

Shri Hari Care Limited

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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

About the service

Shri Hari Care Ltd is a domiciliary care agency who provide personal care to people living in their homes. It provides a service to older people, people living with dementia, people with learning disabilities, people with mental health issues, people with sensory impairment and younger adults. On the day of our visit, there were seven people receiving personal care in their own homes.

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 felt safe with staff from the service. Care plans and risk assessments provided guidance for staff to follow to reduce risk to people's safety.

Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People and relatives were involved in assessments of potential risks to safety and in identifying measures to keep them safe. Staff went through a recruitment process so that the provider only employed suitable staff.

People received their prescribed medicines from staff. They had enough staff to meet their needs. Staff undertook induction training and further training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare to maintain their health and wellbeing.

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.

Staff knew people well. People had developed positive, friendly relationships with staff which helped to ensure good communication and support and people and relatives said staff were kind, caring and friendly. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People or their representatives were involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received help to maintain their health and well-being.

People and relatives knew how to raise any concerns or make a complaint. The provider had a policy and procedure which involved investigation and solutions to put things right. This provided information about how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements in the service.

People, relatives and staff spoke positively about the management and leadership of the service. People and relatives said staff were very friendly and caring, and they had good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

This is the first inspection of the service.

Why we inspected:

This was a planned first inspection.

Follow up:

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective 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.

Shri Hari Care Limited

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.

Service and service type

This service provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that when a registered manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

What we did before inspection

This was the first comprehensive inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We also spoke with two members of care staff, the registered manager and the franchise support manager.

We reviewed a range of records. This included three 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.

After the inspection

We continued to seek clarification from management to validate evidence found, including amended procedures. We received this information.

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 the service. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- Staff kept people safe. People and relatives were satisfied that staff took measures to ensure safety. A person said: "Yes, there are no problems. I am perfectly safe with staff."
- Risk assessments were in place for the premises when an issue was identified. Assessments included information about how to reduce potential fire risks.
- Individual risks to people's safety had been assessed. Information was in place for staff to action any issue that needed to be taken to reduce any identified risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, checking the hoist and sling before helping to transfer people.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. References were in place, checking staff abilities and attitudes.
- There were enough staff to meet people's safety needs. There were no reports of missed calls.
- Staff said there were enough staff attending calls to ensure people were kept safe.

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

- People confirmed that they felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- Staff had safeguarding training to know how to safeguard people in the event of an incident. This included information on the different types of abuse that staff may need to deal with.
- The whistleblowing procedure had contact details of relevant agencies for staff to contact in the event of an incident.

Using medicines safely

- People said they were prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines to ensure medicines were safely supplied safely to people.
- Staff were knowledgeable about the procedure to supply people with their medicines. New staff were provided with training, observed and had to pass a competency test before they were able to supply people with their medicines.

Preventing and controlling infection

- People told us that they had no concerns about the cleanliness, appearance and standards of hygiene demonstrated by staff. Hygiene standards were described as good, with staff wearing protective equipment when providing personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wear protective equipment and wash their hands thoroughly after completing a task, to prevent infections being passed to people.

Learning lessons when things go wrong

- The nominated individual was aware of the need to learn lessons if situations had gone wrong. A lesson had been learnt of the need to provide people with all relevant information about the service at the beginning of their contract with the agency.
- This showed action to try to ensure these types of incidents were prevented from happening again.

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 of the service. At this inspection this key question has been rated as good. People's outcomes were consistently good, and people's and relatives feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- People and relatives said needs were fully met by staff. Timely care had been provided to people. There was one comment from a person, that they did not always receive a call when staff were going to be late.

The

nominated individual said this issue would be followed up.

- Staff said that care and support plans were detailed enough to make sure they were able to provide care that met people's needs.
- Staff understood people as individuals.

Staff support: induction, training, skills and experience

- People and relatives said staff had been well trained to do their jobs so they knew what they were doing when providing personal care.
- People were supported by staff who had received ongoing relevant training. Staff said that training was of a good quality.
- If staff requested more training, they said management would arrange this for them.
- On joining the service, staff received a detailed induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They took part in shadowing experienced staff to show them how to effectively meet people's needs.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- Nobody had concerns about nutrition or hydration issues. People who had meals or snacks prepared were asked about what they want to eat and drink. Everyone said before staff left, they provided people with drinks and snacks if that is what they wanted. This kept people hydrated.
- A relative said, "Staff are good at making sure food and drinks are covered."
- Staff were aware of people's dietary requirements. They had relevant information in care plans to ensure food was safe for people to eat.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting their health and social needs.
- A person told us that if they needed additional equipment, management had told them they would get in

touch with a relevant agency to obtain the equipment.

Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was supported by staff. Records of people's care showed this happened. For example, staff contacted health professionals when needed, such as when a person had an accident and needed medical treatment. A person said, "Staff remind me about health appointments."
- Relatives said that staff assisted their family members with healthcare needs. A relative told us that they would be notified if a relative was poorly and needed medical help.

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

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. We found that it was.

- Care records showed people's capacity to make decisions, and mental capacity assessments had been carried out.
- Staff said that no person had restrictions placed on their ability to make decisions.
- People were able to consent to their care. Care plans contained signed statements which showed that people consented to personal care being provided to them. People confirmed this happened.

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 of the service. At this inspection this key question has been rated as 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

- People and relatives said spoke very positively of the care staff. A person said, "No problems with staff. They are all very kind and friendly."
- People said their all their wishes were respected by staff and management. A relative said her family member's cultural wishes had been respected by staff.
- The provider's statement of purpose included information on ensuring people were not discriminated due to issues such as race, religion and sexual orientation. This gave a positive message to all people using the service that they would be well treated and supported.

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

- People and relatives said they had been involved in care planning. They said care plans reflected peoples' needs.
- People and relatives had been consulted in reviews about whether the personal care provided still met needs. This was shown in care plans.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected privacy and dignity. Staff gave examples of how they did this in practice, such as using towels to cover people when supporting them to wash.
- People and relatives said staff respected people's own lifestyles, such as how they liked their drinks to be prepared. Staff were aware of the need to ask and follow people's choices such as a person wanting to be washed in a specific way.
- Staff supported people to be as independent as possible. One person said they were able to do some of their own personal care and staff gave them encouragement to do this. A relative said staff had helped her family member to improve their walking, which they were very grateful for.
- Staff provided examples of how they encouraged people to do as much as they could for themselves, such as people being able to take their own medicines.

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 of the service. At this inspection this key question has been rated as 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 relatives said staff provided care that met individual needs. Staff always responded to requests made. A relative said: "Staff go the extra mile."
- Care plans had information about people's preferences and their life histories. This meant staff had information about people's individual backgrounds to be able to speak with people and understand them as individuals.
- People and relatives said changing needs were reflected in care plans.
- Staff members were aware of people's daily routines.

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 carers.

- The nominated individual was aware of their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- People's communication needs were met. Large print documents could be made available for people with reading difficulties. The nominated individual said that no one currently had difficulties with accessible information.

Improving care quality in response to complaints or concerns

- No one said they had cause to complain. People and relatives said when they had approached staff or management for any concerns they had, these had been quickly dealt with.
- No complaints had been received since the service was registered. A system was in place to resolve issues.
- There was a complaints procedure in the service user's guide which set out how complaints would be investigated. The procedure implied that CQC would investigate complaints though CQC has no legal authority to do this. Contact details for another relevant agency was not included. The procedure was amended after the inspection to include these details.

End of life care and support

- Some end of life information was available in care plans. The nominated individual indicated that people's detailed wishes and detailed preferences would be included when people were ready to discuss their wishes.

- Staff had information on end-of-life care to refer to. More detailed staff training on end of life care was planned in the future when this became more relevant.

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 of the service. At this inspection this key question has been rated as good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The nominated individual ensured people were involved with their care. Staff knew of the need to treat people as individuals and respect their wishes. The nominated individual was committed to make sure people received care that met their needs and preferences.
- Staff spoke positively of management support to them. They told us management were always available if they had any concerns or queries and they were often thanked for their work. One staff member said: "My manager is a great leader and has great supportive skills."

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 nominated individual was aware of their responsibility to keep people informed of action that had been taken following incidents, in line with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- There were no incidents of this type recorded at the time of the inspection. This was confirmed by the nominated individual.

Continuous learning and improving care

- The nominated individual sought ways to make improvements to the care and support provided, to achieve the best possible quality of life for people. This included reviews of people's needs to ensure they were met, holding meetings with people and conducting regular surveys. There were reviews of the service so that people had the best care possible.
- The nominated individual kept up-to-date with good practice by using relevant professional websites.

Working in partnership with others

- The service worked with health and social care professionals to ensure people's needs were met. People were also referred to other services to ensure their needs were met, for example, the occupational therapy department and the falls clinic.
- People were supported to use local services and to work when they wanted.

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

- There was a registered manager in place, registered with CQC. At the time of inspection, the registered

manager was on planned leave and the nominated individual had taken on this role temporarily.

- Quality audits were carried out to improve the service. This included checking the personal care provided by staff.
- People, relatives and staff were very positive about the management and leadership of the service. One person said: "The service cannot improve in any way."
- There was a reliable staff team who said they took pride in providing care and support to people using the service.