

Saroia Staffing Services Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Saroia Staffing Services Ltd provides personal care to people living in their own homes. At the time of the inspection, there were 12 people receiving care from the service.

People's experience of using this service:

There were systems in place to monitor the quality of the service, but these had not always ensured that records were completed accurately. People spoke positively about the leadership at the service and were given opportunity to provide feedback on the care they received.

People were supported by a consistent team of care staff who ensured people received their care at the correct times. People were kept safe as staff knew how to manage risks and report any concerns they had. Medicines were managed safely.

People were supported by staff who had been trained to meet individual needs. People's dietary needs were met and staff would access healthcare services for people where required. People's rights were upheld in line with the Mental Capacity Act.

Staff were kind and caring to people and respected their diverse needs. People's privacy and dignity was promoted and people were encouraged to maintain their independence where able.

People's needs were met by staff who knew them well. Complaints made had been investigated and resolved.

Rating at last inspection: Requires Improvement (Last report published 07 December 2016)

Why we inspected: This was a planned inspection based on previous rating

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?

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 not always well led.
Details are in our Well-Led findings below.

Requires Improvement ●

Saroia Staffing Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Saroia Staffing Services provides personal care to people living in their own home.

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 service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 29 March 2019 and ended on 03 April 2019. We visited the office location on 29 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, relatives and staff on 02 April and 03 April 2019.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke on the telephone to one person and five relatives. We also spoke with three members of care staff, the general managers, the registered manager and the provider.

We looked at three people's care records as well as records relating to recruitment, complaints, accidents and incidents and quality assurance.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when staff supported them in their homes. One relative told us, "We are very safe with the staff. They do a good job".
- Staff understood the types of abuse people may encounter and knew what actions they should take to safeguard people from this. One member of staff told us, "It is not my job to investigate but I would report it to my manager. Even if I was unsure, I would flag it up".
- Although no safeguarding concerns had been raised at the service, the management team and provider understood their responsibilities to act on concerns and who issues should be reported too.

Assessing risk, safety monitoring and management

- Action had been taken to identify and reduce risk to people. There were detailed risk assessments in place that identified where people may be at risk and what actions staff should take to ensure people's safety. For example, where people's physical health meant they could suffer possibly fatal illness, risk assessments clearly identified what signs and symptoms staff should look out for and the first aid measures to implement while emergency services are contacted. Staff we spoke with demonstrated a good understanding of the risks to people and how these should be managed.
- Staff understood the action they should take to ensure people's safety if they were unable to gain access to someone's home. One member of staff told us, "If someone didn't answer their door, I would call the office and [managers name] would try and contact them or their next of kin to make sure they were safe".

Staffing and recruitment

- People and their relatives told us they received support from a regular staff team. One relative told us, "We generally have the same staff. We have one carer come most days and then a second person covers their day off". This was confirmed by staff who told us they supported the same people to ensure consistency in people's care.
- People received their care at the times agreed. One person told us, "They are always here on time". Records indicated that there had been no missed or late calls for people and that staff were flexible in the times people requested their support to ensure this fitted in with people's daily lives.
- Staff had been recruited safely. Records showed that staff had been required to provide references and complete a check with the disclosure and barring service prior to starting work.

Using medicines safely

- People and their relatives were happy with the support they got with medication. One person told us, "They [staff] get my tablets at the right time".
- Staff told us they had received training in how to administer medications and could confidently explain

how to do this safely.

- Records were maintained where people received medication, and these indicated that people had received their medication as prescribed.

Preventing and controlling infection

- Staff had received training in preventing and controlling infection and could explain the actions they took to promote good practice in this area. For example, one staff member told us that the provider ensures that they have access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- The provider and management team displayed a commitment to learning lessons where things had gone wrong. For example, where one person had complained about having different care staff visit, action was taken to address this. We saw in follow up communication that the person now received support from a regular team of staff.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them receiving support from the service. The assessments considered people's medical history and current care needs. Assessments also considered people's needs in relation to protected characteristics under the Equality Act. For example, people's religious needs had been discussed.

Staff support: induction, training, skills and experience

- People felt that the staff supporting them were well trained and had the required skills and knowledge to care for them effectively. One relative told us, "Their [staff] expertise have really helped me a lot as I don't know about these things [relating to a person's illness]". Another relative added, "They [staff] really know what they are doing".
- Prior to starting work, staff had been required to complete an induction that included attending training and shadowing a more experienced member of staff. Staff felt that the induction training provided enabled them to support people effectively. One member of staff told us, "The training they have set up is amazing. It boosts your confidence in what you need to do".
- Staff training was updated regularly to ensure they remained competent in their role. Staff told us that they were given opportunity to request further training and were confident that this would be provided for them if requested.

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

- People and their relatives were happy with the support they received with meals. One relative told us, "They are very good as [person] is a fussy eater. They always encourage her to have a hot meal".
- Care records held detailed information about people's dietary requirements and the level of support needed from staff. Staff we spoke with displayed a good understanding of the dietary needs of the people they supported.

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

- People were supported to have access to healthcare services where required. For example, we saw that records directed staff to other healthcare services that people may need. Where people were at the end of their life, records showed that the provider worked alongside palliative care teams to ensure the person's comfort.
- A relative told us how a member of staff worked alongside them to assess when their loved one required a GP. The relative said, "[Person] will tell me they need a doctor. I will contact [staff member] and he will go and check for me and get the doctor if needed".

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA. People and their relatives told us that staff sought their consent before providing their support. Staff displayed a good understanding of MCA and the importance of seeking consent. One member of staff told us, "We always explain what we want to do first and ask if they are happy for us to do it. Some people need time to feel comfortable with us so we don't rush them to make a decision".

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

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 their relatives spoke highly of their staff teams. Comments about staff included, "They are very, very nice people. You can talk to them and they are like family", "They are great people, really friendly" and "[staff member] and [person] get on really well. He is a very respectful young man".
- Staff spoke about the people they supported in a kind and compassionate way. One member of staff told us, "I take a person centred approach and always try to think 'How would I feel in this situation?'" Other staff spoke about how they had worked to build positive relationships with people by getting to know them as people in addition to their care needs.
- People's diverse needs had been considered and where people held religious beliefs, or had particular communication needs, these were clearly recorded in the person's care records.

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

- People were given choices and supported to make decisions about their care. Staff detailed how they enabled people to make choices. One staff member explained, "I go at [persons] pace. Make them feel like they are in control and have choice. We aren't there to tell people what to do". Care records clearly recorded people's choices with regards to their care.
- Relatives told us that they were supported by staff to be part of their family member's care and this had led to positive relationships between staff and relatives. One relative told us, "They [staff] are supportive to both me and [person]. They inform me if she needs anything and keeps me up to date".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected privacy and ensured dignity. One relative told us, "The staff are respectful. They are very good, they really are".
- Staff could provide examples of how they promoted people's dignity. Staff told us how they ensured people remained covered up during personal care, offered to wait outside while people used the toilet and give choices. A staff member said, "Dignity is at the heart of what we do". Records kept about people's care placed emphasis on ensuring dignity.
- People's independence was encouraged as staff understood people's capabilities. One member of staff told us, "Its about active participation. We encourage people to do as much for themselves as possible". The staff member explained that one person they supported were able to use a kettle and so they ensured that the person continued to prepare their own drinks rather than just completing this task for them.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us that they had been involved in planning for their care. One relative told us, "We had to have a meeting before the care started and we told them [staff] everything that [person] needed". Other relatives told us that the provider was responsive in meeting people's hanging needs and would arrange visits to fit in with people's daily lives. A relative said, "On days when we are going out, they [staff] always try to accommodate us and come at different time".
- People felt that staff knew them well. One person said, "They [staff] know my routine and what I like". A relative added, "They [staff] know [person] well. They know all about her aches and pains and how to deal with them". Staff we spoke with had taken time to get to know the people they support. One member of staff told us, "I make sure I know people's personal preferences and respect this".

Improving care quality in response to complaints or concerns

- People and their relatives told us they had been informed on how they could make a complaint if needed. One person told us, "If I had to complain then I would, but I have never needed too".
- We looked at records held on complaints and found that where these had been made, the provider had investigated the concerns, and informed people of the outcome of this. The provider had issued apologies to people where complaints made had been substantiated.

End of life care and support

- There were a number of people at the service who were at the end of their life. The provider informed us that they mainly supported people in their final days so that people could pass peacefully in their own homes. This meant that people did not stay with the service for very long. Where people were only with the service for a short time, there were records in place to ensure people remained comfortable. The records addressed, people's pain and whether additional pain relief was needed, risk of pressure areas and any emotional distress the person may experience.
- Feedback forms completed by relatives following a loved one's passing indicated that people had been satisfied with the end of life support provided. For example, one form stated, 'The most wonderful caring people have made so much difference at this difficult time. Can't thank you enough.'

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

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

- At the last inspection, the provider was rated as Requires improvement in the key question of Well Led, as records were not always completed accurately. At this inspection, we found that although some improvements had been made in relation to complaints records, further work was required on the upkeep and monitoring of records.
- The provider had systems in place to monitor the quality of the service. However, accurate records of these were not always kept. For example, the management team informed us that they completed weekly spot checks on staff practice. This was confirmed by staff. However, records were not kept to show what aspects of staff practice had been assessed, the findings from the spot check and any actions as a result of this. This meant we were unable to see where improvements had been made as a result of these checks. In addition, staff did not always consistently record the times in which they were in people's homes. This meant that the provider was unable to evidence that staff had stayed the required amount of time with people. Following the inspection, the registered manager sent us further information to show that they were implementing systems to record staff supervisions.
- Other auditing systems had not identified areas for improvement. For example, audits on recruitment had been completed but had not identified that full employment histories had not been gathered for all staff. We raised this with the provider who told us they would address this. Following the inspection, the provider sent us documentation to show that the employment histories for staff had been gathered.
- Although the provider had not yet needed to inform us of any incidents that had occurred at the service, the management team were aware of the regulatory requirements of their role and what incidents would need to be shared with us.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives told us that they were visited by the management team and provider regularly and spoke positively about their leadership. Comments made included, "I have met the managers and they are also fantastic" and "The manager phones regularly and comes over to see us, they very good". One relative told us how they had struggled to adjust to their family member's health diagnosis and received support from the managers with this. The relative said, "When [person] was diagnosed, I was very upset about it and I rang [manager's name] and They taught me all about it and helped me come to terms with it all".
- The provider and management team understood the importance of ensuring high quality care and emphasised their commitment to this. One manager told us, "We want to make a reputation, not money. We

could take on more care packages and the staff would be happy with this, but we will not stretch ourselves, not for money's sake. We want to increase quality, not quantity".

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

- People were supported to provide feedback on their experience of the service. Records kept showed that the management team made contact with people on a weekly basis to check that they were happy with their support that week. People's relatives were also provided with feedback forms to share their views once their loved ones care ended. These forms showed that people were mostly happy with the care provided. For example, one feedback form stated, 'We cannot fault the care received, [staff member] has been a credit to the care industry in all aspects of his dealings with my father and our family.' Where suggestions for improvement had been made, these were acted upon.

Continuous learning and improving care / Working in partnership with others

- The provider and management team explained how they had worked with others to improve the quality of their end of life care. For example, they had gained the support of the clinical commissioning group to develop their care records for people who were at the end of life.
- The provider had acted on the findings from the last inspection in order to improve the quality of care provided. The provider told us, "We made sure we acted on the last inspection, the diaries, the feedback forms, the complaints records, we try to record everything". We found that complaints records had improved since the last inspection.