

Gurvinder Chohan

Sahara-Care

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

This inspection took place on 20 January 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office. At our previous inspection during January 2014 the provider was meeting all the regulations we checked.

Sahara Care is a domiciliary care agency providing personal care to older people and younger adults in their own homes across Derby. This included people with physical disabilities and mental health needs. Sahara Care specialises in supporting people from an Asian background. The agency is located close to Derby city centre. The service was providing support for 13 people at the time of our inspection.

The registered manager was currently on leave and the registered person was responsible for the day to day management of the service. 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.

We found that the provider did not always respond to information requested by the Care Quality Commission (CQC). The provider was not meeting their legal obligation to maintain their registration and had not been proactive in addressing an issue regarding the provider's registration. Following the inspection the provider submitted the applications, the progress of which will be monitored.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. However not all staff were aware of the different types of abuse people could be at risk from or external agencies where they could escalate concerns to.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people better. There were sufficient staff available to meet people's needs safely.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff supported people to make their own decisions.

People received appropriate support to manage their dietary needs. This was done in a way that met with their individual needs and choices. People were referred to health professionals when required to maintain their health and wellbeing.

People received care from staff that were respectful and caring and ensured that people's privacy and dignity was maintained. Care people received was personalised and responsive to their needs.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint. There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and registered person to drive improvement. People received a handbook detailing information about the service.. The handbook was provided in English, Punjabi and Hindi.

Staff felt supported by the management team. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

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 felt safe. Staff knew how to report potential abuse. However they were not aware of the agencies where they could escalate their concerns to. Staff had been subject to pre-employment checks to make sure they were suitable to work at the service. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. Staff supported people to receive their medicines as prescribed. The service had deployed sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff felt confident to fulfil their role because they felt they received the relevant training. The provider and staff were aware of how to protect the rights of people who needed support to make decisions. People were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were involved in the way their care was provided and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected. The provider's complaints policy and procedure was accessible to people and they were supported to raise any

concerns.

Is the service well-led?

The service was not consistently well-led.

The provider was not always proactive in resolving issues as highlighted by the CQC. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities. They were given guidance and support by the management team.

Requires Improvement 

Sahara-Care

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 was 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.

This inspection took place on 20 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an interpreter. The interpreter was able to speak Punjabi, Urdu and Hindi and also read Punjabi. The interpreter was used to speak with people using the service and some care staff.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with two people who used the service and three relatives via telephone. We spoke with the registered person and three care staff. We looked at records which included two people's care records to see how their care and treatment was planned and delivered. We also looked at two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

Staff we spoke with told us they had received training in protecting people from abuse and records we looked at confirmed this. Staff explained if they had concerns for the safety of people who used the service, they would report their concerns to the management team. Staff were aware of the whistleblowing policy. However staff were not aware of external agencies they could contact such as the local authority or CQC to escalate concerns to. We also had to prompt staff about the different types of abuse people may be at risk of. This did not provide assurance that people who used the service could be confident that issues would be addressed and their safety and welfare promoted. We spoke with the registered person, who told us they would take action to address this. They said they would ensure all staff were aware of the different forms of abuse and provide staff with information as to the role of external agencies and their contact details where staff could report concerns to.

People told us they felt safe with the support provided by the staff from Sahara Care. One person said, "I feel safe with the staff, everything is fine." Another person said, "I feel safe with the staff from Sahara Care and have no concerns." A relative said, [name] is safe with the care that is being provided by the staff at Sahara Care."

We looked at how the provider managed risks associated with the care and support people received. Risk assessments provided guidance for staff on how to support people safely, which included topics in relation to moving and handling and supporting people whose behaviour may challenge. For example one person on occasion displayed difficult to manage behaviours. The risk assessments included specific details of what staff should do during this time, such as providing the person with reassurance and allowing the person some time to settle. A staff member who supported this person told us that this intervention worked with them.

The risk assessments were updated annually or when people's needs or circumstances changed. The registered person told us that an Occupational Therapist showed staff how to use moving and handling equipment to safely support a person. This was confirmed by the person's relative.

Staff understood how to respond to any emergencies or untoward events such as if someone became unwell or had an accident. They told us they would call the managers for advice and support. Also to contact the relevant emergency service if required. This demonstrated staff understood what action to take in an emergency to keep people safe.

People told us staff were available at the times they needed them. One person said, "The staff arrive on time and I always have the same staff." Another person said, "They [staff] are never late." A relative said, "The staff member stays for the whole duration of the call and support [name] in an unhurried manner." Another relative stated, "[name] is supported by a group of staff and they are on time." All the staff we spoke with confirmed there were enough staff to meet people's needs. Staff holidays and absences were covered by the existing staff team, as well as support from the managers. The registered person stated there were enough staff to cover the current calls and if the service was full to capacity they explained they would not take on additional packages of care. This demonstrated the provider ensured there were sufficient numbers of staff

available to support people.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. The staff at Sahara Care had been working for the provider for a number of years. We looked at the recruitment records for two staff members, both of whom had been working for the provider for over nine years. The staff files seen had all the required documentation in place. We saw that they had Criminal Record Bureau (CRB) checks were in place. CRB checks have been replaced by Disclosure and Barring Service (DBS) check's. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We looked at how staff supported people to take their medicines. The people we spoke with did not receive support with their medicines. Staff told us they had undertaken medicine training and records confirmed this. Staff confirmed medicines which were not listed on the medication administration record would not be administered and they would notify the managers. Care plans for two people contained guidance to support staff to administer medicines safely. Care plans specified the level of support people required to take their medicines. This demonstrated the provider had taken steps to ensure people received their medicines safely.

Is the service effective?

Our findings

People told us that they were happy with the support provided by the service and staff. Relatives told us that they had confidence in the staff who supported their family members. One relative said, "The care has been good, the staff are knowledgeable and have improved [name] quality of life." Another relative told us, "I feel the staff have the right skills and knowledge to support [name]."

Staff employed at the service had worked for the provider for many years. Staff told us they recalled having an induction period when they commenced employment, which including undertaking training and working alongside experienced staff. This demonstrated staff had the opportunity to understand what their role was and how this should be carried out ensuring the safety of people who used the service. Training records showed that staff had undertaken essential training as identified by the provider. The registered manager told us that they delivered some of the training including safeguarding and moving and handling. However we found that the training was not always delivered effectively.

Staff confirmed they felt supported to do their job and that they received regular supervision (a meeting with a manager to discuss any issues and receive feedback on the staff members performance). The registered person told us to ensure people received good care and support, management carried out spot checks. Spot checks included observing staff whilst they carried out moving and handling tasks. The registered person told us spot checks were a way to ensure staff were meeting people's needs and were competent in their roles.

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 people 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.

At the time of our inspection the registered person told us everyone using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being. People confirmed staff sought consent before they provided them with support. Staff had undertaken training on the MCA, training records confirmed this. However we found staff had a limited understanding of the principles of the MCA. We discussed this with the registered provider who told us they would undertake further training with staff in this area.

We spoke with the registered person to find out how they monitored people's nutrition. The registered person explained that some people were supported with meal preparation. People's care plans contained information about their food preferences and the support they required. A relative told us staff helped their family member to prepare culturally appropriate foods. Staff we spoke with were aware of people's individual dietary needs. Staff told us if they had concerns about people's dietary intake they would contact the management and inform them about this. This showed that people were supported to manage their

individual dietary needs.

People's health needs were identified in their care records. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health. This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

People and relatives we spoke with said the staff were caring. A person said, "The staff are caring." A relative said, "The staff are very caring and understand [name] needs." Another relative told us, "We have a very good relationship with the staff, they are helpful. We are blessed to have this agency as they go over and beyond what they should do."

People told us staff treated them with dignity and respect. A person said, "The staff are always respectful towards me." Relatives felt that the staff respected their family member's privacy and dignity. Staff we spoke with understood people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. A staff member said, "I always close the door when supporting a person with their personal care and encourage them to pick their clothes." Staff told us that they supported people to maintain as much independence as possible. One staff member said, "I always encourage the person to maintain their independence such as supporting them to comb their hair." This demonstrated staff had an understanding of the importance of upholding and respecting people's dignity, whilst promoting their independence.

Care records we looked at contained details on people's method of communication and preferred language. The registered person explained staff working at the service had the correct language skills to communicate effectively with people who used the service. A relative said, "Sahara Care meet [names] cultural needs, the staff are also able to communicate in Punjabi with [name]." Another relative was also complimentary about how their family member's cultural needs were being met by the staff. This method of support enabled working together with people and those who supported them. Records showed that staff supported people to follow their cultural and religious needs. This demonstrated that people's diverse needs were met by staff who understood people's needs, preferences and methods of communication.

The registered person explained how during the initial assessment process they matched staff to people according to the person's needs. For example ensuring staff spoke the same first language as the person who they would be supporting. Staff told us they were introduced to a person before they started providing support and care to them. This showed the provider had given consideration to the needs of people who used the service.

People received the service user handbook before they started receiving a service from Sahara Care. This contained information on the service, assessment process and conditions of the service and was also available in different languages such as Hindi, English and Punjabi.

There was clear information about the person in their care plan regarding what they liked and how best to support them. Care plans contained information such as communication preferences and medical history. Relative's told us they were kept informed of any changes to their family members care needs. A relative said, "There is a care plan in place which I have been involved in."

Is the service responsive?

Our findings

People told us the care and support they received was good and that staff understood their needs. Relatives told us the support provided to their family members met their individual needs and felt that the service was responsive. One relative told us "[name] needs changed, the agency put in two carers to continue to provide the care and support needed."

The registered person told us they carried out initial assessments to ensure that people's identified needs could be met by the service and people could be confident that the service was right for them. People and their representatives were involved in the assessment process.

People's care records we looked at were individualised and had been signed by the person or their relatives. We saw care plans were reviewed annually or more frequently if people's care and support needs changed. One relative said, "[Name] has a care plan in place, which we were involved in. We have regular review meetings with the manager to discuss how the care package is going." This demonstrated that reviews of care were completed in partnership with people and their representatives and these were centred on people's diverse needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and routines, which enabled them to provide individualised care and support. A staff member told us some mornings a person they supported, was not always ready to be supported. On these occasions the staff member stated they returned to the person a short while later. The staff member said when they returned the person was receptive to the support they provided.

Relatives said that their family member's received continuity in the care and support they received. They told us their family members were supported by regular staff that knew and understood their needs. A relative said, "My family member has a main staff member, which ensures they receive continuity in the care. It also helps with their health needs by having regular staff."

People and relatives told us they had no complaints about the service. They felt able to raise any concerns if they arose. A complaints procedure was in place and this was included in the information given to people when they started using the service. This was also available in Hindi and Punjabi ensuring it was accessible for people who used the service.

The provider had systems in place for handling and managing complaints. The registered person confirmed that no complaints had been received in the last 12 months. Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would always share this with the management team.

The service collated compliments and thank you cards when received from relatives and family members. Correspondence from a relative read, "[Staff member] has a very caring attitude and goes beyond her duties. I feel so much at ease going to work."

Is the service well-led?

Our findings

People and relatives spoke positively about the quality of the service they received. A relative said, "It's a well-managed service we would not go anywhere else and would certainly recommend Sahara Care to others." A majority of people and relatives told us the communication with the service was good. A relative told us, "We are in regular contact with the managers, they are very helpful." However one relative said when they contacted the office, their calls were not returned in a timely manner.

The registered manager was currently on extended leave and was due to return to work April 2017. During this period the day to day management of the service was being carried out by the registered person.

We found that the provider did not respond in a timely manner to information from CQC. We contacted the provider during September 2016 as they were not meeting their legal obligation in maintaining their registration. The provider was registered as an individual but had been operating as a partnership. We raised this with the registered person several times, however they were not proactive in addressing this matter. At this inspection visit the registered person confirmed that they would be submitting an application to change their registration. After the inspection we received an application from the registered person. We will be monitoring the progress of this application and determine if any further action is required by CQC.

We identified one person who used the service did not have a care plan or communication logs at their home. The staff member told us they were aware of the person's needs as they had been supporting them for a number of years. The person's relative told us they used to have a copy of the care plan and communication logs, but had not seen these for some time. We saw that there was an up to date care plan in place for this person. Another person's relative told us the communication log and care plan were made available at their family members home, after this had been picked up by an external professional. The lack of maintaining accurate care records placed people at risk of inappropriate or unsafe care because their wellbeing could not be monitored effectively. We discussed this with the registered person who told us everyone who received care from Sahara Care had these documents at their home. The registered person told us they would be checking to ensure everyone had these documents and would leave copies if they were not available.

The training provided by the provider was not effective. Staff were not able to recall what was covered in the training they had received. For example records showed staff had completed safeguarding training. However they were not aware of external agencies were they could escalate concerns to. This did not provide assurance that people were supported by staff who had received training which was effective and that they understood.

We looked at the accident and incident book which showed that we had not been informed of an injury a person had received. The registered person told us they were not aware that the incident need reporting. We were not confident that the registered person understood the legal requirements for notifying us of all incidents of concern and safeguarding alerts.

We found that all the staff employed had been working for the provider for several years. However the provider did not have a process to update DBS checks. We discussed this with the registered person, who told us they did not have a policy in place to update DBS checks and did not confirm what action they would be taking to address this. This meant the provider did not have effective systems in place to ensure staff continued to be safe to work with people who used the service.

Staff were positive about the leadership of the service and the support they received. One staff member said, "If I have any issues I ring the managers, they are very supportive." Staff confirmed that the provider held staffing meetings, which gave them an opportunity to meet with other staff and the managers. Meetings were used to reflect on working practices and sharing any updates. We looked at the staff meeting minutes which covered practice issues such as reminding staff to ensure they wore the correct uniform when visiting people and only to administer medication which is specified on a person's medication administration record.

The provider had systems for monitoring the quality of the service people received. Communication logs and medication administration records (MAR) were audited. However audits of communication logs were not effective as the registered person had not identified the missing communication log. The registered person told us MAR's were checked to ensure there were no gaps or errors. If an issue was identified, for example, a missing signature on a MARs. The registered person told us action would be taken to address the error, such as additional training for staff. We looked at a sample of MAR's which had been completed correctly. We saw that learning from incidents took place and appropriate changes were put in place to minimise risks to people using the service and others. For example all staff that supported a person were informed that they needed to ensure their headscarves were secure whilst supporting the person.

We found the provider had gathered people's views on the service and used their comments and opinions to monitor and improve the quality of the service. The provider sent out annual satisfaction questionnaires to people. The results of the latest questionnaires for 2016 were analysed and then developed into a newsletter for people. In the most recent survey, people were happy with the service that was provided. The newsletter also included feedback on the spot checks that had taken place. This demonstrated the provider was taking people's needs and wishes into account to develop the service.

We saw that people's confidential records and staff personnel records were kept securely in the office.