

Sabir Care UK Ltd

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Inspection report

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Sabir Care UK Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection there was one person using the service. We were able to carry out an inspection but we could not rate the quality of the service as we had insufficient evidence on which to do so.

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

The person had been receiving support since September 2022.

The person was happy with how their care and support was being delivered and felt the care worker kept them safe and had a good understanding of their needs.

The person's care needs were assessed and their regular care worker had developed a positive relationship with them. They knew how the person liked to be supported and what was important to them.

New staff were introduced and completed shadowing to help them get to know the person and observe how they received their care. Samples of daily records showed their needs were being met.

The person benefitted from having staff who spoke their first language to help communication and to understand their cultural needs.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The person was positive about the management of the service and the provider had regular contact with them to check on the level of care they received and if their needs had changed.

The person was supported by staff who were positive about the organisation and felt well supported in their role. Staff told us they were provided with the relevant training and the management team listened to them and provided the necessary advice and guidance to support them in their role.

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

Rating at last inspection

The service was registered with us on 4 October 2021 and this is the first inspection.

Why we inspected

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

Follow up

We were not able to rate the service at this time and will return to complete a further inspection. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We did not have sufficient evidence to rate the safety of the service.

Details are in our safe findings below.

Insufficient evidence to rate

Is the service effective?

We did not have sufficient evidence to rate whether the service was effective.

Details are in our effective findings below.

Insufficient evidence to rate

Is the service caring?

We did not have sufficient evidence to rate whether the service was caring.

Details are in our caring findings below.

Insufficient evidence to rate

Is the service responsive?

We did not have sufficient evidence to rate whether the service was responsive.

Details are in our responsive findings below.

Insufficient evidence to rate

Is the service well-led?

We did not have sufficient evidence to rate whether the service was well-led.

Details are in our well-led findings below.

Insufficient evidence to rate

Sabir Care UK Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Sabir Care UK Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 26 January 2023 and ended on 7 February 2023. We requested a range of documents related to the person's care that was sent to us by the registered manager between 26 and 27 January 2023. We visited the office location on 30 January 2023 to see the registered manager and to review

further records related to the service. We made calls to the person who used the service and care staff between 2 and 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We reviewed records related to 2 people's care and support. One of the records was for a person who had received respite care support for 4 days in November 2022 but had not used the service since. This included people's care plans, risk assessments and 2 staff files in relation to recruitment and training. We also reviewed records related to the management of the service, which included daily care logs, a record of staff supervision, quality assurance records and policies and procedures.

We spoke with 4 staff members. This included the registered manager, the care manager and 2 care workers. We also spoke with the person who used the service.

We provided formal feedback to the management team via email on 6 February 2023.

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records. We also spoke with one health and social care professional.

Our findings

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

This is the first inspection of this newly registered service. We did not have sufficient evidence to rate the safety of the service.

Using medicines safely

- At the time of the inspection, the person was not being supported with their medicines, which was confirmed by the person and the care workers. Information about medicines was recorded as part of the initial assessment and included what support was needed.
- The provider told us this was an area of support that could be provided if there was a need. They had a medicines policy in place and were aware of their responsibilities to ensure staff received the appropriate training and competency assessments before they started providing this support.
- Their medicines policy stated if a person was able to self-medicate, a risk assessment should be completed. Although there was a medicines management plan in place, a separate risk assessment had not been completed. We discussed this with the registered manager who told us they would update their records.
- We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider after the inspection to ensure they were aware of best practice.

Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place and the provider had followed best practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where some information about a recruitment decision for one applicant had not been recorded, we discussed this with the registered manager. We shared guidelines from government legislation regarding safe recruitment practices after the inspection to ensure they were aware of best practice.
- There were sufficient numbers of staff to support the person and the provider had systems in place to ensure calls were provided on time. The person told us there were no concerns related to timekeeping and staff stayed the full duration of the calls.

Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff had a good understanding of their

safeguarding responsibilities. Staff completed safeguarding training as part of their induction programme.

- There had been no safeguarding incidents since the service had been registered. Both care workers told us they were confident any issues raised would be dealt with appropriately.
- The person told us they felt safe with the support they received and staff were honest.

Assessing risk, safety monitoring and management

- The provider had carried out the relevant risk assessments before starting the service to ensure any risks to the person could be managed and staff had guidelines to follow to help keep them safe.
- Where support was needed due to the person's reduced mobility, the regular care worker had been present as part of the moving and handling assessment to observe the level of support that was required to reduce the risk of falls. Both care workers were able to explain the level of support provided.
- An internal environment risk assessment, which included fire safety was also completed to ensure the person's home was a safe place to work.

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. The provider had an infection and prevention control (IPC) policy in place, alongside a separate COVID-19 policy that had been discussed with staff as part of their induction.
- Staff completed IPC training and confirmed they had sufficient supplies and access to personal protective equipment (PPE).
- One care worker said, "I feel I have been kept well updated and get a telephone call if there are any changes. They have given me lots of learning about this."
- Checks were also carried out in the person's home to ensure staff practiced good hand hygiene during the visit, were wearing and disposing of PPE in line with best practice.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow and the need to complete an incident report. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was effective.

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

- The provider had assessed the person's needs related to their care and support. An initial assessment was completed before they started to receive care which identified their choices and gave staff an understanding of their needs.
- The provider had also reviewed the local authority assessment for the person to help develop their own care plan and assessment. This helped to provide further information about the person's care and support needs.

Staff support: induction, training, skills and experience

- The person was supported by staff who were working their way through a training and induction programme at the time of the inspection. This consisted of both practical and online training modules, including shadowing opportunities to understand the person's needs.
- The induction programme was focused on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The regular care worker confirmed they were working their way through the training programme, and the provider monitored their progress. The care worker said, "It is helpful and I have learnt by putting it into practice and learning ways of delivering care."
- Staff were scheduled to have supervision every 3 months. We were able to review 1 supervision record for a care worker, which was part of their probation review. The second care worker had just started at the service.

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

- The person was supported to eat and drink as this was part of their agreed care and support needs. The care plan had information about preferred mealtimes and their cultural preferences.
- Although the care plan lacked specific detail about specific foods and likes and dislikes, staff had a good

understanding of their preferences and communicated with the person about what they wanted on the day.

- Staff told us they always involved the person in decisions around food choices and samples of daily logs confirmed this. The person said, "They get the food that I need and like and this is very good for me. I am very happy with this."

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

- As there was limited involvement with any relevant health and social care professionals, the registered manager told us they had regular correspondence with the person to see if any further support was required.

- Where the provider had identified a recent change in needs, they had liaised with the relevant social work team to request a review.

- Staff told us it was important for them to monitor the person's health and wellbeing and reported any concerns or changes in their health to the management team. We saw an example in the daily logs where staff had contacted the person's GP as they were unwell.

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.

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

- The provider was aware of their responsibilities around the MCA. The person was able to make their own decisions and had consented to their care.

- The provider had an understanding of the MCA and a capacity assessment formed part of the initial assessment process. There was guidance in place that explained best practice around obtaining consent and the need for best interests' meetings if people lacked the mental capacity to make important decisions about their care.

- Staff told us they understood the importance of involving the person with decisions about their care. A care worker added, "I always check for consent with what I have to do and ask if they are happy with it."

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was caring.

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

- We received positive feedback from the person about the caring nature of the care worker that supported them. They said, "She is very friendly with me, if I need anything, she gets it for me."
- The regular care worker had been introduced to the person during the initial assessment and was positive about the relationship they had developed over the past few months.
- The second care worker had recently completed shadowing visits as part of their induction. They said, "This really helped me to get comfortable with the person and get to know about them."
- The person's religious and cultural needs had also been assessed and staff had a good understanding of them.

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

- The person was supported to be fully involved in decisions around their care and support and had taken an active part of the initial assessment. The registered manager had regular contact with the person to discuss the current care and if any further support was required.

Respecting and promoting people's privacy, dignity and independence

- The person was supported by staff who understood the importance of respecting their privacy and dignity and promoting their independence.
- A care worker explained how they respected the person's privacy and dignity, especially during personal care. They added, "The manager made sure this was part of the training to understand the importance of this. I was involved in the assessment so could see how independent they could be."

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was responsive.

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

- The person had regular communication with the management team which helped to ensure they received personalised care. The person said, "I'm very grateful. They do what they need to do and always ask me what I need."
- We saw the person had been involved in further reviews since they started in September 2022 due to changes in their needs. Staff had a good understanding of the person and how they liked to be supported.
- Although staff had a good understanding about the person, the person's care plan lacked detailed information within the service user profile section. We discussed this with the registered manager who acknowledged this and said whilst they had captured this during the assessment, it had not been formally recorded.

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 person's communication needs were assessed and recorded during their initial assessment with information in place for staff to know the best way to communicate with them. The assessment included prompts to check if people needed any communication aids to help their understanding, such as hearing aids or picture boards.
- Although it was not required at the time of the inspection, the registered manager told us if needed, they were able to provide information in other formats. We signposted the management team to information on the CQC website about the AIS to help support their understanding and make them aware of best practice.

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

- The person was supported to maintain relationships that were important to them which helped reduce

the risk of social isolation. Care workers told us they spent time providing companionship and samples of daily logs showed the person was regularly helped to make calls and plans with family and friends.

- The provider also supported the person's religious and cultural needs. Staff were able to communicate in their first language and cook preferred cultural dishes. A care worker told us how they knew specific dishes and involved the person when cooking them.
- A health and social care professional highlighted the positive impact this had on the person since they had changed care providers. They added, "This agency is much better as they understand their cultural background. This was the best move for them."

Improving care quality in response to complaints or concerns

- The provider had a policy in place to respond to any concerns or complaints with the service provided. The complaints process was discussed at the start of the service and the person had regular opportunities to give feedback about their care.
- There had been no complaints at the time of the inspection. The person told us they had no concerns and was able to speak directly with the registered manager.

End of life care and support

- End of life care was not being provided at the time of the inspection. The provider's care plan had a section to record any relevant information at this stage of people's lives.
- We discussed the requirements and best practice with the management team if this was something they would be wanting to provide in the future. The provider told us they had a training module available and would be working closely with the relevant health and social care professionals.
- We signposted the management team to information on the CQC website about this area of support to help develop their approach and make them aware of best practice.

Our findings

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

This is the first inspection for this service. We did not have sufficient evidence to rate whether the service was well-led.

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

- Although there had been no safeguarding investigations or serious incidents at the time of the inspection, the management team understood their legal responsibilities regarding notifiable incidents and knew when notifications had to be submitted.
- A staff member told us they had regular contact with the management team and received reminders about their role to ensure the person received the correct level of care.
- A staff member who had just recently started was positive about their shadowing visits during part of their induction which helped them to understand how to carry out their role. They added, "They have given a very good overview and made it easy to understand. Nothing has been rushed and it has been made very clear the process I need to follow."

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

- Due to the size of the service, the management team had regular communication with the person to ensure they were happy with the care they received. The person said, "I'm very happy that they check on me and I have no concerns. It has been very good as they have helped me with my health."
- Care workers were also positive about the culture of the organisation and the support they received from the management team. A care worker said, "The communication is very good and they are checking I'm doing the right thing. They always make sure the service I provide is the best for the person."

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

- The person was fully involved with the service and had regular opportunities to give feedback about their care. Along with satisfaction surveys, the person had been regularly reviewed to ensure the correct level of care was being provided.
- Staff told us they were well supported and felt valued as part of the organisation. A care worker said,

"There is a very good support system and they always ask me how I am."

- A care worker told us the best thing was the amount of training they received which helped to develop their skills and understanding. The registered manager told us care staff were also involved in the person's assessments and reviews. They added, "This helps with their learning, development and morale for the organisation."

Continuous learning and improving care

- The provider had systems in place to monitor the service and ensure the person received the care they needed. This included reviews and telephone monitoring calls to make sure the person's needs were met and staff were following best practice.
- A care worker confirmed home visits were carried out to monitor their performance and get further feedback from the person about the service. A care worker said, "I get feedback about the visit, they also give advice about the tasks and remind me to record the care given. They are making sure I have done what I need to do."
- There were audits in place, which included daily log records and IPC checks in the person's home. These were carried out to ensure staff followed best practice and records were accurate and up to date.
- We identified minor improvements were needed in relation to financial transaction record checks and guidance for staff to follow to be added into the person's care plan. The registered manager told us this was checked on a monthly basis but there was no formal record. They told us they would implement this, along with updating the person's care plan immediately.
- The provider had introduced a new electronic monitoring system in January 2023, to help them have a better oversight of their service and identify any areas where improvements could be made. The care manager said, "We have just started this month and with this we can demonstrate we are aware of any issues and what action has been taken."

Working in partnership with others

- The management team explained their main involvement and communication was directly with the person but had contacted the relevant health and social care professional when needed.
- The provider had worked to try and create links with local authority commissioners and within the local community to promote their business. They were also involved with a registered manager forum for further advice, support and networking within the sector.

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

- There had been no incidents or concerns with the care and support. We signposted the management team to information on the CQC website about the duty of candour regulation to help support their understanding.