

Saroia Staffing Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 September and 6 October 2016 and was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available. This is the first inspection of this service.

Saroia Staffing services is a domiciliary care service that provides care and support to people living in their own homes. The inspection was completed by one inspector. At the time of our inspection the service provided support to seven people with either personal care needs or nursing needs. The agency is also registered as a nursing agency.

There was a manager who was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the staff that supported them because staff knew how to protect people from harm. Procedures were in place that ensured the service was safe and that people's rights were protected.

There were sufficient numbers of suitably recruited staff available to support people and keep them safe. Staff had received training that ensured they had the skills and knowledge to care for people.

People were protected because management plans were in place to manage risks based on people's individual assessed care needs.

People were consulted about their care so their wishes, choices and preferences were known so they could receive care that met their individual needs.

Complaints were not always recorded and fully investigated to ensure people's concerns were listened to and addressed satisfactorily.

The provider had management systems in place to assess and monitor the quality of the service provided to people; however the providers own procedures had not been followed in all instances.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they received a safe service and procedures were in place to keep people safe because staff knew how to how to keep people safe from abuse and harm.

People were safe because risk to them were identified and managed appropriately.

There was sufficient staff that was safely recruited to provide care and support to people.

People were supported with medication when required.

Is the service effective?

Good ●

The service was effective.

Staff was trained to support people and had the skills and knowledge to meet people's care needs.

People were supported with their health care needs as required.

People's legal rights were promoted.

Is the service caring?

Good ●

The service was caring.

People told us they had a good relationship with the staff that supported them. People told us that the staff were kind, caring and respected them.

People were able to make informed decisions about their care and support they received.

Privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were involved in all decisions about their care and that the care they received met their individual needs.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns..

Complaints were not always fully recorded to ensure a full investigation had taken place.

Is the service well-led?

The service was not always well led.

People received a service that met their care needs most of the time and their views were sought about the service provided.

The systems in place to monitoring the quality of the service provided had not identified that the providers own procedures were not always followed.

Requires Improvement ●

Sarioia Staffing Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 September and 6 October 2016 and was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available. This is the first inspection of this service.

Sarioia staffing services is a domiciliary care service that provides care and support to people living in their own homes. The inspection was completed by one inspector. At the time of our inspection the service provided support to seven people with either personal care needs or nursing needs. The agency is also registered as a nursing agency.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts that the provider is required to send to us by law. We spoke with NHS Clinical Commissioning Group [CCG], to ask them for information about the service and reviewed information they shared with us. The CCG purchases care on behalf of people who need support.

During our inspection we spoke with six people who used the service five staff members, one healthcare professional, the manager and a director. We looked at records in relation to three people's care to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files. This was to check staff were suitably recruited, trained and supported to deliver care to meet each person's individual needs.

Is the service safe?

Our findings

People spoken with told us that they felt safe with the staff when they support them with their care. One person told us, "Yes I feel very safe with the carers that help me I think they are brilliant." Another person told us, "I am very happy with the staff who come to me; they are all fine with me I have no trouble with any of them, so yes I do feel safe with them." A relative told us, "The [person name] feels very comfortable with staff no worries at all. I know because I always ask."

Staff spoken with told us if they had any concerns that people were at risk then this would be reported to the management team who acted quickly. One staff member told us, "We tell the management and they come out to do an assessment to address any risks to the person we are looking after. For example when we use a hoist." One person told us that that they had had falls in the past and they discussed how staff would support them, so the risk of falls was minimised.

All the people we spoke with told us staff always turned up within the times they were supposed to which meant people received care as planned. Staff told us that if they were going to be late then they would report to the office and the office staff would let the person know that they [staff] were being held up. One staff told us, "We always try to be on time, but there may be an emergency that we have to deal with which could mean a delay so we tell the office."

One person told us, "I don't always get the same person. For example, staff change when my regular carer is on holiday, but they don't miss visits." Another person said, "They are reliable, no missed visits, so I think there is enough staff." A third person commented, "I think they have enough staff, because I get all my calls regularly and they have never let me down as yet." The registered manager confirmed that there was enough staff to meet people's needs. The agency is a small agency and the manager told us that they recruited more staff as and when needed. The registered manager told us that they had a number of staff on their books ready to work when they were needed.

The provider had a recruitment policy in place that ensured that staff were safely recruited. All of the staff spoken with said that the required recruitment checks were carried out before they started work. Staff confirmed that checks were made with the Disclosure and Barring Service [DBS]. This is a registered organisation that identifies staff suitability to work within a caring environment. Staff records we looked at showed that the appropriate checks had been undertaken before staff started their employment.

Some people received support with taking their medication. People that required support with taking their medication told us that where this was part of their care staff always gave them the necessary support needed. All staff confirmed that training had been provided so people received their medication as prescribed. One person told us that staff supported their relative with taking their medication at night and they had no concerns about the way staff supported them.

Is the service effective?

Our findings

Staff were supported to carry out their roles through training and guidance from the registered manager. People told us that they felt the staff were trained. The registered manager confirmed and we saw records that showed that staff completed regular training so they had the skills to support people with their care. All non-nursing staff had completed training towards the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training of care workers. All staff spoken with confirmed that they had training so they could support people. One staff member told us, "Training depends on a person's care needs." Staff we spoke with told us they received supervision and confirmed the manager was approachable when they had a concern or wanted to discuss anything with them.

The Mental Capacity Act (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. Staff we spoke with told us they asked people's permission before they provided support. A staff member said, "We do ask people first and because we know people so well, we can interpret their responses. But sometimes when decisions are a bit more complicated, we have to make a decision which is in their best interest". All staff spoken with told us that they would report any concerns to the management if a person was no longer able to make the choices that they had previously made. One staff member told us, "Sometimes when I go to [named person] they might have some difficulty in make a decision but that does not mean they cannot make a decision, so I would see how they were over a couple of days and involve their family if needed, but I would also report my concerns to management."

Staff spoken with told us they ensured that they explained things to people and always sought their consent before providing care and support. One staff member told us, "Even though I know the person's care needs I still ask them what they want me to do." Another staff member told us, "People change, so each time I go I ask what they would like doing and do as they want so I gain consent before I do anything." Another staff member said, "I support someone with dementia and although their relative is there I still ask the person what they would like help with. People spoken with confirmed that staff always asked what they wanted. One person told us, "Staff make sure I am happy with what they do and always consult with me about my care."

We spoke with the relative of a person who received support with eating and drinking. They told us that staff offered the support their relation needed and they had no concerns about how the person using the service was supported in this area. Staff told us that if people were not eating as usual they would record this in the person's records so that all staff was aware and they would let the office staff know so that they could contact families. People told us that staff would assist them to receive medical care if needed. Staff told us that they would inform the office staff if someone was unwell so that they could liaise with family members to arrange for health care professionals to visit if needed. Staff told us they would have no hesitation in calling emergency services if needed.

Is the service caring?

Our findings

All the people we spoke with said they were treated well by staff and that the staff were caring. People said that staff listened to their wishes and did as they asked, so people were involved in their care and how they wanted to be supported. One person said, "They provide the care that I want. They are caring." A relative told us, "Everything that needs doing is done." One person told us, "They [staff] are kind and respectful." All staff said they were introduced to the person they would be supporting so people would know who would be coming. One staff member told us that they visited the hospital before a person was discharged so the individual would know who would be supporting them when they came home which gave the person reassurance.

All the people we spoke with said their privacy, dignity and independence were respected. One person told us, "Staff are very respectful and ensure I feel comfortable when they support me." Another person us, "They make sure I am covered when they help me with personal care." Staff told us that it was important to let people take the lead in their care. One staff member told us, "When I visit [name person] they give me instruction of how they want things done, which means they are in charge of the support I give them." Care plans we saw guided staff to respect and promote people's privacy, dignity and independence. One staff member told us, "It's important to shut doors, close curtains and ensure that personal care is provided where no relatives are, to respect the person's privacy."

Staff told us that they attended the same people most of the time and care records detailed what people needed support with. One staff member told us, "Because I go to the same person and have looked after them before, I know them quite well. This helps if their needs change, I can support the family to contact other healthcare professional who would offer support." All staff spoken with told us if any changes were identified then they would contact the office so the person could be reassessed. One staff member told us, "I think it is important to go to the same person as you get to know them well."

People spoken with told us they expressed their views and were involved in making decisions about their care and support. "One relative told us, "We're comfortable with the carers. They are cheerful, they stay more than the allocated time and they don't rush [person name]." All staff spoken with told us, personal care is provided in discussion with the individual so people maintain their dignity. One staff member told us, "I respect people wishes and their choices. I encourage people to be as independent as possible by supporting them to do things for themselves where ever possible. Another staff member told us, "We support people to retain as much independence as possible."

Is the service responsive?

Our findings

People told us they were involved in planning and agreeing their care. One person told us, "Someone came out to assess and plan what I wanted." Another person told us, "A very nice man came to see what I needed, I am very happy with the service, what I told him I wanted I get." Another person told us, "They are absolutely wonderful I can't complain."

People spoken with said they had regular care workers so the service they received was consistent. People told us their needs were reviewed with their involvement. People told us they had reviews about their care where someone from the office would visit to ensure that their care needs had not changed. Staff spoken with told us that they read the person's care plan and consulted with people about how they wanted their care to be provided. Care records looked at contained information about people past history and lifestyle so staff had the information to provide the support people wanted.

Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. For example one person told us, "Staff are flexible if I need to get up early because of an appointment then they come at that time to help me. If I need something different doing on a certain day then staff supports me with this. I am very happy with the service, very caring staff." People spoken with confirmed that office staff contacted them to make sure that they were happy with the service provided. One person told us, "They call me to see if I am happy with the service."

Systems were in place to get the views of people about the service All the people we spoke with knew how to complain about the service. "The registered manager told us that telephone calls were made to people to ensure the service provided met their needs and we saw copies of people's responses which were positive. The registered manager told us that this ensured that people were able to voice their concerns to prevent issues escalating. However one person told us they had made a complaint about staff sleeping while undertaking a night sitting service. The registered manager told us that this had been investigated and sleeping was not allowed while carrying out this particular service for people. The registered manager told us that the complaint had been fully investigated. However the information was not recorded in the staff member file and a record of the investigation that had been carried out. This meant the provider did not follow their own procedures in keeping accurate information about complaints to be able to identified developing trends and ensure future complaints were addressed appropriately. Following our inspection the registered manager told us as a result of the feedback given during our inspection they had changed the way they recorded complaints.

Is the service well-led?

Our findings

The provider had a system in place for monitoring the quality of the service provided. This included seeking feedback from the people using the service, staff and reviewing peoples' care needs. However audits had not identified that staff did not always sign in and out of people's homes and did not always record what support they gave to people. One person told us that staff did not record what they did for their relative and when they did the information was poor. For example "On and off all night." was recorded in their relative care record with no explanation of what this meant. People told us that staff did not sign in and out to say what time they came and left. Following conversations with staff, we were told that an evaluation sheet was available in people's home, however staff confirmed the records of the times in and out are not always completed. It is important that staff complete these records consistently so that the provider is able to audit the time they spend with people to ensure the and make information clear in the evaluation records what support people have received to ensure people's care needs are being met .

There was a registered manager in post at the time of our inspection. People commented that they could contact the agency and if they had any questions about their care that someone from the office would call them. One person told us, "I told the man who came to see me that I needed a call early morning and staff had been coming later then I liked, so he made sure that I got my call when I wanted and it's been like that ever since."

The registered manager told us that some feedback had been received but they were still in the process of sending surveys to all the people they supported. In addition telephone calls were made so people using the service could tell the provider what was working well. We looked at four records where feedback given to the registered manager from people using the service. One person said "Outstanding," Another person said "Compassionate care. Always keen to go the extra mile and help beyond expectation." A third person said "Excellent." Staff told us they had developed good relations with the people they supported.

Staff told us they could approach the office for advice and support when needed. However, one staff member told us that although the registered manager always responded to their concerns they may have had to wait a couple of hours and felt that communication could be improved so a call back was within a reasonable time. Staff told us they would have no concerns about whistleblowing. If they had any concerns or raising their concerns with management. Whistleblowing is the term used when an employee passes on information concerning in relation to concerns they may have about the organisation or the people they care for. Staff continued to tell us if it became necessary they would also contact Care Quality Commission (CQC), the local authority or the police.

Staff were aware of their roles and responsibilities. One staff member told us, "The management keeps in contact with us so we know so we have the information we need about people care so people are support the way they prefer. The registered manager was aware of their legal responsibilities to notify us of any significant incident and accidents relating to the service. We had been notified about the events that the provider was required to in a timely manner.

