Safi Care Services Ltd

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Inspection report

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27 February 2023
28 February 2023
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13 March 2023

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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
Safi Care Services Ltd is a home care agency providing care to people in their own homes. The service is registered to provide personal care to adults over the age of 18. Not everyone who used the service received personal care. 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, 2 people were receiving the regulated activity of personal care.

People's experience of using this service and what we found
People who used the service and their relatives told us they felt safe when being supported by staff. People told us they had not experienced missed or late care visits and the care being provided was consistent.

Risks associated with people's care were assessed appropriately. People's medicines were managed safely. The provider regularly undertook an analysis of accidents and incidents to look at lessons which could be learnt.

People told us staff used personal protective equipment (PPE) appropriately when they undertook care visits, and the registered manager told us they had sufficient supplies in the event of an outbreak.

Staff told us they had received relevant training in relation to their role. Staff told us they felt encouraged to undertake further training and they had received regular supervisions. Staff competency checks were undertaken to ensure staff had the skills required to support people safely and the way they wished to be supported.

People and their relatives told us staff were kind, caring and respectful towards them. Staff encouraged and supported people to be as independent as possible.

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.

People's care plans provided staff with the information required to support people effectively. Where it was part of the care agreement, people were supported with activities to avoid social isolation.

There were systems in place to monitor the quality of care provided and action was taken where areas of improvement were identified. People, their relatives and staff knew how to complain and told us they felt confident management would listen to their concerns and address these.

People, their relatives and staff told us they felt the service was well-led and encouraged people to be engaged and involved in their care. Care records showed staff worked with external agencies, such as

healthcare professionals, to achieve positive outcomes for people.

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 on 22 December 2021 and this is the first inspection.

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

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Safi Care Services Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by 1 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
We gave the service 48 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 27 February 2023 and ended on 13 March 2023. We visited the location's office on 28 February 2023.

What we did before the inspection
We reviewed information we had received about the service since its registration with CQC. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people who used the service and 1 relative about their experience of the care provided. We spoke with the registered manager and 3 carers. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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

- People and a relative told us staff provided care in a safe way. One person told us, "I feel safe with them." A relative told us, "Yes [person] is safe, it worked out far better than I thought it would."
- Staff told us they understood what constituted abuse and what they would do to raise a concern. One member of staff told us, "Physical abuse is when you hit a client. I would report it to the office to [registered manager]. I might report to the police or safeguarding."
- Staff had received training for safeguarding and there was a whistleblowing policy informing staff how to raise a concern.

Assessing risk, safety monitoring and management

- Steps were taken to identify where people were at risk and to reduce the risk of potential harm. One person told us, "They made a good tour of the place to make sure it was safe for me and their carer." A relative told us, "They manage [person's] falls well. We got [person] a recliner chair and we assembled it. Once we assembled it, [staff member] said it was the wrong side because [person] could fall. I wouldn't even have thought of that."
- The registered manager had undertaken risk assessments which were detailed and provided guidance to staff about potential risks and the actions taken to reduce risks to people. For example, the mobility aids people used and any environmental risks to take into consideration.
- Risk assessments had been updated with recent incidents and steps taken to ensure they were up to date with people's current needs.
- Staff told us they knew how to reduce risks when providing care. A member of staff told us, "There is a risk assessment for falling and the doctors know about it. We move things away at night like tables."
- The provider had a business continuity plan in place to ensure people would continue to receive a service based on their individual needs. The plan was in place for use in the event of an emergency and included steps to be taken during multiple staff absences and outbreaks.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, right-to-work checks and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff to ensure there had been no missed or late care visits. One person told us, "They've been very reliable."

● In the event of short-notice staff absences such as sickness or when people who used the service had last minute healthcare appointments, the provider had systems in place to ensure these could be covered.
● There were systems in place to ensure staff were able to inform the office when they were running late for a visit. The registered manager told us that there had been no instances of late visits.

Using medicines safely
● People had medication administration records (MARs) which included the individual's allergies, the dose and form of medicines and the times they were due to be administered. Where we highlighted areas for improvement in relation to the completion of MARs, the registered manager immediately addressed these. For example, where some entries could be made clearer for the administration of transdermal patches (medicines applied to the skin), this was implemented by the registered manager immediately.
● Staff had completed training and competency checks to ensure they had the skills required to administer medicines. One member of staff told us, "I've done my training. He (registered manager) came and talked me through it and what to do if [person] doesn't take the medication. He did observe me."
● A relative told us medicines were managed well and that management regularly checked people's medicines, "I think they do it very well. They do, as far as I know, administer it every day and [nominated individual] will come here and check that as well."

Preventing and controlling infection
● We were assured the service were following safe infection prevention and control procedures to keep people safe. A relative told us, "It's very good with hygiene with gloves and hand hygiene and everything is spotless."
● The registered manager told us they had sufficient stock of personal protective equipment (PPE).
● Staff told us they understood national guidelines in the use of PPE. One member of staff told us, "I've got his (registered manager) [telephone] number if I need more aprons or gloves."
● The registered manager had undertaken regular spot checks to ensure staff were following infection prevention and control guidelines and address shortfalls. The spot checks included checking that staff were using the appropriate PPE and that they were following safe hand hygiene practice.

Learning lessons when things go wrong
● Staff understood their responsibilities to raise concerns and record incidents appropriately. One member of staff told us, "I would fill in a report and report to the office as well."
● The registered manager had undertaken regular analysis of accidents and incidents to look at how risks could be reduced further and what lessons could be learnt.
● We saw there were systems in place to ensure information was appropriately shared with relevant authorities. Where a person had an accident, it was clearly documented healthcare professionals were informed. Lessons learnt included for risk assessments to be updated more frequently. We saw this was now happening.

Good

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 of 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

- People and a relative told us the provider undertook an assessment to ensure they were able to meet their needs and they were involved throughout the assessment process. One person told us, "They checked everything before they started." A relative told us, "They asked her what she liked doing. They did a house inspection and they looked at the safety aspects and pointed out what we could do."
- We reviewed records which confirmed these had taken place. The registered manager told us they would only accept a new care package when they had the resources available to ensure they could meet the person's needs.
- Assessments included information about the prospective service user's allergies, medical history, communication methods, mobility needs, dietary requirements, preferred pronouns, and preferences. We saw regular assessment reviews had taken place once the care package had started.
- We reviewed care records which were written in line with national standards and guidelines. This included guidelines for the use of personal protective equipment and had involved relevant healthcare professionals.

Staff support: induction, training, skills and experience

- People and a relative told us they felt staff were competent and had the training, skills and experience to provide appropriate care. One person told us, "They know what to do and they listen." A relative said, "They know [person] well. I thought they won't last 24 hours. We are really pleased."
- Staff had received induction training which included the Care Certificate, and there were systems in place to ensure staff had shadowed (worked alongside) a senior colleague before working independently. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with a mixture of face to face and online training. This included training for mental health and dementia awareness, as well as basic life support and 'understanding your role'.
- Staff confirmed they had undertaken training. One member of staff told us, "I had an induction and then I did shadowing. It taught me the knowledge."
- The registered manager had undertaken regular supervisions and spot checks with staff to assess performance and address any training needs.

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

- Staff had supported people to maintain a balanced diet. A relative told us, "They ask [person] what

[person would] like to eat. They got to know [person's] habits well."
● Staff told us they worked with families to ensure people were supported to have sufficient and nutritionally balanced food and drinks of their choice. A member of staff told us, "I cook for [person] Shepherd's pie and lasagne and pasta, whatever [person] likes with some vegetables. We do the shopping for [person]. The family are involved."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People and a relative told us they felt supported by staff to access healthcare services when they needed these. One relative told us, "Absolutely, they would call the GP. They'll take [person's] temperature and blood pressure and [weighing] scales. It was their idea to have all these here."
● Care records showed healthcare professionals had been contacted appropriately on people's behalf. This included working with people's GP and physiotherapist to ensure people were receiving appropriate support.
● Where healthcare professionals had provided instructions for staff, we saw in care records this was being followed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People and a relative told us staff always asked for consent and supported people to make their own decisions. One person told us, "They are very polite, and they always ask." A relative told us, "They understand [person] well. They come back later if [person is] not interested at the time."
● There were systems in place to undertake mental capacity assessments should people struggle to make decisions relating to their care. The registered manager told us they understood the principles of the MCA and the responsibilities they have under the MCA.

Good

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 of 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; Respecting and promoting people's privacy, dignity and independence

- People and a relative told us they felt staff were kind, caring and promoted people's independence. One person told us, "The carers are nice." Another person said, "They are very good." A relative told us, "They are both lovely, funny [carers]. We are really pleased with them."
- We reviewed records which confirmed staff had completed training for equality and diversity and understood how to be inclusive and treat people with respect. One member of staff told us, "I did the equality training. [Registered manager] checks how we speak to the clients, making sure we treat all the clients with respect."
- Staff ensured people's right to privacy was respected. One person told us, "They are very respectful of my personal space."
- People's cultural and religious needs were clearly recorded in care plans so that staff would be aware prior to providing care on how best to support the individual.

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

- People and a relative told us they were involved in making decisions about their care and felt at ease to express their views. One person told us, "I'm trying to become independent. If I want to shower by myself, I can do that but they're standing by all the time to make sure I'm alright. What I want to do to be independent does encourage me. They ask me what I want." A relative told us in relation to the registered manager responding to questions about care, "They'll come back if I have any questions within a short time."
- We reviewed care plans and saw people who used the service and their relatives had been involved in their care. For example, contact details of all those people important to an individual were listed with whom should be contacted first in the event of an emergency or regular day-to-day updates.

Good

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 of 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; 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; End of life care and support

- Staff knew people's needs well and care plans were personalised and included detailed instructions on how to support the individual appropriately. One relative commented, "The care plans are ongoing. It gets altered from time to time as they get to know [person] better."
- Where a person was being supported with oral care, this was outlined in the care plan and staff knew how to support them. A member of staff told us, "I have to encourage [person] to brush teeth. When [person] agrees, we talk [them] through it."
- People's choices were clearly recorded in care plans and risk assessments. Where a person had chosen not to undergo medical investigations, this was recorded in the care plan to ensure staff were respecting the person's wishes.
- Staff told us they had time and were encouraged by management to read care plans and contribute to them so they could understand people's needs. One member of staff told us, "I have read the risk assessments and care plans for [person]. I learnt more about [person]."
- Care records showed there were systems in place to ensure people were able to access the community and maintain relationships to avoid social isolation where this was part of the care agreement. One relative told us, "They understand [person's] needs and they know [person] and they know what [person] likes and the television programmes [person] likes."
- Whilst no person was being provided with end of life care at the time of the inspection, people's needs and preferences in relation to end of life care were recorded in care plans.

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.

- People's communication needs were clearly recorded in care plans and there was information on how staff could effectively communicate. For example, where a person was unable to continue wearing their glasses, staff took their time to explain what was in front of them and help the person make a decision.

Improving care quality in response to complaints or concerns

● There were systems in place to use concerns and complaints as an opportunity to make improvements to the service.

● People and a relative told us they felt confident concerns and complaints would be acted upon appropriately. One person told us, "I would go to [registered manager] or [nominated individual] and they would be very responsive to any complaints I have." A relative told us, "I haven't got any complaints. Absolutely none."

● Whilst no complaints had been received by the time of the inspection, the provider had a policy and complaints processes in place to address future complaints.

Good

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 of 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

- People and a relative were complimentary about the management of the service. One person told us, "They're very good." Another person said, "They're a good firm. I would recommend them to anybody else." A relative told us, "We are really pleased with them. They are so caring. They are wonderful people. They're a lovely agency to deal with."
- Staff told us they felt the registered manager and nominated individual were approachable and spoke positively about the management of the service. One member of staff told us, "I am happy with the company that I am working with." Another member of staff said, "[Registered manager] is a good manager."

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

- There was a clear structure of governance in place. Staff told us they knew what their role was and where they would go if they had any questions. One member of staff told us, "I've got [registered manager's] number here and if I have any problems, I call him." Another member of staff commented about the nominated individual, "Anytime I need any help, they do help."
- Where we highlighted minor areas for improvement, the registered manager addressed these immediately and implemented systems to ensure this would be carried on. For example, where we identified that medication administration records (MARs) could be improved, the registered manager immediately implemented changes.
- The registered manager had undertaken regular audits of the quality of care provided. This included audits for medicines management, daily notes, infection prevention and control and care plans. Where shortfalls were identified, we saw the registered manager had appropriate systems in place to address these.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had systems in place to inform CQC of significant incidents and safeguarding concerns. They understood their responsibilities in relation to these although they had not yet been required to submit a notification to CQC.

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 understood their responsibilities in relation to duty of candour. A duty of candour

event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

● We did not identify any incidents that qualified as duty of candour incidents.

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

● We reviewed surveys where people and their relatives had the opportunity to provide feedback on the care they were receiving. One person told us, "They've given me a tick form to fill in what I thought of their attitudes." A relative told us, "I did one survey with [registered manager] verbally."

● Staff told us they felt valued, supported and able to contribute to the running of the service. One member of staff told us, "I do feel valued with this company." Another member of staff commented, "I think [registered manager] listens. I am happy about everything."

● The registered manager told us they understood the importance of considering people's equality characteristics when providing care. People were encouraged to share their cultural and religious requirements in order for staff to learn more about the area so that they could support the individual in a person-centred way.

Continuous learning and improving care; Working in partnership with others

● Staff told us they discussed incidents and areas that could improve the care provided. A member of staff told us, "We communicate, and we hand over. If there is something we are doing wrong, [registered manager] will say and he will ask for our ideas."

● Whilst the agency was only providing personal care to 2 people at the time of the inspection, there were plans in place to hold regular group staff meetings. Meetings were currently undertaken on a one to one basis and staff told us this still provided them with an opportunity to discuss ideas on how to improve the care being provided.

● Staff had worked together with other organisations to achieve positive outcomes for people. We saw in care records staff had worked with physiotherapists, the pharmacy, and the GP. A relative told us, "They'd asked for the GP to call."