Sahara-Care Agency

Sahara Care

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

Sahara-Care Agency is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby. This included people with physical disabilities and mental health needs. Sahara Care specialises in supporting people from an Asian background. The agency is located close to Derby city centre. At the time of the inspection, the service was providing support for nine people and employed five members of staff.

Sahara-Care Agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sahara-Care Agency has been previously inspected under a different legal entity. Sahara-Care Agency was registered as a partnership in September 2017 and this is the first inspection carried out under the new legal entity.

People's safety was promoted by staff who implemented the guidance as detailed within people's risk assessments and care plans. People were supported by staff that had been recruited and had checks undertaken to ensure they were suitable for their role. People's medicine was managed safely and people received their medicine on time.

People's needs were assessed to ensure the service and staff could meet these. The level of support people received was dependent upon their needs, which included support to meet people's cultural needs. We found, people were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. People receiving a service were encouraged to maintain their independence.

Staff received support from the management team, through supervision and checks to ensure they were competent to carry out their roles effectively. Staff received the training they needed to provide safe and effective care to people.

People using the service and family members spoke of the positive relationships they had developed with staff. People's comments and that of their family members evidenced how these relationships had supported people, in gaining confidence. People's dignity and privacy was promoted.

People's views, and those of their family members had been sought to develop and review peoples care. The registered person had not received any concerns or complaints, they had received a number of compliments about the service. People's care plans had considered the individual needs of each person and the role of staff in meeting these, with a strong emphasis on meeting people's cultural and diverse needs. People, were supported to access services within the community to meet their religious needs.

People's communication needs were considered when developing care plans, which included information as to how people communicated, people were supported by staff who were able to converse in their preferred language. Information about the service, which included key policies and procedures was provided in Hindi, English and Punjabi.

Systems were in place to monitor the quality of the care being provided, which included seeking the views of those using the service and family members. The outcome of questionnaires was analysed and shared with people using the service in an annual newsletter. A range of audits were undertaken to evidence the quality of the care. These included the supervision of staff, the findings of which were analysed and shared with people annually within a written report.

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.

People were safeguarded from abuse as systems and processes were in place, which were understood and adhered too by all staff. A system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with risk assessments and care plans providing information for staff as to how people's safety was to be promoted.

Protective equipment was used to reduce the potential risk of spreading infection.

People's needs with regards to their medicine were identified within their care plans. People received the appropriate support from staff who had received training in medication.

Is the service effective?

Good

The service was effective.

People and family members were involved in the assessment of the person using the service needs. People's needs were met by staff that had the necessary skills, knowledge and awareness of people's cultural and diverse needs to provide the appropriate care and support required.

Staff spoke positively about the support they received. Staff were supervised and had their competence to provide care regularly assessed.

People's physical and mental health was considered and staff liaised with family members to support this.

People received support from staff to meet their dietary requirements, reflective of their cultural and religious beliefs and the level of support required.

Is the service caring?

Good

The service was caring.

Positive and caring relationships between people using the service had developed as staff had cared and supported the same people for many years.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People's and family members contributed to the development of care plans. Care plans were understood and followed by staff and included information as to people's preferences, their preferred language of communication and cultural and religious beliefs

Information about how to complain and raise concerns was available in three languages. People and family members were confident to raise concerns. No complaints or concerns had been made.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post. There was an inclusive approach to the management of the service. Opportunities were provided for staff to comment upon and influence the service.

People's views and that of their family members were sought through questionnaires. These were analysed and made available to people.

Systems were in place to monitor the quality of the service, which included a range of audits. Analysis of audits were shared with staff and people using the service.

Sahara Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 6 September 2018. We gave the service two working days' notice of the inspection as the service provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection site visit was carried out by one inspector.

We looked at the providers Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We spoke with one person who used the service by telephone on 7 September 2018. We spoke with three family members by telephone on 7 and 10 September 2018.

We spoke with a partner of the service when we visited the office and gathered the views of staff.

We looked at the care plans and records of three people. We looked three staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings and records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Staff had received safeguarding training and were aware of the action they should take should they suspect abuse, which included informing their manager and external agencies, which included the local authority, Police and the Care Quality Commission (CQC). A staff meeting had been used to share information and contact details of these external organisations.

Potential risks had been identified and assessed and guidelines as to how staff were to reduce risk were detailed within risk assessments. People's risk assessments had an emphasis on the promotion of people's safety whilst recognising the balance in promoting people's independence and choices. For example, supporting people to prepare and cook meals, with support and guidance from staff.

Staff told us how they promoted people's safety within their home. One staff member said, "Whilst at work I ensure my client is safe by tidying up after myself, mopping up any wet areas and checking the cooker is off and windows and doors are closed before I leave."

People were supported by a small group of staff, in all instances people had received support from the same staff for many years, this promoted consistency of care and promoted people's safety and well-being.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intended to work in care and support services. This helps employers to make safer recruitment decisions. Staff received the training they required to promote and maintain people's safety and welfare, in an individualised and person-centred way.

People's medicine was managed safely by staff who had receiving training. The role of staff in relation to their involvement with people's medicine was recorded within their assessment and care plan. People, who required support were prompted to take their medicine or had their medicine administered by staff. Records were completed which showed people's medicine had been administered. People confirmed staff supported them with their medication.

Staff received training in infection control to promote people's safety. Staff wore personal protective equipment, such as aprons and gloves when providing personal care and preparing food to reduce the risk of infection and cross contamination. Staff supported people to clean their home and prepare meals, where the person's assessment had identified this was an area that the person required support.

Good

Is the service effective?

Our findings

People's needs were initially considered by the local authority when determining whether people were eligible to receive funding for support and care. The registered manager carried out an assessment, meeting the person and family members to determine people's needs and their expectations of the care and support they wanted and needed. The assessment process considered people's physical, communication and social care needs and any specific needs relating to protected characteristics as defined under the Equality Act, such as disability, race or religion.

Staff employed at the service had worked for the provider for a minimum of five years. Records showed staff had received an induction when they started work. All staff were provided with a handbook which included a copy of the services key policies and procedures. Staff received regular supervision from a member of the management team. Staff's competency to provide care and support safely and effectively was carried out by 'spot checks' (unannounced observations of staff providing care) that were carried out by a member of the management team.

A member of staff told us how training had been of benefit. They said, "Training has highlighted the laws and how to record and report." Staff received training relevant to the care and support provided, which was updated annually. A member of staff told us about the training they had undertaken. They said, "I have done the NVQ (National Vocation Qualification in Care), medicine training, manual handling, adult protection and infection control."

The role of staff in relation to their involvement with people's food and drink was recorded within their care plan. Information as to people's dietary needs was based on personal preference, cultural and religious beliefs and values. A member of staff told us." I always ask the client their choice and prepare and cook the meals to what they want." The purchasing of groceries and preparation and cooking of meals was a key factor in many people's care and support and this was fully supported by staff whose cultural diversity meant they were able to fully meet people's needs. Records were kept of the meals prepared and provided for people within their daily records.

People's physical and mental health needs were detailed within their care records. Staff were aware of people's needs, and staff shared any concerns about people's health with family members so that action could be taken. This was confirmed by family members we spoke with.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where they lack mental capacity to take 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 so that they can receive care and treatment when this is in their bests interests and legally authorised under the MCA. At the time of our inspection ta registered partner of the service told us everyone using the service had capacity to consent and make decisions about their own

care and all aspects of their day to day well-being.

Good

Is the service caring?

Our findings

A person we spoke with told us when asked about staff. "They're good for me, very nice. They give me help in the morning and at night and are polite." Family members expressed confidence in the support provided by staff and acknowledged that relationships had developed with staff and their relative as staff had provided support and care consistently for many years. A member of staff shared their views as to relationships developed with people they cared for. One staff said, "I enjoy caring for my clients because I get on really well with my clients, we respect one another."

Care records we looked at contained details on people's method of communication and preferred language. The registered person explained staff working at the service had the correct language skills to communicate effectively with people who used the service. Family members we spoke with confirmed staff were able to speak in their relatives first language and spoke positively of their family members cultural needs being met by staff. A family member told us how their relatives relationship had developed with staff who had provided care for many years and meant their knowledge enabled them to understand their relative's preferences. For example, the use of additional chilli and salt in food when their relative was not feeling well.

The registered person explained how during the initial assessment process they matched staff to people according to the person's needs. For example, ensuring staff spoke the same first language and by ensuring people's cultural and religious beliefs were understood by staff. Staff records showed they were introduced to people before they started to provide their care and support.

People received the service user handbook before they started receiving a service from Sahara- Care. This contained information on the service, assessment process and key information about policies and procedures, such as how to make a complaint and how the service stored information to ensure confidentiality. The document was available in three languages, Hindi, Punjabi and English.

Good

Is the service responsive?

Our findings

People using the service and family members were involved in the initial assessment of the person's care needs. People's care plans were reviewed regularly with the person and family member, which was clearly documented. Reviews of people's care meant any changes to people's needs were documented, which in some instances meant the number of hours provided for care and support were changed. We found the service was flexible in the care it provided, for example the times of care for one person were individual to meet the commitments of family members, to ensure continued care and support for the person.

People were supported by staff to take part in activities within the community, which included shopping and attendance at local Temples, these activities were agreed with the person and recorded within their care plan.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS.

People's assessments referred to people's communication needs, this information had been included in people's care plans where a need had been identified and staff with the appropriate language skills supported people. Key documentation about the service was available in alternative languages. The registered person told us, information about people's care including care plans and daily records was in English, and that either family members or staff verbally shared the contents of these documents with the person.

People and family members told us they had no complaints about the service or the care provided and were confident to express concerns should they arise. A complaints policy and procedure was provided to people using the service and family members, in Hindi, Punjabi and English. The registered person told us they had not received any complaints or concerns in the last year. A number of compliments had been received, expressing people's and those of family members appreciation of the service, many of which were shared by people when their care plans were reviewed.

Good

Is the service well-led?

Our findings

Sahara-Care Agency had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sahara-Care Agency has been previously inspected under a different legal entity, an application to the CQC to register as a Partnership was submitted. The service was registered as a Partnership in September 2017.

The inspection was facilitated by a registered person as the registered manager was not available.

People had care plans and other supporting documents that were regularly reviewed and were reflective of the care and support they required. People who used the service and family members expressed satisfaction with the service. People spoke about the services reliability and the friendliness of staff, a key aspect for people and family members was staff's ability to meet people's cultural needs, which included conversing in people's preferred language.

Staff told us the registered person and registered manager were supportive. One staff member said, "[name of registered person] and [name of registered manager] support me a lot with guidance. I can call them anytime of the day. They always listen to me and are helpful." A second member of staff said, [registered person] and [registered manager] support me fully in my role, they listen to me and I find them very easy to talk to."

The registered person undertook a number of audits, which included checking records completed by staff on the care and support staff provided, to ensure documents were being completed well. Staff meetings took place, providing an opportunity to share ideas and identify any areas for change or comment. Staff received an annual newsletter, which referenced the celebration of cultural celebrations, which included Diwali and Eid. The newsletter also provided staff with feedback from questionnaires sent to people and family members seeking their views about the service. The registered person and registered manager, within the staff newsletter formally acknowledged and thanked staff for their hard work.

People were asked for their views about the service when their care plans were reviewed. In addition, questionnaires were sent out annually. The questionnaires we viewed showed a high level of satisfaction with the service. The registered person analysed the results of the questionnaires and shared the outcome within a newsletter with people and their family members. The registered person also shared the analysis of internal audits with people, which included their observations and findings of staff observations and supervisions. This provided people and family members with information as to how the quality of the service was monitored and the registered persons findings of their monitoring systems.