

Mrs Christiana Akinniranye

Shalom Care

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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?	Inspected but not rated

Summary of findings

Overall summary

About the service:

Shalom Care provides support with personal care to people living in their own homes. Two people were using the service at the time of inspection.

The service stopped providing care to people in December 2017. They remained dormant until they recommenced providing care on the 1 April 2019. Because they had only been operating for one month at the time of inspection we were not able to gather enough evidence to make a judgement about the Well-led question. This means we are unable to give this service an overall rating at this time.

People's experience of using this service:

The service had systems in place to protect people from abuse and people told us they felt safe. Risk assessments were in place to help minimise risks people faced. Infection control measures were in operation and the service had procedures about the safe administration of medicines. There were enough staff employed to support people and checks were carried out on staff to verify they were suitable to work in the care sector.

Assessments of people's needs were carried out prior to the provision of care to determine if the service was able to meet those needs. Staff undertook induction training on the commencement of their employment. The service worked in line with the Mental Capacity Act 2005.

Relatives told us staff were caring and respectful. Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence. The service worked to meet people's needs in relation to equality and diversity issues.

Care plans were in place which set out how to support people in a personalised manner. People had been involved in planning their care. People were supported to access community facilities in line with their preferences. There was a system in place for responding to complaints and people knew who they could complain to.

Relatives and staff spoke positively about the registered manager, saying they found them to be approachable and easily accessible.

Rating at last inspection:

At the last inspection of this service we were unable to give a rating due to lack of evidence. The last inspection report was published on 4 October 2016.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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

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?

There was insufficient evidence for us to make a judgement about this question during this inspection.

Inspected but not rated

Shalom Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 1 May 2019 and ended on 1 May 2019. We visited the office location on 1 May 2019 to see the manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we already held about this service. This included details of its registration and previous inspection reports. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the host local authority to seek their views about the service.

During the inspection we reviewed the records of two people including their care plans and risk assessments. We examined various policies and procedures. We looked at staff recruitment and training records for two staff and we spoke with the registered manager.

After the inspection we spoke with one relative of a person who used the service and one member of staff by telephone. The registered manager sent us minutes of a staff team meeting.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 26 and 30 August 2016. At that inspection we found they were in breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not sufficiently detailed, and the service did not have sufficiently robust staff recruitment practices in place. During this inspection we found both those issues had been addressed.

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse.
- The service had a safeguarding adult's procedure in place which made clear their responsibility to report allegations of abuse to both the local authority and the Care Quality Commission.
- Relatives told us they felt safe using the service, a relative said, "Yes, very safe."

Assessing risk, safety monitoring and management

- Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks.
- Assessments were personalised around the risks of individuals and covered risks associated with falls, accessing the community, personal care and the physical environment. Staff we spoke with had a good understanding of how to support people in a safe way.

Staffing and recruitment

- Relatives told us there had not been any missed calls and punctuality of staff was good. The registered manager said they had enough staff to support people and they themselves covered for staff on occasions. They said as there was only a small number of people using the service it was easy to monitor staff were punctual by speaking regularly with relatives.
- Records showed that the service carried out checks on staff prior to their recruitment. These included criminal records checks, proof of identification, employment references and a record of previous employment. This meant the service sought to employ staff who were suitable.

Using medicines safely

- The registered manager told us and relatives confirmed that the service did not provide any support with medicines at the time of our inspection. There was a medicines policy and procedure in place which gave guidance about the safe administration of medicines.

Preventing and controlling infection

- The service had a policy in place providing guidance and good practice with regard to infection control.

Staff were knowledgeable in this area and told us they wore protective clothing when providing support with personal care.

Learning lessons when things go wrong

- Records showed there had been one significant incident since the service re-started providing care. The issue was reviewed by the registered manager and steps were put in place to help reduce the likelihood of a similar incident occurring again.

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.

Good: 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 before the provision of care. This was to determine what the person's needs were and if the service could meet those needs. A relative said, "Yes, we all had a meeting and a social worker was also present."
- Records of assessments showed they covered needs associated with personal care, social inclusion, nutrition and communication.

Staff support: induction, training, skills and experience

- The current staff were recruited approximately one month prior to this inspection when the service recommenced providing care. As such, the only training they had received was their induction training. This covered first aid, dementia care, health and safety, safeguarding adults and moving and handling. A staff member told us, "We had the induction, all about what we do, all about the work."
- New staff also completed the Care Certificate, a nationally recognised qualification for staff who were new to working in the care sector. The registered manager showed us plans for training that was scheduled in the coming months which indicated a commitment to the on-going training of staff.
- Staff told us they had regular contact and guidance from the registered manager but as yet had not received any formal supervision. The registered manager told us they planned to have supervision with staff at three monthly intervals but that their door was always open to staff.
- Relatives told us staff were effective and understood their needs. A relative said of a member of care staff, "They have high experience around [named medical condition which person had]."

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

- People's nutritional needs were discussed during their pre-care assessment. However, the registered manager told us they did not provide support with either meal preparation or eating at the time of inspection. Relatives confirmed this was the case.

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

- Care plans included contact details of people's GP's and next of kin which meant staff were able to contact them should they need to. Staff were knowledgeable about what action to take in an emergency to promote the health, safety and wellbeing of people.

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 Act 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 were able to make choices over their daily lives and were involved in planning their care. Relatives told us people would only do things they were happy to do. Staff told us how they supported people to make choices. For example, one staff member said, "When we take [person] out, it is up to them where we go. We always ask them." A relative told us, "[Person] gives them instructions and tells them what [person] wants."

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.

Good: 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

- Pre-care assessments covered needs related to equality, diversity and human rights (EDHR) including people's sexuality, ethnicity and religion.
- Where appropriate, staff met people's needs with regard to EDHR issues. For example, one person was supported by staff to attend a place of worship.
- Relatives told us EDHR needs were met, a relative told us due to a person's culture it was important that they had care staff of the same gender. They told us, "We wanted male carers and (with previous care agencies) we have had to battle for that. This is the first time we have had male carers."

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

- People were involved in planning their care. People told us they had been involved in devising care plans and records showed these had been signed by people.
- Relatives told us staff understood people's needs and treated them in a kind and caring manner. A relative said, "They are very good at giving [person] respect. Culturally [person] likes to be respected and this is what they are getting now."
- Staff understood how to support people in a way that promoted their privacy and dignity. One staff member said, "If I'm giving them a bed bath, I wash part by part, covering up the other parts. When I am doing it, I make sure no one else is there, just me and the service user."
- The service sought to help people maintain their independence. Care plans set out what people required support with and what they were able to do for themselves. Staff were aware of the need to promote independence. One staff member said, "I encourage them to take part, talking to me, they might say, 'I don't want to wear that' so we get to know."
- Confidential records were stored securely, and the service had a confidentiality policy in place. This made clear that staff were not permitted to divulge information about people unless authorised to do so. This helped to promote people's privacy and confidentiality.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was provided in a personalised manner, based around the needs of individuals. Care plans were in place for people which set out what their needs were and how to meet those needs.
- People and their relatives were involved in developing care plans. They covered needs associated with personal care, communication, social inclusion and religion.
- As people had only been using the service for one month at the time of our inspection, care plans had yet to be reviewed. However, the registered manager told us plans would be reviewed after six months or sooner if there were any significant changes.
- People were supported by staff to access the community in line with their preferences. This included visits to day services, shops, cafes and places of worship. A relative told us, "[Person] likes their routine and is now used to the carers. They take them to the gym and Walthamstow and they are happy."

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint but that so far they had not needed to. One relative said, "[Registered manager] gave us a leaflet about who to complain to, CQC, [named local authority], I know who to contact."
- The registered manager told us they had not received any complaints and we found no evidence to contradict this.
- The service had a complaints procedure in place which included timescales for responding to complaints and details of who people could go to if they were not satisfied with the response from the service. People were provided with a copy of the procedure to help make it accessible to them.
- The registered manager told us they had received compliments from relatives of people using the service, but these were made verbally and there was no record of them.

End of life care and support

- The registered manager told us no one using the service at the time of inspection was in the end of life stages of care. There was a policy in place which provided guidance about this should the need arise.

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.

As the service had only been providing care for one month at the time of our inspection, they had not yet had time to establish and embed quality assurance and monitoring processes. This meant we were unable to fully test their compliance with regulations in some areas of the Well-led question. As a result, we have not been able to give a rating for this question on this occasion.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place and they were aware of their responsibility to notify the Care Quality Commission of significant events.
- The registered manager told us they had not carried out any audits. They told us this was because care had only been provided for a month, but added in due course they planned to audit care plans and other records as appropriate.
- The registered manager had carried out some spot checks. These provided them with an opportunity to check staff were working as was expected and to speak with people using the service.
- Staff told us they found the service had an open and inclusive working culture. They spoke positively about the registered manager. One staff member said, "They are a very nice person, hard working. Very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they had regular contact with the registered manager and spoke positively of them. A relative said, "They are easy to get hold of and very supportive. They have been to see us four times."
- The registered manager told us in time they planned to introduce surveys to seek the views of people about the service.

Working in partnership with others

- The registered manager told us they worked with other agencies to develop practice. This included Skills for care and the UK Homecare Association. Both of these provided information about the care sector and training and development opportunities.