed. Risk assessments relating to moving and handling were very detailed.
- Risks to staff or people within the environment of people's homes had not been assessed. Whilst we found no evidence of harm, we could not be sure action had been taken to mitigate risk or that staff were aware of potential risks within people's homes. Following the inspection, the registered manager confirmed they had introduced a new environmental risk assessment.

Using medicines safely; Learning lessons when things go wrong

- There were systems in place for the safe administration of medicines.
- Staff had received training in medicines administration. Managers completed regular staff competency checks and medicines records audits.
- People told us they got their medicines when they should. One person said, "The carers always give me my medicines from blister packs. I've not missed any."
- During our review of medicines administration records used by staff, we saw some records appeared not to have details of the exact dosage that had been given. Managers told us this was how the system recorded after administration. The registered manager told us they would complete a full audit to ensure records were being pulled through the system correctly.
- Accidents and incidents were well managed. The registered manager monitored these and identified any lessons that could be learned to prevent future occurrences. We saw managers had taken action when concerns about administration of someone's creams had been raised recently.

Preventing and controlling infection

- Risks associated with COVID-19, and other infectious diseases, were identified and well managed.
- Staff had received training about infection control, handwashing and use of personal protective equipment (PPE). There were plentiful supplies of PPE and PPE was worn as required by government guidance. People we spoke with confirmed that staff always wore PPE.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them starting to use the service, this ensured the service was able to meet their needs.
- These assessments were used to develop person centred risk assessments and care plans. These were sufficiently detailed to guide staff on the care and support people required and how they wanted that support providing.
- Care records and risk assessments were developed based on these assessments and reviewed and updated as changes occurred.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was meeting the requirements of the MCA. People told us they had been consulted about their care and support, and staff always sought their consent before providing support. Where relatives had legal authority to make decisions on people's behalf, this was identified in care records. One person said, "Yes, a plan was done at the start and a review is due soon. We were asked what we wanted."
- Whilst we found no evidence the provider was not complying with the MCA, we found managers and staff knowledge relating to the MCA was very limited. We discussed this with the registered manager. Following the inspection, they confirmed additional training had been organised to help improve staff's knowledge and understanding.
- 2 people's records reflected they were able to make decisions about their care. Records guided staff in how they could help people make and express their choices and decisions. Another person was new to the service. The initial assessment identified they did not have capacity to make decisions about specific aspects of care or support. This information had not yet been transferred into the care records and risk assessments. The registered manager assured us this information would be included when the records were

developed.

Staff support: induction, training, skills and experience

- Staff completed the care certificate and had access to a wide range of courses. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Detailed induction and competency checks were completed with staff, by the registered manager, prior to starting to work with people. Staff told us the induction and training were good. One said, "Yes, I was watched for 3 days and the manager does spot checks."
- People told us they thought staff had the skills they needed. They said, "I do think they have the skills and training" and "Oh yes, [registered manager] is their main man. If he gets new persons [staff] he comes with them for 2-3 days to make sure they know what to do. He's a good bloke."

Supporting people to eat and drink enough to maintain a balanced diet

- People lived in their own homes and could eat what they wanted. Records detailed people's likes and dislikes and things staff could try to encourage them to eat well.
- People were supported with their nutritional needs. One person said, "The carers do my breakfast. I can have a bacon butty. The carers do a sandwich for me and leave tea and water near to me. I like a good strong cup of tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- If people's needs changed the provider contacted the local authority to update them on the changes.
- People's care records detailed any health conditions and how these might affect the person. They guided staff on the support the person may need as a result of these.
- People told us staff would alert relatives if they were concerned about someone's health and would contact medical professionals if needed. Relatives said, "The carers let me know if [person who used the service] is not well and to contact the doctor" and "On a few occasions the carers have advised me to get in touch with doctors. The carers have also contacted the doctor."
- People's care records included detailed guidance on the support they required with oral hygiene.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and their individuality was respected. The provider and staff knew people well. People told us staff were caring. Staff were described as friendly, kind, compassionate and hard working.
- Staff spoke positively about the people they supported and the work they do. They said, "I like my job" and "The really good thing about the job is meeting people." One staff member said, "I make sure they feel that we are not disrespecting them, their religion and what they want."
- People said of the staff, "They are very nice and friendly", "They are always very polite, professional and look out for me. They have a chat with me" and "I think the carers are kind, compassionate and ask how we are. [Person who used the service] face lights up with them. There is good communication."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence and helped maintain their independence

- Care records indicated how best to communicate with people and how they could be supported to make decisions and express their wishes.
- People told us they were involved in all decisions about their care and support. They told us staff asked them what they wanted before providing any support. They gave examples such as; 'do you want to get out of bed' or 'Would you like a shower.' People said, "The carers ask me first" and "Sometimes, I just tell them [staff] what I want. They do ask me first."
- People told us staff were polite and respectful and promoted their independence. They said, "Yes, they do treat [person who used the service] with respect. They always check that [person] is comfortable. They offered to put the laundry in the wash as well. I feel comfortable with them", "They (carers) are polite and respectful" and "The carers are always chatting and make sure we get what [person] needs. The carers are gentle and encourage [person]."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that took account of their needs, wishes and preferences.
- Care records were person centred, and covered people's identified needs. They were detailed and gave clear guidance to staff on what tasks they were expected to do and how.
- People told us they were involved in developing the care records. One person said, "My care is fine for me. The carers know my needs"
- Records of daily care provided were regularly checked by managers of the service.
- Most people using the service lived with relatives. People told us family members were kept informed of any changes. One person said, "The carers will ring me and alert me if anything is running low."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the Accessible Information Standard. Information was available in different formats including pictorial and easy read formats. People's communication needs were identified in care records.
- Relatives told us staff were aware of people's communication methods including gestures and facial expressions.

Improving care quality in response to complaints or concerns

- The provider had a system for logging and responding to complaints.
- People told us they knew how to complain but were satisfied with the service provided and didn't have any complaints. They said, "I don't have any concerns", "We have no complaints" and "We have no complaints at all about the care. They get on with the job."

End of life care and support

- People's wishes for end-of-life care and support were identified and recorded if they wished.
- Records identified people's advanced decisions about resuscitation.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of oversight, quality monitoring and auditing. Detailed spot checks and observations of staff performance were in place. However, systems had not identified the issues found during our inspection including recruitment checks, environmental risk assessments and staff knowledge of safeguarding and MCA. The provider told us they were going to review and update their systems to include the issues found during the inspection.
- The provider placed great importance on people receiving responsive person-centred care and support.
- People spoke positively about the service provided and the way the service was organised and run. One person said of the service provided, "I'd rate them 9 out of 10."
- People told us the registered manager and nominated individual were easy to contact and very approachable. They said, "They have two managers and I have their office number. They are very professional and experienced", "They are easy to get through to and are definitely approachable" and "I have a phone number and the managers are quite approachable."
- Everyone was positive about the registered manager. One person who used the service said, "The boss is very good and sometimes comes around and does care work. He is the main man." A staff member said, "The manager is very friendly. When I first started, I was told to meet a colleague at a house to learn from them. I did this for 3 days and on the last day one client said; 'oh you're with the boss'. I didn't even know he was the boss; he was more like a colleague." Another staff member said, "They [registered manager and nominated individual] are doing a good job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views about the service were regularly sought. Quality assurance questionnaires had recently been given to people and their relatives. People said, "Yeah we got a feedback form recently. We had no concerns. They are doing a great job" and "We're happy with the service at this point of time."
- Staff felt supported. There were regular team meetings and supervisions for staff to learn about their role and share views on the service.
- The service worked with other organisations and health care professionals to provide appropriate support to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care;

- The registered manager and nominated individual understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.