

Sandwell Asian Family Support Service Limited

Sandwell Asian Family

Support

Inspection report

Windmill Community Centre
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place at the provider's office on 13 July 2017 with some additional phone calls undertaken to people with experience of the service on 17 July 2017. This was our first inspection of the service at this location.

Sandwell Asian Family Support is registered to deliver personal care. They provide domiciliary care to young people and adults living in their own homes, who may be living with learning disabilities or autistic spectrum disorder, a sensory impairment or a physical disability. At the time of our inspection 14 people were receiving personal care from the provider.

The service had a manager that was registered with us; however they had resigned from their post in March 2017. The care manager was responsible for the day to day running of the domiciliary 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.

People were protected from avoidable harm and were comfortable with the care staff that supported them. Assessments were undertaken to identify any issues that may put people at risk and care staff were aware of these. Care staff arrived on time and stayed for the allocated amount of time of the call. Care staff employed had undergone a robust recruitment process before they worked unsupervised with people who used the service. People were supported with their medicines effectively.

Care staff were well trained and had the knowledge needed to meet people's individual needs effectively. New care staff were provided with a comprehensive induction. Care staff supported people in line with the principles of the Mental Capacity Act 2005 and were well supported by management. People were assisted to eat and drink in line with their individual dietary requirements. Care staff understood how people's health conditions affected their lives day to day and supported them to maintain their well-being through effective care provision.

People received their care from kind and compassionate care staff. People were supported to be as actively involved in planning their care as possible along with their families. People were supported by a core group of care staff who had been skill matched specifically to meet their needs. People's privacy and dignity was respected by care staff. Care staff supported people to maintain their independence and care plans included a summary of people's abilities.

Care staff demonstrated a real understanding of individual needs and preferences. People and where appropriate, their families contributed to an assessment of their needs and received care that met their needs and preferences. Care plans provided care staff with information about people, their needs and preferences such as their preferred method of communication. People felt comfortable to complain and

were confident that their concerns would be listened to and acted upon.

People, their families and care staff were supported by the care manager who was approachable and responsive to any concerns. The registered manager had resigned from their post in March 2017. The care manager who was acting up had the knowledge and skills to develop the service and was keen to deliver high quality care. Audits were undertaken to check the quality and safety of the service. The care manager had a positive professional relationship with those who used the service and their family members, enabling and providing opportunity for them to comment on the service.

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 were supported by a small group of regular care staff who understood their responsibilities to keep people safe from harm.

Risks to people were identified and plans were in place and observed by care staff to reduce any risk of harm.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Care staff were well supported by the management team who also provided a comprehensive induction to new employees.

People's consent was sought by care staff before care was provided.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives were supported to be actively involved in planning care.

People were supported by a core group of care staff who were reliable, consistent and understood their needs and preferences.

People's privacy and dignity was respected by care staff.

Is the service responsive?

Good ●

The service was responsive.

People and their families contributed to an assessment of their needs and received care that met their needs and preferences.

Care staff provided care and support that was personalised and took into account people's preferences and individual needs.

The provider acknowledged, investigated and responded to complaints in line with their own policy.

Is the service well-led?

The service was well-led.

The provider had ensured effective management support was in place since the resignation of the registered manager.

Audits were undertaken to check the quality and safety of the service.

The acting manager had a positive professional relationship with those who used the service and their family members and encouraged them to give feedback about the service.

Good ●

Sandwell Asian Family Support

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.

This announced inspection took place at the provider's office on 13 July 2017 with phone calls made to people with experience of using the service on 17 April 2017. The provider had a short amount of notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed. The inspection team consisted of one inspector.

We reviewed the information we held about the service. We had not received any notifications from the provider. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with one person who used the service and three relatives of people using the service. We also spoke with the provider, the finance and human resource manager, the care manager and three members of care staff.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records. We reviewed three recruitment files, two medication records and the range of records used in the monitoring of the effectiveness of the service; these included people's feedback and quality assurance audits.

Is the service safe?

Our findings

People told us they were reassured that their or their family members care was provided safely. A person told us, "I am safe". Relatives said, "[Person's name] has the same carers and they know how to keep him safe and calm" and "I know [person's name] is safe, I have complete trust in the carers". Care staff spoken with understood people's health conditions and how to maintain their safety in relation to these; for example care staff described how they considered the area within the home they were working in for any potential risks to the person before providing them with the care they needed. This demonstrated that care staff were mindful of people's safety and as a result people felt safe in their care.

Care staff spoken with were clear about the types of abuse people may experience and what constituted poor or unsafe practice. They told us, "If I saw anything concerning I would report this straight away to the office or manager on call" and "If I saw any bruises, or if the person flinched or seemed more nervous than usual I would raise this straight away and make sure the person was left safe". We found that care staff were knowledgeable about their responsibilities for raising any concerns they had about people's welfare with the management team and/or external agencies where necessary.

Risks such as the need for care staff to assist people with equipment to transfer or mobilise safely had been assessed and care records provided information about how these should be managed. For example, where a person displayed behaviours that may be harmful to their well-being, the guidance for care staff stated, 'make sure brakes are on the wheelchair and sit in front of me, on my level and speak calmly to me'. In addition, risk assessments also covered risks within the home environment where the care and support would be provided. A care staff member said, "I do a visual risk assessment every time, looking for any obstacles, such as rugs sticking up or any leads trailing dangerously or sharp edges or objects". Care staff were able to describe how they supported people in line with this guidance. They also told us they worked with the same people regularly enough to identify any new risks and report these so they could be assessed as they arose. A care staff member told us, "We are informed by phone if anything has changed around risks for a person". Care staff had received training on a range of topics linked to the promotion of health and safety of the people they cared for, for example epilepsy.

People's safety was also supported by the provider's recruitment practices. We reviewed a selection of records related to the recruitment of care staff; they evidenced that the relevant checks had been completed and references sought before care staff began working unsupervised.

Relatives told us that they had a small number of regular care staff who supported them and who arrived on time. Their comments included, "I get the same carer and they are always on time", "They [care staff] are on time mostly and they never rush with the care needed" and "I get regular consistent carers who come, I rely on them and they are punctual, if they are stuck in traffic and will be a few minutes late I get a call from them". Relatives said that they never felt care staff rushed their family member when providing their care and that they stayed for the allotted time of the call.

People were supported by relatives in most instances to manage and receive their medicines whilst care

staff supported others. People's medicine care plans explained how they liked to be supported to receive their medicines and the level of support they required, including outlining where creams needed to be applied on the body. When medicines were provided by care staff they signed a Medicine Administration Records [MAR] to show people had taken them. We looked at recent MARs and found that these had been completed accurately. Care staff told us and training records confirmed that care staff had undertaken training to support people to manage their medicines. This meant that people received support to manage their medicines from care staff that had the skills and knowledge to keep them safe.

Is the service effective?

Our findings

People spoke positively about the effectiveness of the service and the skills of the care staff. Relatives comments included, "I work alongside the carers to provide [person's name] with care and yes they are very good at what they do" and "In terms of my daughter's needs, I need to know they [care staff] are able to do what's needed and I feel they do. They are well trained". Care staff told us they had access to all the training they needed and that their development needs were discussed with them. Records we reviewed demonstrated that care staff had access to and had undertaken a range of appropriate training.

A care staff member said, "I talk about what I need in respect of training at supervision and also to see how I have been". Another care staff member said, "I have access to all the training and support you need here". Care staff we spoke with confirmed that they felt well supported on a day to day basis and had received formal supervision sessions where their performance and training needs were discussed. This showed that there were systems in place to support care staff to ensure that they worked as they should.

Records we looked at demonstrated that care staff had received an induction including training and working alongside care staff that had experience before they worked alone. Spot checks to assess new care staff during their probationary period were undertaken to ensure they were competent through a series of observations.

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 this is called Deprivation of Liberty Safeguarding (DoLS). 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider confirmed that no person had been restricted in anyway and there had not been a need to make any DoLS approvals.

People and relatives told us that care staff involved them in day to day decisions about their care and this was also confirmed by relatives who we spoke with. We found by speaking with care staff that they had some knowledge of the MCA and DoLS and they described how they supported people in line with these principles. A care staff member said, "I try to get people to do what they can for themselves but if they need support then I always make sure I have their permission".

Many of the people using the service were younger adults, some who had used the service for many years and lived with family, who took the main responsibility for the person's health care, for example organising GP appointments. Records that we looked had information for care staff about how to manage people's health conditions, for example epilepsy and behaviour changes. Care staff spoken with had a good level of knowledge of people's health care needs, how these conditions should be managed and how they affected the person day to day. Care staff confirmed that if they found that a person was unwell they would inform

the person's family and/or get medical assistance.

A person shared with us, "I choose the food I eat. I like burgers". Care records described the type of foods and the consistency required in relation to nutrition in order to minimise any chance of the person choking. Records that we looked at highlighted people's food and drink likes and dislikes and cultural observances. Care staff had received fluids and nutrition training as well as food hygiene training; they were clear about the people's specific dietary requirements and level of support required to ensure they took adequate diet and fluids.

Is the service caring?

Our findings

One person told us when asked if the care staff were caring, "Yes they are kind and friendly". Relative's said, "The carers are very good, I am very happy, they look after [person's name] exactly how I do, they really do care", "They [care staff] are very caring, they really are to [person's name]" and "I have always been happy with the care they [care staff] show [person's name]". Care staff spoke with kindness and compassion about the people they cared for and demonstrated a real understanding of their individual needs and preferences.

A relative told us, "I am very familiar with the carers, they are absolutely brilliant and always go the extra mile with [person's name], and you can tell how much they care". Another relative said, "[Persons name] gets angry sometimes but they [care staff] are kind and caring, they sort [person's name] out and calm him down". The provider told us that they skilled matched care staff to the people they supported. They stated, "We try to ensure that care staff have the appropriate skills for the person and their wider support systems, such as language skills and understanding of the persons and their families' values and/or culture". Care staff told us they made time to talk and get to know the people they visited and their families, as they felt it was important to build up a bond with the people they supported and provide the care in the way they wanted it. Relatives we spoke with said they had the same group of care staff who were reliable, consistent and understood their needs and preferences. Care staff told us they were able to visit the same people regularly. We found that where possible people were supported to be actively involved in planning their care with their views and preferences and that of their families being sought. Care staff provided examples of how they supported people to make their own day to day care decisions, such as choosing their clothes, meals and drinks. This meant that people's needs in respect of their age, disability, gender, religion or belief were understood by the care staff and met in a caring way.

People's privacy and dignity was respected. One person told us, "[Care staff member's name] looks after me, she bathes me and she is gentle". Relatives told us how their family member was supported with care and respect. A relative said, "They [care staff] cover [person's name] in between washing, it's all done with dignity. They prepare everything needed so that there's no delay or waiting whilst [person's name] is undressed". Care staff described how they supported people to maintain their privacy and dignity whilst assisting them with personal care, for example, ensuring that doors were closed and curtains were drawn. A care staff member told us, "I bolt the door if necessary so family members can't come in, like their [person's name] younger brothers. I make sure I cover [person's name] as much as possible with towels as we go and move the towels around to make sure they [person] are the least exposed as possible". This meant that that care staff understood how to respect people's privacy and dignity.

The care manager was able to describe how they would support people to access independent advice and/or advocacy support. The information supplied to people when they started using the service did not include information in relation to local advocacy services. The provider agreed to include this and share this information with people in a format that was best suited to their individual needs.

People and their relatives told us that the care staff encouraged them to remain as independent as possible. One person when asked if care staff encouraged them to do as much for themselves as possible said, "Yes

they do". Care staff demonstrated a good understanding of supporting people to maintain their independence and care plans included a summary of people's abilities and the level of support they needed.

Is the service responsive?

Our findings

People and their families' views and wishes were taken into account when planning care provision. Relatives told us, "We have been fully involved and they [care staff] do calls at the times that suit us all" and "The carers know exactly what [person's name] needs and likes are". Relatives confirmed that they had all the care records available to them in their homes that outlined the care their loved one needed; they confirmed that care was provided in line with their loved ones needs and preferences. Care staff spoke knowledgeably about how people liked to be supported and what was important to them. A relative said, "She [care staff member] knows [person's name] routine so well and she [care staff members name] has a good relationship with [person's name]".

People and their relatives told us they were at the centre of making any decisions about how care staff supported them. We saw that the care manager conducted service reviews and regular contact was made with people and their relatives by phone to check on their wellbeing and see if they had any concerns or issues that needed to be dealt with. A relative said, "We have a six monthly review with [care managers name] and [person's name] social worker. But I don't need to wait for a review as they [the service] are so adaptable I can do this at any time". This showed us the service was keen to flexibly respond to people's needs and views.

People received support that was individualised to their needs because care staff were aware of the needs of the people who used the service. One relative described how care staff had shared good practice with them in relation to supporting their loved one, saying, "They [care staff and care manager] always put the person first. [Care manager's name] always listens to us and she also passes on lots of good ideas about how to go about things with us". Another relative said, "The carers are really good, [person's name] likes to interact with the staff, she gets excited, they play with her". A care staff member told us, "We talk to each other and share good practice and how best to approach people when trying to complete care". They went on to say they had shared with other care staff the best way to get one person who was reluctant to open their mouth to have oral care completed; this was achieved by just resting the toothbrush gently on their lower lip for a short time before asking them to open their mouth. A care staff member said, "We are allocated to look after people based on our skills, which is nice as these are the people we are best trained and suited to look after". This meant the care received was delivered in a personalised manner and in a way that the person understood and were accepting of.

We saw that records available in people's homes for them to refer to contained a comprehensive assessment, care plans and risk assessments. We saw that every person had a care plan which was personalised to their individual needs and provided clear information to enable care staff to provide appropriate and effective support. Guidance for care staff included how best to communicate with a people, for example in one care plan we noted, 'when you do speak to me use short sentences and simple words'. Care staff spoken with were aware of this and said they communicated with the person in this way. We saw that care records were reviewed regularly and updated as required. People were supported to follow their interests and take part in social activities. The provider also ran a drop in centre which they supported people using the domiciliary care service to attend if they wished to do so. Relatives we spoke with were

keen to tell us how their family member had positively benefitted from the support provided to them to access the local community and be involved in activities they enjoyed through the drop in centre.

People and their relatives knew who to contact if they needed to raise a concern or make a complaint. Relative's comments included, "If I have raised any issues, big or small they have always been sorted out to my satisfaction" and "I made a complaint officially in writing, they did listen and sort it out". The service had a policy and procedure in place for dealing with any complaints. This was made available to people and their families in the 'service user guide' they were provided with when they began using the service. We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.

Is the service well-led?

Our findings

People and their relatives told us they would recommend the service to others and were happy with the standard of care that they received. A person said when asked if the support they had was of good quality, "Yes it's good". One relative told us, "I rate them highly, they are very accommodating and I rely on them".

The person registered as manager with us, had resigned from her post in March 2017, still worked within the service and the provider agreed to prompt her to deregister with us. The provider told us they intended to make a decision in the coming weeks about who would be applying as registered manager with us at the Care Quality Commission from within the organisation. The care manager who was overseeing the domiciliary care service at the time of our inspection had the knowledge and skills to develop and deliver the service and was keen to continuously improve. The care manager and provider both understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the service.

All of the people and relatives spoken with knew the care manager by name and clearly had confidence in her abilities. Care staff spoken with had worked alongside the care manager for some time and told us they were confident about their management of the service. They told us the care manager was always available should they have any concerns about people's welfare and they were proactive in providing guidance when needed. Care staff comments included, "[Care managers name] is very approachable and she always makes time for you", "[Care managers name] is a good manager, if you call and she's busy, she calls you back in a few minutes, she always gets back to you" and "[Care managers name] is great, really efficient".

Care staff told us they were well supported and being able to speak openly at meetings was encouraged by the provider. A care staff member said, "You can have your say, at meetings and you can send in any subjects for discussion on the agenda, even if you can't actually get to the meeting yourself". Information about any changes to practice following incidents was cascaded to care staff in a timely manner.

We saw that regular checks and audits were undertaken to assess and monitor the safety, effectiveness and quality of the service provided. People's care records were regularly audited to ensure information was up to date and completed accurately. Records we reviewed confirmed effective action was taken as required when issues were identified. Checks were completed in relation to people's ongoing safety which included medicines management and direct observations of how care staff supported people.

The service had a positive culture where people, families and care staff felt valued. The provider sent out questionnaires to people (in pictorial format where appropriate) and their relatives and we saw that the comments they made about the service were overwhelmingly positive. We saw that the analysis of the responses made had been completed and where required people had been contacted directly if they had raised any issues so that remedial action could be taken if required. For example, action was taken regarding one comment about care staff failing to consistently wear name badges through a series of reminder texts sent to all care staff to remind them of the provider's policy. We saw that people also had regular face to face reviews of their care and were asked to give feedback openly about the quality of care

they received. This meant that the provider was keen to actively involve people to express their views about the service provided.

Care staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. Care staff members said, "We are a tight knit group of staff here, we work as a team and would whistle blow if we had to. No one here would tolerate any kind of abuse or cruelty" and "We are encouraged by management to be open and honest and I would whistle blow if necessary". The provider had a whistle blowing policy which care staff were aware of and knew how to access. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety or malpractice without the fear of workplace reprisal.