

Sambhana Care Ltd

# Sambhana Care Ltd

## Inspection report

Unit 12  
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Chatham  
ME5 7DX

Tel: 07851035934

Date of inspection visit:

30 June 2022

01 July 2022

07 July 2022

08 July 2022

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15 August 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sambhana Care is a domiciliary care agency based in Chatham, Kent. The service provides personal care to people living in their own houses or flats. Not everyone who used the service received personal care. 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. The service was supporting five people at time of the inspection with personal care.

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

Risk assessments were not always in place where they needed to be. Current staff knew people well and were able to support their needs. However, new staff potentially would not have the information they needed to support people. This put people at potential risk of harm and at risk of receiving inconsistent care.

Records of medicines people required support with were inconsistent. Most people had full assessments and information for staff on what medicines was to be given and the level of support required. One did not have any information but was having support with their medicines. Competencies in providing safe support with medicines had not been assessed for all staff. However, people and their loved ones we spoke with, told us they had no concerns with medicine administration.

Audits and checks of the service had not taken place regularly in the months prior to the inspection. Care plans were not reviewed to ensure they were up to date and contained appropriate documentation of potential risks. We did not see evidence of trends analysis to further aid learning and drive improvements.

People's care needs had been assessed when they started with the service and people and their relatives told us they were able to 'tweak and change' their care plans as needed.

Where incidents and accidents had occurred, these had been reported. Staff were able to demonstrate knowledge of the different types of abuse a person may be at risk of and how they would report these.

Staff had been recruited safely. Feedback from people about the care they received from regular staff who stayed the duration required, was mainly positive. People told us they felt safe and staff were caring, respectful and polite.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 23 October 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

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

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# Sambhana Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The previous registered manager left the service in May 2022. The provider has completed recruitment of a new manager and agreed they will start with the service formally in August 2022.

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### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 30 June 2022 and ended on 11 July 2022. We visited the location's office on 30 June 2022 and 1 July 2022.

### What we did before the inspection

We reviewed information we had received about the service since registration. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We used this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and their relatives about their experience of the care provided. We spoke with four members of staff including the provider, supervisor and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People and relatives, we spoke with, told us they were confident staff knew how to support them and their loved ones. Staff were able to demonstrate that they knew people well and knew how to safely support their needs. Despite these comments were found risks to people were inconsistently documented and recorded. Some people's risks had been fully assessed where others did not contain any assessed information relating to potential risks to people, such as risk of falls.
- Staff told us, "Risk assessments are on our app, when they are loaded that is. They are not always in place but when they are there, they can be really useful."
- Where risks had been identified, there was not always guidance for staff to follow in how to monitor or manage those risks. One person was deemed to be at high risk of falls, with previous falls documented on their history and identified on initial assessment. However, the provider's falls risk assessment had not been completed and only basic information was available for staff to be able to keep the person safe.
- During the inspection these concerns were discussed with the provider. The provider recognised the shortfalls and told us there would be an immediate plan in place to address these.

Although there was no evidence of harm caused as a result of inconsistencies in risk assessments, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been no evidence of harm caused as a result of a lack of information in risk assessments, care plans. However, without guidance for staff to follow there was a risk staff might not know how to support people and care being delivered may not be consistent in the event of existing staff being away from work for extended periods or leave and had recently been a high turnover of staff.

### Using medicines safely

- Medicines were not always managed safely. Records of medicines people were required to take and information available to staff was inconsistent. Some care plans detailed the medicines required, when they needed to be taken and what dosage. Other care plans did not contain any information of what medicines people were prescribed and the level of support needed.
- The provider could not assure themselves people received their medicines safely as records were inconsistently completed. Medicines administration records (MAR) were electronic and staff used their application on their mobile phones to record this. Most people had electronic MAR completed but there were other people who did not have this in their care plan. Staff had documented they had administered

medicines in the daily notes but there was no information about what had been administered and when. This meant there was potential risks to people's medicines management as there was no clear instructions for staff to follow and placed people at risk of harm.

- Staff had not been routinely assessed on their ability to safely administer medicines. This meant the provider could not be assured staff were competent to administer medicines safely. However, most staff had received medicines training as part of their induction.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service including safety with people's medicines. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the evidence above, people and their relatives told us there had been no issues with medicines and felt safe with the assistance being provided.

#### Staffing and recruitment

- There were suitable numbers of staff to support people in line with their assessed care needs.
- People and their relatives told us they were supported by regular staff who arrived on time and completed what was needed. Reports of staff logging in on arrival and when they had left, supported this.
- Staff had been recruited safely. There were satisfactory application forms, references, identity checks and Disclosure and Barring Service (DBS) checks made. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt safe with the staff and were confident they would act if needed. One relative told us, "[Loved one] fell in the hallway on the day the service started. The staff did exactly the right thing. They dialled 999, contacted the service and then informed me."
- We discussed with staff what potential abuse people could be at risk of. Staff were able to demonstrate potential types of abuse, signs and symptoms and what they would do to report and keep people safe.
- The provider told us there were no open safeguarding's at the time of inspection and records we reviewed supported this.
- Staff felt confident to raise concerns with the provider and people told us when things had happened, the right action was taken. Staff were able to explain who they would raise concerns to outside of the organisation if they did not think appropriate action was taken in relation to concerns raised.
- Accident and incident records were reviewed and were appropriately completed. Staff were able to tell us the reporting process for anything they had concerns about and were confident action would be taken.

#### Preventing and controlling infection

- The provider had an up to date infection prevention and control policy and this had been updated to reflect guidance on the COVID-19 pandemic.
- The provider told us staff were able to receive more PPE when required from them and from the supervisor to enable staff to have easy access to this.
- Staff confirmed PPE was worn on visits to people and recorded this on their electronic app to evidence this.

# Is the service effective?

## Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All people being supported at time of the inspection were assessed as being able to make their own decisions. Details of relatives who could support with decision making or advocate on their behalf was present in care records.
- Some people had given legal authority to their relatives for when they were not able to make decisions for themselves and this was recorded on their care records.
- People were asked for consent by staff before providing care and support. People were offered choices about what they would like to eat or what they would like to wear for example.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and were up to date with this. Although not all staff had completed a company induction, all staff had completed shadowing of experienced staff when they started, to enable them to understand how the service works and provide care to people the way they wanted.
- People and their relatives told us they felt staff had the knowledge to support people effectively. Staff told us, "I have definitely had enough training to do my job. I enjoyed the moving and handling class and I actually enjoyed the online courses."
- Staff told us they felt supported in their roles and were able to contact the provider and told us, "I feel able to raise with [provider] they are approachable and fair. They listen to what we need and then try their best to provide it."

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

- People had assessments of their needs and choices completed and staff understood the importance of reporting changes to people's needs to the provider so action could be taken when needed.
- People's care plans contained information of the goals they wished to achieve from the care and support received such as, to remain healthy and to remain at home for as long as possible. This helped the support be more personal and assisted the staff to help people achieve these.
- All people had care plans detailing their assessed needs when they started with the service and people and their relatives were able to request updates and changes as necessary.

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

- People who required support with eating and drinking had this identified on their care plan. Staff offered choices to people and had cooked and served this for them. Allergies people had were recorded in people's care plans which enabled staff to be aware of what people were able to eat and drink safely.
- One relative told us, "My [loved one] has put on lots of weight recently which they needed to do. This is purely down to the quality of food the staff are making them."
- Staff recorded what people had eaten and drunk in the logs of each visit. This ensured intake was monitored and shared with relatives and external healthcare professionals as required.

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

- The service supported people to live healthier lives, One person had an extra visit as they had experienced periods of anxiety due to dramatic changes in their lives. Staff provided an extra visit to the person outside of their commissioned care package, to sit with them and provide reassurance and make sure they were ok.
- People's oral health needs were included in their care plan to help staff identify the level of support they needed to provide. Records we reviewed on inspection showed people did not require support with this at this time.
- Where people required support to access healthcare this was completed. Records and feedback showed when people required medical assistance, 999 or 111 were contacted to seek advice and support on behalf of people.

# Is the service caring?

## Our findings

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

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

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

- People and their relatives told us they were involved in the development of their initial care plan. People were able to request updates or changes to their planned care and told us these had been implemented as required.
- People and their relatives told us they knew how to discuss any concerns or request changes they felt needed to be made. When things had been requested, such as cancellations or small changes to care, the provider had implemented these.
- Relatives told us they were contacted when staff had identified areas of concern regarding care for their loved ones so they are kept informed and can assist where appropriate.

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

- The majority of people were positive about their experiences with the staff who supported them. There had been recent changes in staff providing the support, although there were clear differences highlighted since the changes, people expressed staff who support them were "kind, smiley and conscientious".
- One person said, "Its early days for us as not had the carers long but the ones I have met are very polite and accommodating."
- All staff were able to describe person centred care and told us the person they were supporting was at the forefront of everything they did. Staff told us, "Most of the time we do get time to get to know people. If there is a lot to do sometimes that doesn't always happen, but I try my best to make sure I have conversations with people and find out how they are doing."

Respecting and promoting people's privacy, dignity and independence

- People and majority of the relatives we spoke with, described the support given by staff as caring and respectful.
- Staff told us they encouraged people to be involved in making decisions about their care and to remain as independent as possible.
- People's confidential information was held on password protected electronic systems. Staff used an application on their mobile phones to access this and they could only view information relating to people they were supporting at that time.
- Staff told us they respect people's dignity and privacy with making sure curtains were shut or bathroom doors were closed when people were supported to manage their personal care.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relative we spoke with told us the care they received met their needs and preferences.
- Staff were able to demonstrate they knew people well and understood likes and preferences. Care plans included details of person-centred information as to how they wished to be supported such as how they liked to be assisted to wash and dress.
- People's life histories, who was important to them and what they wished to achieve was included in care plans.

Meeting people's communication needs

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

- People were able to communicate with staff and make their wishes known. People we spoke with told us they have no problems contacting the provider and relatives told us the provider always responds.
- No people being supported at the time of inspection required information to be provided in a more accessible way. The provider had important policies and procedures about the running of the service in the office and told us these could be provided to people in a different format if required.
- Where people had sensory limitations such as sight loss or hearing impairments, these were identified in care plans to enable staff to communicate effectively. Staff were able to tell us how they communicate with people if they had these issues.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to formally complain but had not felt the need to. One person told us, "We have had services from different companies in the past. This is the first service I have received where the [provider] is hands on. There's no issue contacting them if I'm unhappy about something."
- There was a process in place for dealing with complaints. There was one complaint on file which we reviewed, and this had been responded to and investigated in accordance with the provider's policy.

End of life care and support

- The service was not providing end of life care to people at the time of our inspection. This support had been provided previously and the person made good progress with support provided by staff.

- Staff we spoke with were able to tell us what they considered good care for people at the end of their life. They explained people should be supported how they wanted, be respectful always and make people comfortable.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have complete oversight of the day to day running of the service. Systems and processes to monitor the quality of the service were not in place or regularly utilised such as spot checks on the quality of care being delivered by staff. The provider did not monitor the electronic monitoring system effectively and did not have any auditing processes for care records.
- The provider failed to maintain accurate and complete care plans, risk assessments and daily records and these were not consistently detailed. Care records did not contain all information needed to keep people safe and minimise potential risks.
- Staff ability to safely administer medicines was not routinely assessed by the provider. One member of staff had completed training from another healthcare provider but had not been assessed on their competency since starting with Sambhana Care.
- The Provider assured us an immediate plan would be put in place to address these and ensure oversight of the service improves.

Although we found no evidence of harm, systems and processes to monitor the quality and safety of the service had not been effective in identifying issues found on this inspection and had not always driven improvement and continuous learning. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- There was no registered manager in post at time of inspection however the provider had taken action to recruit a new manager, introduce them to people and staff and an application had been made to register them with the CQC.
- There had been a number of staff who had recently left the service including the registered manager, care coordinator and supervisors. The provider had recruited new care staff and promoted existing staff to the supervisor vacancy. The Provider told us the new supervisor would be responsible for completing spot checks, supervisions and reviews of care plans to ensure issues or changes in need would be identified and updated when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open during the inspection about the challenges they had faced recently with staff

leaving and the impact this was having on the service.

- The provider understood the service needed to improve and they were committed to making these improvements to ensure the service provided meets people's expectations.
- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. The provider was aware they needed to inform people when something had gone wrong.
- People and their relatives told us their engagement with the provider and the service as a whole has been vastly positive. They told us, "If ever I need something done or changed for example [provider] is very responsive and will do this."

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

- The service did not have systems in place to formally ask for people's views on the service such as customer satisfaction surveys. These would benefit the service to check if there were any improvements which could be made. However, people and their relatives told us they are able to raise things with the provider when they needed to and were confident action would be taken.
- Staff told us they don't have formal meetings to discuss any concerns or raise any suggestions but they use a secure electronic messaging system on their phones where they discussed any issues, raise any concerns and provide handovers of important information relating to people's care.
- Feedback about the provider was mainly positive, one relative told us, "We have had a few different providers that we really could never get hold of. [Provider] is very hands on I feel, and potentially am looking at increasing the care with the service."
- There was a portal available to people and their relatives which enabled them to look at care plan's, visit information, daily records and use a communication tool within it. This tool enables people and their relatives to cancel any visits, update important information regarding medicines, or activities of daily living. The provider told us this is available to all people and relatives but currently only two relatives have requested access.

Continuous learning and improving care; Working in partnership with others

- The service often worked with healthcare professionals and the NHS community teams to ensure people had access to support when there had been a change in need to ensure the care provided was effective.
- The provider had signed up to receive updates from CQC and Skills for Care to stay up to date with current issues facing the sector and new guidance changes.
- Staff knew how to report concerns and make suggestions but told us they don't always receive feedback on what had happened since or as a result of these being raised. There had not been any significant events which required this at the time of inspection however a feedback process should be used to ensure staff are aware of what has happened since concerns were raised to minimise the risk of reoccurrence and to develop staff knowledge.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not consistently identified and assessed.</p> <p>Inconsistencies of assessments of safe use of medicines. Records of what medicines people required support with were not always complete.</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not effective systems and processes in place to monitor the quality and safety of the service.</p>   |