

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Sihara Care on 11 July 2017.

Sihara Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service focuses on providing reablement services to adults with physical and mental health problems. At the time of the inspection, the service was providing care to 27 people.

Since the previous inspection, the registered manager moved to another role within the service. At the time of the inspection on 11 July 2017, a manager had been appointed and commenced their role on 10 July 2017. The provider explained that the new manager would make an application to register with the Care Quality Commission (CQC) in due course. 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 and associated Regulations about how the service is run.

The last comprehensive inspection we carried out in August 2016 found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in July 2017, we found that the service had taken appropriate action to improve on the breaches of regulation we previously identified.

People and their relatives informed us that they were satisfied with the care and services provided by the service. People told us they felt safe around care staff and were treated with respect and dignity. Relatives of people who used the service said they were confident that people were safe around care staff and raised no concerns in respect of this.

The inspection in August 2016 found that risk assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. During the inspection in July 2017, we found that the service had made improvements to risk assessments. Risk assessments detailed potential risks to people, the warning signs and information for staff on how to support people appropriately.

Systems and processes were in place to help protect people from the risk of harm. The inspection in August 2016 found that the majority of staff were unable to describe the safeguarding and whistleblowing process. During the inspection in July 2017, we saw documented evidence to confirm that care staff had received refresher safeguarding and whistleblowing training. Staff we spoke with during this inspection knew how to recognise and report any concerns or allegations of abuse.

During the inspection in August 2016, we found the service was not completing Medication Administration Records (MARs) when administering medicines to people and people were therefore at risk of not receiving their medicines safely. We found a breach of regulation in respect of this. During the inspection in July 2017,

we found that the service had taken appropriate action in respect of this. Staff had received training on the administration of medicines and the service introduced MARs when administering and prompting people with their medicines and these were being completed by care staff.

During the inspection in August 2016, we found that some of the training provided to care staff was not effective as it was evident that there were deficiencies in their knowledge and we found a breach of regulations in respect of this. During the inspection in July 2017, we found that the service had taken appropriate action to improve this. We saw documented evidence that staff had received refresher training. Further, care staff we spoke with were able to demonstrate that they had an understanding of the areas covered during their training. Staff also received supervisions and appraisals. The provider confirmed that they would ensure these were carried out consistently for all staff.

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

People using the service told us that they experienced consistency in the care they received and generally had regular care staff. People also told us that care staff were generally punctual and raised no concerns in respect of this.

The service tried to ensure care staff were matched with people who came from the same culture where possible so that they could better understand the needs of people. People we spoke with spoke positively about this aspect of the care.

During the inspection in August 2016, we found that care plans lacked information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care and we found a breach of regulation in respect of this. During the inspection in July 2017, we found that the service had taken action in respect of this. The service had reviewed people's care plans and these now included information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. Information about people's communication needs were also documented.

The inspection in August 2016 found that there was limited information in care support plans about the support that people required from care staff. We also found that there was a lack of clear instructions for care staff about what tasks needed to be carried out and we found a breach of regulation in respect of this. During the inspection in July 2017, we saw evidence that the service had reviewed care support plans and had amended these so that they included details and specific information about how to support people to meet their needs as well as guidance for care staff in respect of meeting these needs.

During the inspection in August 2016, we found that the service did not have a system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. During the inspection in July 2017, we found that the service now had effective systems in place to check essential aspects of the care provided. The service had introduced quality and audit checks.

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 and relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

There were processes in place to help ensure people were protected from the risk of abuse

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service was effective. Care staff felt well supported by their peers and management.

Staff had completed relevant training to enable them to care for people effectively.

People's health care needs and medical history were detailed in their care plans.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Good ●

The service was caring. People told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Staff were able to form positive relationships with people.

Is the service responsive?

Good ●

The service was responsive. Care plans included information about people's individual needs and choices.

The service had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. People and relatives spoke positively about the management of the service.

The service had a management structure in place with a team of care staff and office staff.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Sihara 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 July 2017 and the inspection was carried out by one inspector. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed eight people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with seven people who used the service and seven relatives. We also spoke with four care staff, two office staff and the nominated individual.

Is the service safe?

Our findings

People who used the service told us that they felt safe around care staff. One person told us, "I definitely feel safe around my carer." When asked if they felt safe when being cared for by care staff, one person said, "Oh yes I do feel safe" and another person told us, "Of course. I feel very safe." Another person told us, "I couldn't be safer or happier." Relatives told us that they felt that people were safe around care staff and raised no concerns about this. One relative said, "I am confident [my relative] is safe."

During the inspection of the service on 16 August 2016, we found that the assessment of risks relating to the health and safety of people using the service were not being identified and carried out appropriately and found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a follow up inspection on 15 November 2016 and found that the service had made improvements in respect of risk assessments. During this inspection on 11 July 2017, we found that the service had continued to make improvements to risk assessments. Care plans included a risk assessment which contained information about the risks associated with people's home environment and their overall health. We also saw evidence that moving and handling and medicine administration risk assessments were in place for people. However, we noted that the moving and handling risk assessments lacked comprehensive details about mobility equipment. We discussed this with the provider who explained that they were in the process of introducing mobility equipment risk assessments and showed us evidence of these. The provider said that these would be implemented for all people that use some form of mobility equipment. During this inspection, we found that risks to people had been identified and managed so that people were safe and their freedom supported and protected. There were risk assessments in place relating to risks specific to each person's needs such as falls prevention, diabetes and specific medical conditions. The risk assessments included information about action to take to minimise risks as well as measures for care staff on how to support people.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, the police and the CQC. Records indicated that care staff had received in house training in safeguarding people. During the inspection in August 2016, the majority of care staff we spoke with were unable to describe the process for identifying and reporting concerns. Our inspection in July 2017 found that the service had taken action to improve this. Care staff we spoke with were familiar with the safeguarding process and what action to take. The provider also explained that since the inspection in August 2016, care staff had received a refresher safeguarding training session and we saw documented evidence of this.

During the inspection in August 2016, we noted that the level of English spoken by care staff was limited and they struggled to understand some of the questions that were asked and had difficulty answering. During the inspection in July 2017, we spoke with the provider about this and he explained that since the last inspection, the service had changed their recruitment process and made it more comprehensive so that they also looked at applicant's level of English and numeracy skills. The provider explained that this ensured that care staff they employed had the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and relay information clearly especially in a case of

emergency.

The service had a whistleblowing policy and contact numbers to report issues were available. During the inspection in August 2016, we noted that care staff were not aware of the term "whistleblowing" and were not familiar with the whistleblowing procedure. During the inspection in July 2017, the provider confirmed that all staff had received a refresher training session in respect of this and this was confirmed by care staff we spoke with. Care staff were familiar with the whistleblowing procedure and were confident about raising concerns about poor practices witnessed.

During the inspection in August 2016, we found that medicines were not appropriately managed and we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The inspection found that the service was not completing Medication Administration Records (MARs) when administering medicines to people. It was therefore not evident what medicines people had taken. During the inspection in July 2017, we found that the service had taken appropriate action and there were suitable arrangements for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that since the inspection in August 2016 staff had received training on the administration of medicines and completed a competency assessment following the training session. The provider explained that they carried out the competency assessment to check care staff understanding of the training. We also observed that the service had introduced MARs when administering and prompting people with their medicines and these were being completed by care staff. We looked at a sample of nine medicine administration records (MARs) for various people and saw that there were no unexplained gaps, with the exception of one MAR for the month of February 2017. We queried this with the field care supervisor and she provided explanations as to why there were gaps. She confirmed that she would ensure that there were no unexplained gaps on MARs in future. We also observed that medicines that formed part of the blister pack were detailed in the care records. However, we discussed with the provider the importance of ensuring the list of medicines contained in the blister pack were also attached to MARs and the provider confirmed that they would do this.

During the inspection in August 2016, we observed that the service did not have a system for auditing medicines administration. The inspection in July 2017 found that the service had taken action in respect of this and introduced a system for auditing MARs. We also observed that where issues were identified, the provider took appropriate action and documented this.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. The provider explained that they tried to ensure that people had the same care staff as much as possible to ensure consistency for people who used the service which was an important aspect of the care provided. The majority of people and relatives we spoke with told us they usually had the same carer and raised no concerns in respect of this. One relative said that they experienced inconsistency of care staff on Saturdays and we raised this with the provider who confirmed that they would look into this.

The majority of people and relatives told us that care staff were generally on time and they raised no concerns regarding this. One person told us, "My carer comes on time." Another person said, "Always on time." We asked the provider how the service monitored care staff's timekeeping and whether they turned up in time or were late. The provider told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, one care co-ordinator we spoke with told us that they would call the care staff to ascertain why a call had not been logged and take necessary action there and then if needed. We saw documented evidence to confirm that the service reviewed call logs to help identify areas in

which they can improve any timekeeping issues.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

Is the service effective?

Our findings

People who used the service told us that they had confidence in care staff. We asked people and their relatives whether they felt the service was effective. One person told us, "The care is good." Another person said, "I am happy with the care. I have no complaints. My carer is nice. She is caring." Another person said, "I am satisfied with the care. They take good care of me."

During the inspection in August 2016, we found that staff had not received consistent and regular training, supervision and appraisals. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection in July 2017, we saw evidence that the service had taken action in respect of this. We saw documented evidence that since the inspection in August 2016, staff had received refresher training in medication administration, safeguarding, pressure ulcers, moving and handling, health and safety and food hygiene. All care staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively.

The provider advised that care staff were in the process of completing the 'Care Certificate' with the supervision of the field care supervisor who was appropriately trained. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

During the inspection in August 2016, we found care staff we spoke with lacked knowledge of safeguarding, whistleblowing and the Mental Capacity Act 2005. During this inspection, we noted that care staff had a knowledge and understanding of these areas. It was evident that they had received refresher training in these areas.

We noted that since the inspection in August 2016, care staff had received supervision sessions and spot checks and this was confirmed by care staff we spoke with. It was not evident how frequently the service aimed to carry these out and we spoke with the provider about the importance of ensuring staff received regular supervision sessions. He confirmed that all care staff would receive regular supervisions. We also saw documented evidence that since the inspection in August 2016, the service had taken action to ensure care staff received appraisals about their individual performance and had an opportunity to review their personal development and progress.

We discussed with the provider how the service met people's health and nutrition needs. The provider explained that in the majority of instances, care staff did not prepare meals for people from scratch but they did heat food and prepare breakfast and supported people with their eating where required. The provider advised that care staff had received food hygiene training in 2017 and if care staff had concerns about people's weight they were trained to contact the office immediately and inform management about this. The provider then confirmed that they would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We noted that care records included details about people's nutritional needs and information about their food and drink preferences.

The inspection in August 2016 found that the service was not always providing care in accordance with the Mental Capacity Act 2005 (MCA) and we found a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The inspection in July 2017 found that the service had a Mental Capacity Act 2005 (MCA) policy in place. We noted that all the care plans we looked at had been signed by people who used the service or their next of kin. Since the inspection in August 2016, the service had reviewed people's care plans and these included information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care. Further, we found that information about people's communication needs were documented so that care staff had information on how to communicate effectively with people. Care staff we spoke with were aware of the importance of ensuring people made their own decisions where possible and where a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Our findings

People and relatives told us they thought that care staff were caring and spoke positively about them. One person said, "I am happy with the care. My carer is kind and helpful and she listens. She is wonderful." Another person told us, "My carer is very very caring. She is the best I have ever had. She listens all the time." Another person said, "My carer is very good and supportive. They are respectful." One relative said, "The carer is brilliant."

The inspection we carried out in August 2016 found care records were not person centred, individualised and specific to each person's needs. We found that they did not include specific information about people's preferences and their likes and dislikes. We also found that information in care records were inconsistent. During the inspection in July 2017, the provider explained that they had reviewed people's care plans to ensure that they were person centred and specific to people's needs and we saw evidence of this. We saw that where possible, the service had included information about people's current lives and their history. We also saw evidence that people's preferences were noted. Care records included information about people's dietary preferences, cultural requirements and the name they preferred to be called.

The provider explained to us that the service aimed to provide good quality care and promote high standards. He explained that the service promoted independence so that people could continue living in their home. The aims and objectives of the service as detailed in the service user guide reflected this ethos. The service had a comprehensive service user guide which was provided to people who used the service. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers.

The inspection in August 2016 found that there was a lack of evidence to confirm that people's care was reviewed with the involvement of people. We found during this inspection that since the last comprehensive inspection, the service had reviewed people's care plans to ensure that they were up to date and people's needs were still being met. We spoke with the provider about the importance of ensuring that care records were reviewed consistently.

The provider explained to us that they did their very best to ensure care staff were matched with people who came from the same culture where possible so that they could better understand the needs of people. For example; one person who used the service was Gujarati speaking and the service made effort to ensure that this person received care from Gujarati speaking staff so that they could easily communicate with them and talk about cultural topics. One relative told us, "They match [my relative] with carers that can speak Urdu. It is really helpful."

The provider confirmed that they did not provide home visits less than 30 minutes because it was important for care staff to spend time speaking and interacting with people and doing things at people's own pace and a minimum of 30 minute visits enabled care staff to do this.

Care staff we spoke with were aware of the importance of ensuring people were given a choice and

promoting their independence. They were also aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care and gave us examples of how they maintained people's dignity and respected their wishes.

Is the service responsive?

Our findings

People who used the service and relatives generally told us that they felt able to raise concerns if they needed to. One person said, "The office are helpful. They do listen." Another person told us, "I have no complaints. If I did I could tell them." One relative said, "I feel able to contact the office. I don't have any complaints." Another relative told us, "I can complain if I need to but I haven't had to."

During the inspection in August 2016, we found that there was limited information in care support plans about the support that people required from care staff. We also found that information was inconsistently recorded in care support plans and the information was task-focused. We found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, during the inspection in July 2017 we saw evidence that the service had taken action in respect of this breach. We saw evidence that the service had reviewed care support plans and had amended these so that they included details and specific information about how to support people to meet their needs as well as guidance for care staff in respect of meeting these needs. We also found that information in people's care records were consistent. For example, information contained in the care support plans were also reflected in people's risk assessments.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. The provider explained that these assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

The service had a complaints procedure which detailed the procedure for receiving, handling and responding to complaints. During the inspection in August 2016 we found that one person we spoke with told us that they had complained to the service about an incident which had occurred. However, we did not find documented evidence that the complaint had been recorded and we made a recommendation that the provider ensured complaints received were fully documented and there was a clear record of what action the service had taken in response. During the inspection in July 2017, we looked at the complaints records and found that the previous complaint that had been raised during the inspection had been recorded and the action taken by the service was fully documented.

The majority of people and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed.

Is the service well-led?

Our findings

People spoke positively about management at the service. One person who used the service told us, "Management are good. I have no complaints. I can't fault them." Another person said, "The manager comes to see me to check how the care is. They ask me." One relative said, "Management are fine. They are accommodating."

Staff we spoke with told us that they felt supported by their colleagues and management. One care staff told us, "Management are approachable. I can talk to them and ask questions." Another care staff said, "I have regular contact with the office. Management is good." Another care staff told us, "It is getting better. It is much more organised now." Staff told us that they felt confident about approaching management if they had any queries or concerns and felt matters would be taken seriously and management would seek to resolve the matter quickly.

During the inspection in August 2016, we found that the service had failed to ensure systems were in place to assess and monitor the quality and safety of the services provided, to mitigate risks to the health, safety and welfare of people using the service, and to ensure that records relating to service users were accurate and complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We carried out a follow up inspection on 15 November 2016 and found that the service had made improvements in respect of this. During the comprehensive inspection in July 2017, we found that the service had continued to make improvements in respect of quality assurance. The provider explained that since the last inspection, he was very much involved with the running of the service.

We saw evidence that the service had reviewed people's care plans and risk assessments and had implemented new format risk assessments. The provider explained that they had introduced various audits in order to monitor the quality of the service provided. We saw that the service carried out audits in respect of MARs, care plans, communication log books, staff punctuality and staff files.

The inspection in August 2016 found that the service had an electronic homecare monitoring system in order to monitor care worker's punctuality and attendance. However, they were not using this system consistently and there was no evidence to demonstrate that they reviewed call logs to monitor care worker's timekeeping. During the inspection in July 2017, we found that the service was consistently using the electronic system and they were able to provide us with evidence that they reviewed call logs to monitor care worker's timekeeping. Where a care worker was late for a visit, there was evidence that the service had identified this and taken appropriate action.

The inspection in August 2016 found that the service had not carried out satisfaction surveys. During the inspection in July 2017, the provider confirmed that they had sent out satisfaction surveys to people but had not had much response. Therefore the service focused on obtaining feedback from people in other ways which included telephone calls to people to obtain their views on the care they received. The service also carried out quality monitoring visits to ensure that people were satisfied with the care they received. The service asked people to complete feedback forms to obtain further feedback from people. The provider

explained that since the inspection in August 2016, the service had worked hard to ensure that they were communicating with people and obtaining their feedback so that they were able to assess, monitor and improve the quality of the service.

The inspection in August 2016 found that there was no documented evidence to confirm that regular staff meetings took place. During the inspection in July 2017, we saw documented evidence to confirm that the service had carried out staff meetings. Staff meetings had taken place in December 2016 and February 2017 and the next meeting was scheduled to take place in July 2017. Care staff we spoke with told us that they had an opportunity to share good practice and any concerns they had with their colleagues during the meetings. We asked staff how communication was within the service and they spoke positively about this. Staff told us that they were kept informed of developments within the service and felt that they had the information they required to carry out their roles and responsibilities effectively.

The provider explained that the service carried out spot checks as part of their quality assurance monitoring to ensure care staff were providing care as agreed and we saw that these had been documented. Care staff we spoke with confirmed that spot checks were carried out.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system in place for recording accidents and incidents.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.