

Sarat Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sarat Healthcare Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. The service is registered to support older people with dementia and learning disabilities or autistic spectrum disorder and children. At the time of this inspection there was one person using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

Staff supported the person who used the service to be involved in maintaining their own health and wellbeing where possible. Staff communicated with the person in a way that met their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood the person's support needs and received training and had the essential skills and experience to meet the person needs.

Right Care:

The person who used the service was appropriately assessed before their support began. The service worked with the person's relative to ensure their needs could be met. The person and their relative told us they felt safe in the care of the provider. The person received support with their medicines as prescribed. The service worked closely with external health professionals to monitor the person's physical health needs when needed. The person who used the service told us they were treated with kindness and their privacy was respected by staff. They were encouraged to express their views and were involved in making decisions about their support with family help. The person's care plan was detailed and kept up to date to ensure they received effective care and support. The staff encouraged the person to be independent and maintain a safe living environment.

Right Culture:

The person's relative spoke positively about the management team and staff. People received good quality care by trained staff. Staff understood the person's support needs, which enabled the person to receive compassionate and empowering care that was tailored to their needs. Staff knew and understood the person well. The registered manager promoted a positive and open culture and had a clear vision about the service and the support they delivered. The provider carried out a range of audits to ensure a good quality service was provided.

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

Rating at last inspection

This service was registered with us from the 22 December 2021 and this is their first inspection.

Why we inspected

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

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Sarat Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector

Service and Service Type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

The inspection was announced. The provider was given 17 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2022 ended on 12 December 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 information gathered as part of monitoring activity that took place on 20 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager and office staff. We looked at one care plan and risk assessment, recruitment records, quality audits, daily records and training records.

We spoke with 1 staff and 1 relative. We also spoke with the person using the service. We reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records and safeguarding records.

Is the service safe?

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. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had safeguarding policies and procedures in place that provided staff with guidance on how to report abuse.
- The person who used the service told us they felt safe with staff. "Staff help me to keep safe so I can live in my home."
- A relative also told us, "I feel safe leaving staff with [relative]."
- Staff had completed training about safeguarding and understand the types of abuse and signs to look out for. They were also clear about their responsibility to report any allegations of abuse. One staff member said, "I would inform my manager, or call the police if the [person] was in immediate danger. I can also contact the local authority if I had ongoing concerns."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed. Risk assessments were detailed and regularly reviewed and updated when needed.
- Care plans contained detailed information for staff to follow on how to manage risks such as falls and support people safely. Records reviewed showed that since the person had been using the service, they have not had any falls.
- Prior to the person using the service the registered manager carried out an initial care needs assessment, which meant that risks were identified. These included areas such as skin integrity, manual handling, eating and drinking, and falls risks.
- Environmental risk assessments were also in place and identified risks to people living in their own homes and for staff working at the property, for example, fire risks, trip hazards and risks for staff using equipment.

Staffing and recruitment

- People were supported by staff that were recruited safely. The providers recruitment process required staff to follow an application process which included an assessment of their employment history and qualifications to ensure they are suitable to work with vulnerable people.
- The provider carried out robust checks on all staff before they began working at the service. These included employment references, proof of identification and right to work in the UK. Disclosure and Barring Service (DBS) checks. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People and their relatives told us they were supported by regular and familiar care staff and cover arrangements were in place, this included the registered manager who also carried out care for the person who used the service.

- Staff confirmed there was enough staff to meet the person's needs. One staff said, "I am the main carer for the person, which means that it's my responsibility to ensure everything is in place and that the diary is kept updated so other staff are aware what needs to be completed when I'm off work."

Using medicines safely

- The person using the service was supported by staff to receive their medicines safely as prescribed. The provider had a medicines policy in place and staff were trained and had their competency assessed before they administered medicines to people.
- There were regular weekly and monthly medicine audits completed by the registered manager. These were completed to ensure errors or concerns were identified and addressed appropriately.
- We reviewed the person's medicine administration records (MAR) and saw these had been correctly completed.

Preventing and controlling infection

- There were effective systems in place for the prevention and control of infection. The registered manager told us "I carry out weekly checks to ensure that there is enough Personal Protective Equipment (PPE) is in place for staff to use."
- The person who used the service told us, "Staff have their face masks on when they visit me and they also use gloves and aprons when they support me."
- All staff were trained in infection prevention and control, including the correct use of PPE.

Learning lessons when things go wrong

- The provider had processes in place for reviewing and learning from things that went wrong within the services. For example, the registered manager told us, "If I received an accident or incidents, or complaint, I would review and investigate the concerns and put the actions in place, to help prevent the concern happening again. Also meet with staff to discuss the concern and learning, which will also improve the service."
- Staff confirmed they receive regular updates and meeting by the registered manager on any changes as part of lessons being learned.
- The provider had policies and procedures in place to guide staff on what actions are required when things go wrong.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had effective systems in place to assess people's support needs and deliver care accordingly to the persons wishes and preferences. The needs assessments covered areas such as fall risks, manual handling, sensory needs and people's mental wellbeing.
- People and relatives told us they were involved with their assessments of needs. A relative said, "I was fully involved with my [persons] assessment as the service contacted me for my input."
- Care records were up to date and personalised, which reflected people's current needs and goals, culture and spiritual needs.

Staff support: induction, training, skills and experience

- The provider had a robust training programme in place for staff, which covered the essential skills required to support the people who lived at the service. For example, new staff completed an induction and shadowed the registered manager. The training matrix confirm all training and inductions were completed.
- Staff spoke positively about the induction programme and training that is provided and felt supported by the registered manager. One staff member told us, "This is by far the best agency that I have worked for the training is good and the manager is very supportive."
- Training records showed that staff received training in risk assessing, health and safety, medicines, first aid, food safety and infection control.

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

- The registered manager told us they are not supporting the person to cook at present, as the person has their food delivered to them by an external provider.
- The person who used the service told us, "My carer always checks that I have eaten and have been drinking too. If I need any help with heating my food up then I will ask but I can do this myself."
- Staff received training to support people to avoid malnutrition and dehydration.

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

- The registered manager told us they work closely in partnership with other health and social care professionals when needed and would highlight any changes to a person's needs with the GP or any other relevant health professional.
- The person who used the service told said, "I can call my GP myself, however as I have issues of hearing others when on the phone, staff help me to understand what they are saying to me."

- Staff understood the importance of supporting people to access their healthcare practitioners. For example, one staff told us "I would call 999 if the [person] was showing signs of becoming ill or support the [person] to call their GP. I would also update their relative of the actions taken."

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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had policies in place for staff to follow if it was identified that a person did not have the mental capacity to consent to their care.
- The person using the service had a completed consent form in place, which was completed during the initial needs assessment.
- Staff were able to describe the process that is followed if a person didn't have capacity to make decisions, for example, one staff said, "I would discuss with my manager If a [person] was unable to give consent to their support being given to them, who would then organise a mental capacity meeting and invite key people that is important to the person."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative told us that staff were kind and compassionate. Comments included, "The staff are very caring and kind to my [relative] who is happy with the care that is being given to them."
- All staff had completed equality and diversity training and people's spiritual and cultural needs were respected.
- Staff demonstrated that they knew the person well and were focused on their personal preferences. Comments included, "It's important to build trust up with [people] from the beginning which then helps the person to accept the support given to them."

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

- Care plans reflected the person and their relatives' views on how their care was provided. This was captured in the initial assessment for example, times when the person would like to be supported were recorded also the areas that the person wanted staff to support then with.
- The registered manager told us they always encouraged people to be as independent as possible, "It's important to meet with [people] or relatives before the service begins to help understand their likes and dislikes, which is then feedback to staff, and care plans are completed to reflect the information that had been given."
- Staff told us how they support people to express their views and wishes. Comments included, "By listening to the [person] on how they want their care to be given and their likes and dislikes as, everyone that we support are different and like their care delivered in a different way."

Respecting and promoting people's privacy, dignity and independence

- People's told us their privacy and dignity was respected. Comments included, "Staff are very good, they reminded me to close curtains before supporting me with my personal care. They only help me with the things I can't do myself as I want to keep my independence."
- Care records reflected peoples independence and the support they needed for an example; care plans stated that staff should ensure that the person's Zimmer frame is always close to them at all time to help prevent a fall."
- People's personal data were kept secure and the registered manager understood the importance of keeping documents and care records secure to ensure people's confidentiality was maintained.
- Staff were clear how to promote people's privacy and dignity. One staff told us " I ask the [person] for their consent each time that I support with their care, as their decision may have changed from the last time I supported them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service provided care and support that was personalised to the person's needs and wishes. Care plans were completed in a person-centred way with involvement from the person using the service and their relative.
- The provider told us they were able to access people's care plans by paper and electronically. This meant that the person using the service and staff had access to up to date care records.
- Staff knew the person well and were flexible in their approach. One staff member told us, "I look forward in visiting the person I support, as I feel we get on well. I provide flexible support which means that I don't guess how the person wants their care, I always ask the persons preferences before any care is given."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people who used the service well and understood their communication needs. One staff told us "I support the person to make calls, as they have a hearing impairment and can't always hear what someone is saying on the phone."
- The provider had a communication policy in place that gave staff guidance on different methods of communication that can be used to support people, this included information in picture format and large print.
- The registered manager told us they work with relatives and other professionals, to support people with their communication needs, for example the service would complete referrals to the speech and language team if required.

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

- People were supported to maintain relationships with their family. For example, one staff told us, "I support the [person] to call their family so they are able to keep in contact with them. I also support the person to access the community if they wish too."
- Staff understood their role and the importance of developing people's relationships with others to help

prevent social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place for staff to follow if people or relatives wanted to make a complaint. The complaints process included details of how people can appeal a decision, also contact details for the local government and social care ombudsman and the CQC.
- People and their relatives told us they knew how to make complaints should they need to.

End of life care and support

- At the time of inspection, no one at the service was being supported with end of life care.
- The provider had an end of life care policy which gave guidance to staff about how to provide this type of care sensitively.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us they worked with external professionals to help achieve positive outcomes for people they supported, for example the provider attends meetings with the local authority which gave them updates on any changes within social care and any developmental opportunities to help improve their service, and, health professionals when needed.
- Staff were very positive regarding the support they received from the management team. One staff said, "The registered manager is very supportive and passionate about ensuring people receive a good quality service. I am listened to when I go to my manager and feel appreciated for the work I do."

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

- The registered manager had a clear understanding of their roles and responsibilities, for notifying CQC and the local authority of any serious incidents or concerns. The registered manager said, "Once we have identified the cause of the concern then it's important to be open and apologise where necessary and to give reassurance of the steps that have been put in place to help stop any re-occurrence."
- Staff were clear of their responsibility in reporting any concerns to the registered manager or to the local authority as well as to CQC. One staff told us, "As part of the induction programme the manager goes over our roles and responsibilities for reporting any concerns to the relevant people."

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

- The provider had a governance system in place to help analyse any learning and making improvements where identified. Weekly and monthly audits were taking place to help identify any improvements required.
- The provider had systems in place for supporting staff, this included inductions for new staff, regular supervision and appraisals were implemented to help support the delivery of safe and good quality care.
- The provider had policies and procedures in place which reflected good practice guidance and legislation. These were reviewed regular to ensure they were up to date.

Continuous learning and improving care

- The provider had systems and processes for monitoring the quality of the service and these were operated effectively. These systems included surveys that was sent to people and relatives that used the service, audits and checks to improve and help develop the running of the service. And staff meetings.

- Management carried out weekly and monthly spot checks. These looked at how staff were performing and if tasks were being completed, such as health appointments, care plans and risk assessments reviews were taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us they are actively involved with the person who used the service to ensure they had a say in their care. for example, the registered manager also supports with the delivery of care each week. The registered manager told us, "By also supporting the person with the care this helps me to engage with them to ensure they are receiving a good service."

- Care plans showed that joint partnership working was taking place to review people's health and wellbeing.

- The registered manager told us they are aware of the services that are available locally to support people such as, district nurses, GP visits, a local community meeting that takes place to update residents on what's happening in their local area. Also, a welcome pack is given from the provider to new people that use the service, which has the relevant information in.