

Sandwell Asian Family Support Service Limited

# Sandwell Asian Family

# Support

## Inspection report

Windmill Community Centre  
Messenger Road  
Smethwick  
West Midlands  
B66 3DX

Tel: 01215582198

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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 Support

Sandwell Asian Family Support is a domiciliary care service which is registered to provide personal care to people living in their own homes within the community. At the time of our inspection 14 families received care and support from the service. The age ranges of people being supported were children to young adults.

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

People told us they felt safe. Staff informed us of the signs of abuse and the reporting processes they should follow if they had concerns. People's risks were assessed, and staff had a good understanding of how to minimise them. The provider's on-going recruitment process ensured there were suitable staff to support people safely. Where required people received their medication as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. People were given choices and their consent was gained before providing support. Staff knew of people's dietary needs. People had access to healthcare professionals when required.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was maintained. Staff knew it was important to encourage people to maintain their independence.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently when it was required. People and /or their relatives were included in these processes to ensure all needs were determined and addressed. People and their relatives knew how to raise concerns and would feel comfortable to do so.

People, relatives and staff spoke positively of the service and the registered manager. Quality assurance systems including spot checks had been used to identify what aspects of the service worked well and where improvements may be needed. Provider feedback surveys had been used to gather information about the views of people and relatives about the service provision.

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

The last rating for this service was good (published 10 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### 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 well led  
Details are in our well led findings below.

Good ●

# Sandwell Asian Family

## Support

### **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 is a domiciliary care agency. It provides personal care to people living in their family homes within the community.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of Inspection

We gave the provider 24 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the

service. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives to ask about their experience of the care provided. We spoke with the registered manager who was also the nominated individual, the care manager, the finance manager and two staff. We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

● Assessments had been undertaken concerning each person's home environment to determine any risks. Documents were available to make staff aware of people's risks and how to minimise them. These included lighting, flooring, hoist usage and physical conditions.

● A staff member said, "If a hoist is to be used and the room is not suitable due to for example, clutter we (staff) would raise this with people's families to prevent accidents".

● A person told us, "I feel safe. The staff help me". One staff member said, "The managers make all staff aware of any safety issues".

● A relative said, "The staff have ID badges. I check the badges particularly for new staff, so I know they are genuine and safe".

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

● Two people told us they had not experienced abuse or been treated badly. A person said, "The staff are kind".

● Staff confirmed they had received safeguarding training for adults and children. They described some of the signs of different types of abuse and how they would report it.

● The registered manager had told us, and information confirmed, any concerns identified had been reported to us and the local authority as is legally required.

### Staffing

● Staff confirmed they were allocated enough time to attend to each person's individual assessed needs. A staff member told us, "I am given enough time to do my work". A relative told us staff turned up on time and stayed the allocated amount of time that had been agreed.

● The registered manager told us some staff were off work at the time of the inspection. They described the contingency plans that were used to cover staff sickness and holidays. A staff member told us, "Staff cover each other. Even if staff are off sick the calls are still covered".

● The registered manager showed us the electronic system they used for programming care calls. The system produced staff rotas and alerted managers if a call was late or missed. This ensured people were not placed at a risk of harm through not having their required support.

### Staff recruitment

● Staff files confirmed pre-employment checks had been completed to ensure new staff would be suitable to work. This included an enhanced Disclosure and Barring Service (DBS) check. Application forms included a full employment history and any employment gaps were investigated.

● A staff member confirmed, "All checks were carried out before I started work". Other staff also confirmed

pre-employment checks were always undertaken to ensure they were safe to work at the service.

#### Using medicines safely

- Staff told us, and training records confirmed, that staff had received training to support people to take their medicine safely. A staff member told us, "I had medicine training".
- Many people did not require staff to support them with their medicines as their families undertook that task. However, some people did need assistance with their medicines and their families told us staff did this correctly. One person told us, "I do my own insulin". A staff member told us they just supervised the process.
- People's completed medicine records were returned to the office regularly. Evidence confirmed managers had audited the records to ensure they were fully completed, and staff had followed procedures.

#### Preventing and controlling infection

- Staff told us they had received infection prevention training and training certificates confirmed this.
- Staff confirmed they always had enough stock of PPE. Relatives confirmed staff wore the PPE.
- Foot covers were also available. The registered manager told us, "Certain religions and cultures require people to remove foot ware before they enter premises. We can't ask staff to do that for health and safety reasons staff covering their shoes is an acceptable compromise".
- Staff confirmed the registered manager had encouraged them to have the flu vaccine to prevent the spread of flu.

#### Learning lessons when things go wrong

- Staff explained their responsibilities to report any accidents and incidents.
- The registered manager kept a record of accidents, incidents and care queries. The registered manager was aware of current issues. They analysed their data to identify trends and patterns and areas that required attention.
- Staff told us where there were lessons to be learnt for the service and the staff team, these had been shared with staff in team meetings.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- The registered manager told us an assessment to consider people's initial needs was always undertaken. A relative told us, "I was asked lots of questions".
- Documents confirmed people and their relatives had been involved in the assessments and records were updated when people's needs changed.
- Assessment documents considered people's rights under the relevant equality laws.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority. This is usually through the MCA application process called Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty to 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 liberty. We checked whether the service was working within the principles of the MCA.

- The management team and staff had received training and had a good understanding of the MCA. This ensured they supported people in the least restrictive way.
- The registered manager told us assessments were undertaken but at present no person required a referral to the court of protection.
- Relatives told us staff always explained what they were going to do and asked their family member's permission before starting a task.
- A staff member said, "Whatever age a person is we have to gain cooperation and agreement before we do anything. We can not force people to do things against their will".

Staff support: induction, training, skills and experience,

- Staff received an induction to prepare them for their role. A staff member told us, "I had induction training. The training covered everything I needed to know".
- The registered manager told us the care certificate was available for new staff to work through. This was particularly so for new staff who had not yet attained a formal care qualification. Records confirmed this. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.

- The registered manager said, "We have an electronic training matrix, so managers can see which staff has been trained and which staff need training updates". We were shown this system live.
- Staff told us they had received mandatory training that included health and safety and medicine training. The registered manager told us staff had received specialist training, that included; diabetes awareness, learning disability, autism and challenging behaviour subjects. This was confirmed by records and staff we spoke with.

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

- Families did all food shopping and prepared most people's meals.
- Records confirmed people's food and drink likes and dislikes had been explored and documented. Staff told us they were aware of people's food and drink likes and dislikes.
- Staff confirmed they knew people who had medical dietary needs for example, diabetes. A person said, "I am diabetic and don't have sugar. I like fizzy drinks but have sugar free ones. The staff know this".
- Staff told us some people were fed by a tube into their stomach and could not take any food by mouth. They also told us some people were at risk of choking and required a pureed diet.
- Records highlighted some people could not eat certain foods due to religion and/or cultures examples being, pork and beef. Some people required a Halal diet whereby meat in particular had to be prepared, handled and stored in a specific way. Staff were aware of requirements and ensured people's dietary, cultural needs were met. Relatives told us staff adhered to people's overall dietary needs.

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

- People's relatives took responsibility for their health care needs. This was confirmed by staff and relatives. However, staff supported one person to have their regular health treatment. This was confirmed by records and the registered manager.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; equality and diversity

- People and their relatives felt staff were caring and considerate. One person told us, "They (staff) are nice". A relative told us, "The staff are lovely".
- People told us they were general allocated the same staff to support them. Relatives we spoke with told us for years the same staff had looked after their family member. A relative said, "We have the same staff. They know them (person's name) well and I have full confidence in them".
- People being supported came from different nationalities and cultures. The staff group reflected these so had good knowledge of people's specific and diverse needs. A staff member told us, "I know their religion and culture so can support them (person's name) well".
- The registered manager told us advocacy services would be sought if a person and/or their relative felt an advocate was required. An advocate is an independent person who speaks up on someone else's behalf.

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

- Staff told us where possible people were involved in care planning to ensure they were supported in the way they wanted to be. They further told us that in general it was their family member who had input into care planning. A relative said, "I am fully included in planning and reviews".
- Staff told us they gave people choices where they could concerning what they wanted to wear. A person said, "I can choose. The staff ask me what I want to wear".

Respecting and promoting people's privacy, dignity and independence

- Staff described how they promoted privacy and dignity when supporting people with their personal care needs. A staff member said, "I provide care in a private area such as the bedroom or bathroom". A relative said, "The staff make sure they (person's name) are covered up".
- Staff encouraged people to retain their independence skills. A staff member said, "I encourage people to do what they can". A person said, "I shower myself and get dressed".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Information about people's needs and preferences was sought from people and their relatives.
- Care plans were reviewed regularly and when people's needs changed. This was confirmed by staff and relatives we spoke with. Relatives told us they were involved in decisions about their family members care and support.
- People's care plans included information about what was important for people, so their care was person centred.
- Staff were knowledgeable about people's needs and preferences. A relative said, "The staff have been coming to them (person's name) for 17 years. They know them (person's name) very well".

Meetings 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 their carers.

- The registered manager told us several staff were bi-lingual so could converse with people and relatives in a language they understood. This was confirmed by relatives.
- A staff member told us, "I speak slowly and clearly so people understand".
- Where people could not communicate or understand what was being said staff used different communication methods. These included some hand gestures, the use of objects and the use of Picture Exchange Cards (PECs). PECs are an alternative communication system that uses images to convey meaning. This was confirmed by staff we spoke with and records.
- Staff had supported families outside their family home with communication support. One person had an appointment. A staff member attended too as a translator as the family did not speak or understand English.

Improving care quality in response to complaints or concerns

- The registered manager showed us the provider's formal complaints procedure. This was available in different languages on request.
- The complaints procedure signposted staff to the processes they should follow if a complaint was received. The processes included; documentation, investigation and a meeting to discuss the outcome of the complaint and a way forward.
- Relatives told us they knew of the complaints procedure and told us they would feel comfortable to make

a complaint. One relative said, "Everything is so good I don't need to complain. If I did have a complaint though I would tell the staff or the manager".

Supporting people to develop and maintain relationships to avoid social isolation, support to follow interests and to take part in activities that are socially and culturally relevant to them,

- All people lived at home with their families. Responsibility for their development and support and activity and hobby provision lay with their family.
- Care packages were for example, for staff to give support to people to get ready for school or drop in centres and this was achieved. A person said, "I am always ready for centre". A relative told us, "Staff get them (person's name) ready for school."
- The location office held some social events people, and their relatives could attend. The registered manager told us that several times a year they arranged trips for people, their relatives and staff. This was for people and relatives to have the opportunity enjoy an activity and to spend time with staff informally to strengthen bonds and relationships.

End of life care and support

- The registered manager informed us no person at the time of the inspection required end of life care. Staff confirmed if there was a need for end of life care, plans were put in place and they (staff) would work alongside other healthcare professionals.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. The service management and leadership were consistent. Leaders and the culture of the organisation supported the delivery of good, person centred care.

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

- The service was well-led by an experienced registered manager and a supporting management team. The registered manager described how they were developing staff to ensure succession planning within the service. Staff were clear about their responsibilities and the leadership structure.
- Relatives knew the names of the registered manager and senior staff. A relative said, "I speak with the managers often and meet them when they come and do checks. They are polite and let me explain what I need to".

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

- The registered manager had notified us of any incidents they were required to by law.
- Our last inspection rating was on display on the provider's web-site and within the location office also as required by law.
- Staff told us they were aware and knew how to use the provider's whistleblowing procedure. A staff member confirmed, "I would be more than happy to whistle blow if I found a need to. The situation would be sorted". Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- Staff had been encouraged to give their views regularly during staff meetings and one to one supervision. A staff member told us, "I definitely feel listened to and valued. For example, I told the manager one person's hoist was no longer any good for them. The manager asked the families permission and made a referral to the occupational therapist. Fairly quickly the person had a new hoist that is better and safer".
- Feedback forms had been collated and analysed. The results of these were positive.
- The registered manager told us spot checks were undertaken regularly to ensure staff were working as they should. This was confirmed by staff and people we spoke with. A relative told us, "The managers do checks often. I think this is good".

Continuous learning and improving care,

- The registered manager promoted an open and transparent culture, where constructive criticism was encouraged. This was confirmed by relatives we spoke with

- Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it. This was confirmed by staff we spoke with.
- The registered manager had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits. This was confirmed by records.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during our inspection.
- Where there had been issues the registered manager told us they had held meetings with people and their relatives to discuss these in an open and transparent manner.
- Records highlighted where required the registered manager or individual staff member had apologised to people or relatives.

Working in partnership with others,

- The registered manager told us part of the premises were used by community groups for example, a drop-in service as was the case during our inspection.
- The registered manager told us they worked closely with a range of external professionals for example, social workers to ensure people's needs were met. This was confirmed by staff and relatives we spoke with.