

# Sihara Care Limited

# Sihara Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

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

Sihara care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care and support to a total of 58 people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People who received care from the service told us they were well supported by care workers. This was confirmed by relatives we spoke with. They told us people were safe. Systems were in place to safeguard people from the risk of possible harm. Staff we spoke with understood their responsibilities with regards to safeguarding people. The service had safe recruitment procedures in place.

Our previous inspection found medicine records were not consistently completed and appropriate systems were not in place. We found a breach of regulation in respect of this. During this focused inspection, we found the service had taken appropriate action to address the issues previously identified. Medicines were managed safely.

Our previous inspection identified that appropriate risk assessments were not always in place and we found a breach of regulation in respect of this. During this focused inspection, we found that the service had taken action to improve this. Appropriate risk assessments were in place and covered areas such as the environment, physical health and personal care. These also contained guidance for minimising potential risks associated with the COVID-19 pandemic.

The majority of feedback obtained indicated that there were no issues with care worker's punctuality and attendance. The service monitored punctuality using an electronic call monitoring system. Our previous inspection found that the system was not working effectively. However, during this inspection we found that the service had addressed this.

Care workers we spoke with told us that they felt supported by the registered manager. They told us that management were approachable and they raised no concerns in respect of this.

People were supported to maintain good health and access healthcare services when needed. People were supported with their nutritional and hydration needs. Feedback from people and relatives indicated that care workers were kind, compassionate and caring.

People and relatives confirmed they were involved in their care and feedback was actively sought about the quality of the care provided.

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.

Procedures were in place to respond to complaints.

Our previous inspection found that there were some instances where the service failed to effectively check various aspects of the service and we found a breach of regulation. During this focused inspection, we observed that the service had made improvements and had an effective system in place to monitor the quality of the service being provided to people.

Rating at last inspection

The last rating for this service was requires improvement (published 18 February 2020).

Why we inspected

We previously carried out a comprehensive inspection of this service on 7 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led.

The ratings from the previous comprehensive inspection for the key question not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairmount on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sihara 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. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector. Following the inspection, two experts by experience telephoned people who received care from the service and relatives to obtain feedback about their experience. 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

Sihara care provides personal care to people living in their own houses. It provides support mainly to elderly people and also reablement services to adults with physical and mental health needs.

At the time of the inspection, there was a registered manager in post. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. However, following the inspection we were advised that the registered manager had left the service. At the time of the publication of the report, there was no registered manager in post.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 4 February 2021 and ended on 16 February 2021.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last

inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 also reviewed the last inspection report and information we had received about improvements made.

#### During the inspection

We visited the office location on 4 February 2021 to see management staff and review a range of records which included people's care records, medication records, staff files in relation to recruitment and incident and accident records.

#### After the inspection

Experts by experience telephoned people who received care from the service and relatives after the inspection. They spoke with five people and 15 relatives about their experiences of the service. The inspector spoke with five care workers. The inspector also had contact with one care professional who had worked closely with the provider.

We continued to seek clarification from the provider to validate evidence found. We looked at further care plans and medication records, punctuality and attendance records, policies and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection, this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure effective systems were in place to ensure the safe management of medicines. We also found risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this focused inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation.

### Using medicines safely

- Our previous inspection found that medicines were not always managed safely. Records did not accurately reflect the medicines support people received and we could not be assured that people received their medicines as prescribed. We previously found a breach of regulation in respect of this. During this focused inspection, we found that the service had made significant improvements to their medicines management system. This included implementing an electronic medication recording and monitoring system.
- At the time of this inspection, the service provided medicines support to 14 people. We looked at a sample of 20 electronic MARs and found that these were completed fully with no unexplained gaps.
- Our previous inspection found that care support plans and Medication Administration Records (MARs) did not detail what medicines people were prescribed and therefore it was not clear what medicines were administered. During this focused inspection we found the service clearly documented in people's care support plan what medicines were prescribed, the dose and time they should be administered. MARs also clearly listed the medicines prescribed so that medicines were identifiable.
- Staff were trained in the safe handling of medicines and we saw documented evidence of this.
- We previously found that there was no clear guidance in place for 'as and when required' medicines (PRN). During this focused inspection we found that such guidance was in place.
- We previously found that where people required support with the application of topical creams, care support plans did not include detail of where these should be applied. This focused inspection found that improvements had been made in respect of this and such information was clearly detailed in care support plans.
- Since our previous inspection, the provider had implemented new format medicines audits. We looked at a sample of these and found they were comprehensive. They identified various aspects of medicines management, identified discrepancies on MARs and subsequent action taken.

### Assessing risk, safety monitoring and management

- Our previous inspection found that potential risks to people's safety were not always assessed appropriately and we found a breach of regulation in respect of this. Risk assessments previously contained

limited information about how to mitigate risks and some areas of risks to people were not identified and we found a breach of regulation in relation to this. During this inspection, we found that the provider had introduced and implemented new format risk assessments.

- The new format risk assessments were comprehensive and identified potential risks. Risk assessments included detailed guidance for staff to mitigate risks to people covering areas such as diabetes, skin integrity, moving and handling and medication. We also noted that COVID-19 risk assessments were in place.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to management. They told us that they would not hesitate to do this and were confident that management would take action.
- Feedback we received indicated that care workers were mostly on time and there were no issues with regards to care workers' punctuality and attendance. One relative told us, "The carers are very good at timekeeping". Another relative said, "The carers are very, very good with timekeeping." The service monitored care worker's timekeeping and attendance using an electronic system which operated on a real time basis.
- Our previous inspection found that care workers were not always using the system to log in and out when arriving and leaving people's homes. We also noted that there were inaccuracies on electronic call logs. During this focused inspection we observed that the service had made improvements. The director confirmed that staff were logging in and out of calls correctly and confirmed that there had not been any missed visits in the last six months. We looked at a sample of visit logs and found no issues. Management also monitored punctuality and attendance through regular telephone calls to people and relatives.

#### Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from working with vulnerable adults.

#### Systems and processes to safeguard people from the risk of abuse

- When asked whether people's relatives were safe and well looked after when receiving care from carers, one relative said, "Absolutely, I would trust [the carer] with my life. If I had an emergency and had to go somewhere, I would trust her totally." Another relative told us, "The carers are very reliable and trustable."
- Policies and procedures were in place to safeguard people from abuse. Staff received training in safeguarding people. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager immediately.
- One care professional we spoke with told us that the service informed them of potential risks to people and kept them updated.

#### Preventing and controlling infection

- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control.
- We received mixed feedback about the availability of PPE. One relative said, "They always wear masks and gloves and always keep social distance from me if I am there." Another relative told us, "Since the pandemic started they wear masks and gloves and aprons. They do wash their hands." However, some feedback indicated that there were shortages with the availability of shoe covers. We raised this with the director. He acknowledged that there had previously been a shortage of shoe covers due to a lack of supplies available. However, this had been addressed and the service had sufficient stock. He also advised that care workers always had sufficient PPE such as gloves, aprons and masks. This was confirmed by care workers we spoke



with. They told us they had never experienced shortages with gloves, aprons and masks.

- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance.

#### Learning lessons when things go wrong

- The service had a system in place for recording accidents and incidents. We noted that no accidents or incidents had been documented and queried this with the director. He confirmed that this was correct. Prior to, and during, our inspection we did not see any evidence to suggest that accidents and incidents took place that had not been recorded.
- Staff had an understanding of the action they should take in an emergency, or when a person was feeling unwell.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Feedback from people and relatives indicated that care workers were caring and kind. One person told us, "[The carers] are very kind, very good. Just like my own daughter." Relatives told us that positive relationships had developed between people and care workers. One relative said, "I am very happy with the care. No matter what the weather is, they will come. They know what I want of them and they will carry on." Another relative told us, "They are really good. Very good and attentive." Another relative said, "I've seen them work and the way they work and I'm very happy. I can see [my relative] getting healthier. [My relative] is happy, so I am happy." Another relative told us, "I want the best care for my [relative] and her wellbeing and for other people like her. We are getting this from these people."
- People received consistency and continuity in the level of care they received. Feedback indicated that people received care from the same group of care workers who understood their needs.
- People's equality and diversity needs were recognised and supported by staff. People's cultural choices were respected. People beliefs, likes and wishes were clearly documented in their care support plans.

Supporting people to express their views and be involved in making decisions about their care.

- People's preferences were consistently documented in care support plans.
- A copy of people's care plans was kept in their homes and the staff updated them in response to any changes or comments people had made.
- People had opportunities to express their views during reviews and telephone monitoring calls.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity. They told us that care workers were respectful to them and their homes.
- People's independence was supported by the service. People's support plans included guidance to promote and support their independence.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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.

- Our previous inspection found that the level of detail in people's care records varied and information was not always consistently recorded. During this focused inspection we found the service had made significant improvement with this and had implemented new format care support plans. People's care support plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's preferences, cultural needs, health conditions and the level of support they required which covered areas such as diabetes, catheter care and falls.
- The director confirmed that new format care support plans had been implemented for all people that received care from the service. We observed that these included comprehensive detail about people's history and interests. We noted that care support plans included information about people's oral care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care workers.

- People's care plans included assessment information and guidance about each person's individual communication needs and how they should be supported. Guidance was provided for staff on how to communicate with people.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. Documents could be offered in larger print or braille and could be translated.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. We noted that contact details on the policy needed updating and raised this with the director. This was amended and we were provided evidence of this following the inspection.
- People and relatives we spoke with said that they felt able to raise concerns. Feedback obtained indicated that complaints raised in the past had been dealt with. One relative said, "I can ring up and there's always someone on the other end of the phone." Another relative said, "I made it clear [to the managers] I want regular dialogue with them. I now get a call on Monday mornings at 11 o'clock."
- Records showed the service had not received any formal complaints since the last inspection and this was

confirmed by the director.

- Following the inspection, we received a complaint about the service. We raised this with the director who reassured us that the service would formally investigate this and respond accordingly.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. The director told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were identified and measures put in place to ensure they were met

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure their auditing systems were robust enough to assess and improve the quality and safety of the services provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this focused inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation.

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

- Our previous inspection found that audits were not carried out consistently and had not identified the issues we found during the inspection. We previously found a breach of regulation in respect of this.
- Since the last inspection, the service made improvements in relation to assessing risk, medicines management systems and maintaining records relating to people's care.
- Feedback from one care professional indicated that the service had made improvements in the last year.
- Audits had been conducted by management which covered various aspects of the service including medicines management, care support plans, punctuality, attendance and spot checks. These showed actions had been followed up and documented as completed. The director explained that since the last inspection, they had spent a lot of time making improvements and had employed an external auditor to ensure areas for improvement were identified, monitored and actioned.
- Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong and notified relevant professionals and CQC of any significant events at the service.

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

- Care workers we spoke with told us that staff morale was positive and they enjoyed working at the agency. They told us they felt supported and valued. They also spoke positively about the way the service was managed. One care worker told us, "I get along with management. They are supportive. If I had any queries or any concerns, I can talk to the office. I am comfortable with them. I can report things openly." Another care worker said, "The support is good. They always support me if I need anything. I have no concerns or complaints."
- Feedback from staff was positive in respect of communication between management, office staff and care workers. The director explained that since the start of the COVID-19 pandemic, the service had made adjustments so that they communicated with staff virtually. Staff we spoke with told us that this worked

well.

- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions. Care workers spoke positively about management and working for the agency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- When asked about management of the service, the majority of people and relatives we spoke with spoke positively about how the service was operating. They told us that they had observed improvements in the last year. One relative said, "I have confidence now but before I didn't. In the last 6-12 months things have changed a lot (for the better). I know the new co-ordinator and she is very responsive. The service has got better because of me talking and talking to them until we came to an understanding." Another relative said, "Very good management" Another relative told us, "We've never had any complaints. To be honest, overall they've been very, very good. They call if they're going to be ten or fifteen minutes late. The office checks with me every two to three weeks."
- Staff we spoke with told us they felt well supported by office staff and management. They confirmed that management were approachable and provided guidance and direction whenever they needed it.

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

- Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Management were aware of the importance of taking responsibility when things go wrong and ensured deficiencies were quickly put right.
- The manager and director were aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.
- Staff knew their responsibilities in being open and speaking up when needed. They confirmed that they would always report any occurrences of poor care.

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

- The provider asked people and relatives for their feedback through service users' satisfaction surveys and regular telephone calls. Management had regular conversations with people and their relatives about the care they received.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. During the pandemic, these meetings were held virtually. Staff said they were able to have open discussions and share their opinions and feedback.
- Since the previous inspection, the service had introduced an employee engagement survey. The director explained that this was an opportunity for staff to openly tell management how they were finding working at the service and if improvements were required, the service would act. We saw documented evidence of these surveys in staff files.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.