

Shalom Health Recruitment Ltd

SHALOM HEALTH RECRUITMENT LTD

Inspection report

East London U T C
Yewtree Avenue
Dagenham
RM10 7FN

Tel: 01268206191
Website: WWW.SHALOMRECRUIT.CO.UK

Date of inspection visit:
17 April 2019

Date of publication:
13 May 2019

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:

Shalom Healthcare Recruitment Limited is a domiciliary care agency that was providing support with personal care to 14 people at the time of our inspection.

People's experience of using this service:

People told us they were satisfied with the support they received from the service. One relative said, "They are there to support us and we work well together. They think about the person rather than the job."

- People were supported in a way which was safe. Safeguarding adult procedures were established which staff understood. Risk assessments were in place which identified risks people faced. Medicines were administered safely and steps had been taken to reduce the risk of the spread of infection.
- Assessments were carried out of people's needs before the provision of care. Staff were supported in their roles through regular training. The service operated in line with the Mental Capacity Act 2005. People were supported to be healthy.
- People told us staff were caring and they felt respected. Staff understood how to promote people's independence and respect their confidentiality.
- Care plans were in place which set out how to support people in a personalised way. People were involved in planning their care. Complaints procedures had been established and people knew how to make a complaint.
- There was a registered manager in place. People, relatives and staff spoke positively about the senior staff. Quality assurance and monitoring systems were in place, some of which included seeing the views of people who used the service.

Rating at last inspection:

This was the first inspection of this service at its current location. It was last inspected at its previous location on 6 June 2017 and was rated as Good at that time. This was a planned inspection.

Why we inspected:

This was a planned comprehensive inspection of this service.

Follow up:

We will continue to monitor the service.

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?

The service was well-led

Details are in our Well-Led findings below.

Good ●

SHALOM HEALTH RECRUITMENT LTD

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:

This 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 homes. 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 17 April 2019 and ended on 17 April 2019. We visited the office location to see the manager and office staff 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, previous inspection reports and any notifications of serious incidents the provider had sent us.

- 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 various documents. These included:

- Five sets of care records relating to people including care plans and risk assessments.
- Medicine records.
- Policies and procedures.
- Quality and assurance systems and records.
- Five sets of staff records.
- We spoke with three staff; the registered manager, nominated individual and administrator.

After the inspection we gathered further evidence:

- We spoke with two people who used the service and two relatives by telephone.
- We spoke with two care assistants by telephone.
- The provider sent us further records relating to the service including minutes of staff team meetings.

Is the service safe?

Our findings

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

- People and relatives told us they felt safe using the service. A relative said, "Oh yes, definitely safe." Staff had undertaken training about safeguarding adults and understood their responsibility to report any concerns they had. One staff member told us, "I will first of all tell my line manager about what is going on. If I need to I can go to CQC [Care Quality Commission]."
- Policies were in place to provide clear guidance on how to respond to allegations of abuse. These made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. This meant the service had taken steps to reduce the risk of abuse occurring.

Assessing risk, safety monitoring and management

- Risk assessments were in place which set out the risks people faced and what action to take to mitigate those risks. Assessments were personalised around the risks individuals faced. They included risks associated with falls and mobility, diabetes and the physical environment. They set out who else other than staff was involved in ensuring people's safety, including other professionals involved in the person's care. This meant the likelihood of risk to people was reduced.

Staffing and recruitment

- The service had enough staff to support people. People told us staff were generally punctual although they said sometimes they were late. They added when this was the case staff phoned them to let them know they would be coming. One person said, "Maybe a slight snag on that (punctuality) but I don't mind. They always turn up, there is no question about that."
 - The registered manager told us there had not been any missed visits in the past year and people we spoke with confirmed this. Senior staff monitored staff punctuality through regular discussions with people and we saw records of this. This meant people received the staff support they required when they needed it.
- Records showed robust staff recruitment procedures were in place. These included an interview of candidates to test their suitability and the carrying out of various checks on them.
 - Checks included employment references, details of previous employment history, proof of the right to work in the UK and criminal record checks. This meant the service sought to employ staff who were suitable to work with people who required care.

Using medicines safely

- People told us staff supported them to take their medicines. One said, "They remind me when it's time to take them." Staff told us and records confirmed that they had undertaken training about medicines and they were aware of what action to take if an error occurred with the administration of medicines.
- There was a policy in place which covered the obtaining, storage, handling, administration and recording of medicines. This said records had to be maintained of all medicines that were administered.

- We saw that records were maintained which included the name, strength and dose of each medicine. Staff signed these records after they had given the medicine so there was a clear audit trail of medicine administration. We checked medicine records and found they were completed accurately and up to date.
- The nominated individual told us they checked completed medicine records and we saw records that confirmed this. This meant people were supported to take their medicines in a safe way.

Preventing and controlling infection

- There was a policy on infection control which included guidance about good practice with regard to hand washing and stated staff should wear protective clothing when supporting people with personal care. Staff confirmed they did this. One staff member said they took precautions against the spread of infection, "By using gloves and aprons as we give care and then disposing of them."
- The registered manager told us they took supplies of gloves and aprons to people's homes and staff confirmed there was always a plentiful supply for use. Risk assessments covered infection control and staff told us they carried out cleaning duties at people's homes to help promote cleanliness. This meant people were protected against the risk of infection.

Learning lessons when things go wrong

- We found that lessons were learnt on both a macro and a micro level. At a macro level the registered manager explained their inspection history. At their first inspection after registration they were rated as Inadequate. They said they took heed of the issues raised during that inspection and worked to resolve them. For example, they visited other care providers to learn better practice with regard to care planning. Their subsequent inspection resulted in a rating of Requires Improvement and at the one after that they were rated as Good. This showed the service had the ability to learn and improve.
- At a micro level, improvements have been made to the way individuals are supported after accidents and incidents. For example, risk assessments and care plans have been reviewed and referrals have been made to their care professionals to make people safer.

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 told us the service was effective in meeting their needs. One person told us, "I am pleased because my vision is not good and I need help and they certainly provide it. The little things people take for granted I need help with and they provide it."
- Senior staff carried out an assessment of people's needs prior to the commencement of care. This was to determine what the person's needs were and if the service was able to meet those needs. Assessments covered needs related to personal care, mobility, nutrition and medicines. People told us they were involved in the assessment process.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills to help them in their role. This included induction training which was a mixture of classroom based training and shadowing experienced staff. In addition, new staff also completed the Care Certificate, a nationally recognised training programme for staff who are new to working in the care sector. On-going staff training included first aid, dementia care, safeguarding adults, infection control and medicines.
- Staff confirmed they undertook training, one staff member said, "Yes, we have a lot of training."

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

- The registered manager told us they did not support anyone with eating and drinking. However, they said they did provide support with preparing meals and drinks and this was detailed in care plans. People told us they enjoyed the food prepared by staff. One person said, "They just did me a sandwich, I just finished it before you called and it was excellent."

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

- Records showed the service worked with other agencies to support people and to promote their health, safety and wellbeing. For example, they worked with other health professionals such as GP's and district nurses. Staff were aware of what action to take in case of an emergency and told us they would contact the person's GP or call for an ambulance if required.

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.

- □ We checked whether the service was working within the principles of the MCA and found that it was. Staff had undertaken training about the MCA and told us how they supported people to make choices. For example, one staff member said, "I set out different sets of clothes for them to choose." people told us they were able to make decisions about their daily lives.

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.

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 told us they were treated with respect and that staff were kind and caring. One person said, "I feel that I've been treated all right here, yes, they are polite." A relative said, "They are all very kind and that's really important." Relatives also said the service promoted people's independence. One relative told us, "[Person] likes to do what they can and [staff] let them. At breakfast time [person] is able to put the toast on and butter it while they [staff] make a cup of tea."
- Staff were knowledgeable about how to support people in a caring way. They told us they respected people's choices and promoted their independence as much as possible. One staff member said, "We make sure we treat them with dignity, how we would treat a family member. Some of them can do things for themselves. They say 'let me try it' and we let them." Another member of staff told us, "When you give personal care you need to close the door and the curtains, ask them if they want a towel to cover them. We ask them what they want done, we seek consent first."

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

- The service sought to promote people's equality, diversity and human rights. People were able to choose the gender of their care staff and preferences were recorded in the pre-care assessments. The registered manager told us none of the people using the service at the time of our inspection identified as LGBT but added that would not affect the standard of care to people if they did.
- People's confidentiality was respected. Confidential records were stored securely in locked cabinets and on password protected electronic devices. Staff signed a confidentiality agreement whereby they agreed to keep information about people confidential. The agreement made clear that if staff breached it they may be subject to disciplinary proceedings.
- Staff understood their obligations in this area. One staff member said, "Confidentiality is about keeping their personal information secret. We don't tell anybody about it."

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

- People told us the service was responsive and met their needs. One person said, "I am happy with them. I've got no problems, there is nothing wrong."
- Care plans were in place which set out people's individual needs and how to meet them. They covered needs associated with personal care, medicines, nutrition and communication.
- Plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. People were involved in developing and reviewing plans, a relative said, "We had a meeting, me, my brother, [person who used the service] and [nominated individual]. We went through what we were looking for and what they were able to provide."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person said, "If I had any problems I would give them a call." The registered manager told us they had not received any complaints since being registered at their current location and we found no evidence to contradict this. The service had a complaints procedure in place which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with their own copy of the complaints procedure to help make it more accessible to them.
- Records were kept of compliments received by the service. For example, a relative wrote, "The carers went above and beyond the call of duty, nothing was too much for them."

End of life care and support

- The registered manager told us they did not provide support to people receiving end of life care at the time of our inspection. They had done this in the past and records showed they worked with other relevant agencies to help support people appropriately.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The service had a registered manager in place. They were supported in the running of the business by the nominated individual. The registered manager and nominated individual were the joint owners of the service.

- The registered manager was aware of their responsibility to notify CQC of significant events and records confirmed they had done this.

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.

- People told us they found the senior staff to be helpful, supportive and accessible. One person said, "The office staff are easy to get hold of if I have a query. They are exceptionally good." A relative told us, "We have set up a WhatsApp group and they [staff] put it [relevant information] on the group and we pick it up. It gives peace of mind."

- Staff told us they found the senior staff to be supportive and told us it was a good place to work with good teamwork. One staff member told us, "They are wonderful people, very diligent and efficient. If we need anything they are always around." The same staff member added, "We work as a team, we work as a group, working towards the same goal."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service. People told us they were regularly visited by the nominated individual and were able to raise any issues with them face to face.

Records showed quality monitoring systems included surveys of people, telephone monitoring, visits to people's homes and spot checks. Spot checks were unannounced and used to make sure staff were punctual, polite to people and understood how to perform the asks required. Regular audits were also carried out including of medicine records and care plans. All of these systems helped the service to continually learn and improve from practice.

Working in partnership with others

The service worked with other agencies to help support people and improve practice. For example, they worked with local authorities and the Care Quality Commission (CQC).

