

Shri Hari Care Limited

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Inspection report

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21 July 2022

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25 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Shri Hari Care Limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 10 people were receiving personal care. 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.

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

Everyone said they were satisfied with the care that staff provided and with the management of the service. They said safe care was provided or, if they had any concerns, the registered manager would swiftly act on the issue and put measures in place to ensure safe care. People were protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service, though this had not been the case for a staff member who had provided personal care for over two months. The registered manager said this was a lesson learnt and would never be repeated.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care. Quality assurance systems were in place to try to ensure people were provided with a quality service.

People were protected against the risk of infection, though the registered manager had to remind some staff to continue to wear masks.

The registered manager understood their responsibilities and worked in an open and transparent way. Quality assurance measures were in place to help to produce a quality service personalised to people's needs. People and relatives said the registered manager always listened to their views.

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

Why we inspected

The inspection was prompted by a concern we received that statutory checks had not been carried out when recruiting a staff member. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shri Hari Care Limited on our website at www.cqc.org.uk.

Follow up

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

We will continue to monitor the service and will take further action if needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Shri Hari Care Limited

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 Care Act 2014.

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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Due to the nature of the concern we received, we did not give any notice of the inspection.

Inspection activity started on 21 July 2022 and ended on 25 July 2022. We visited the office location on 21 July 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service

and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about the experience of the care provided by the service. We spoke with three care staff members and the registered manager. We reviewed a range of records. This included three care records. We looked at all the staff files who were currently employed by the service in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised quality assurance procedures and amendments to procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment checks had not been completed for a staff member who had been recruited in the past nine months and had left five months before the inspection. This meant there had been a risk that this person had not been suitable to provide care to people who use the service. The risk was mitigated by the person always working with another senior staff member.
- Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who use the service.
- Care plans identified the number of staff required to deliver care safely.
- Sufficient staffing was always in place according to people. There were no missed calls reported.

Preventing and controlling infection

- People were protected from the risk of infection.
- Everyone, except one person, told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic. The registered manager followed up this issue with the staff members concerned, to ensure staff always wore protective equipment to protect people from the risk of infection.
- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People and relatives said that staff followed safe working practices and there was good protection from the risk of abuse.
- One person said, "The staff who come to see me are really good. They make sure I am safe when they are with me."
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including reducing the risk of pressure sores developing and assisting people with their continence needs.
- Assessments included an environmental risk assessment which identified and managed risks in people's homes.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager said one lesson that had been learnt was to ensure checks on staff were always carried out before the staff commenced working.

Using medicines safely

- Records showed prescribed medicine had been supplied by staff.
- People and relatives told us medicine had been provided by staff or that staff had checked that people had taken their prescribed medicine.
- The medicine policy supported people to receive their medicines in the way they preferred.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led.

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

- The registered manager promoted a positive culture that was inclusive and empowering which achieved good outcomes for people.
- Audits and checks had been carried out to check the service met people's needs. Surveys were positive about the standard of care provided.
- People and relatives told us staff provided care that met assessed needs. A person said: "Staff are very friendly and do everything I need."
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people.
- Staff said they were provided with good support from the registered manager and said whenever they had an issue they were able to get in touch with management who came back to them quickly with a positive reply. Staff told us they were thanked for the care they provided to people. This was reflected in the minutes of staff meetings.

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 information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to their local authority. They had complied with the requirement to display the inspection rating.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager understood their role and understood the needs of their staff team.
- Processes were in place to measure quality performance. These included checks on care, care records and care plans.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people as questionnaires had been provided. This gave them the opportunity to suggest any changes or improvements.

- A person told us that staff respected their cultural and religious requirements.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.

Working in partnership with others

- People and relatives said that staff would make sure medical attention was sought if people needed it.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. For example the registered manager had liaised with an occupational therapist to seek alterations for a person's bathing needs.
- Staff understood they needed to inform the registered manager if people were ill or had an accident. Also to inform people's families, if this is what the person wanted.
- The registered manager was receptive to feedback when we discussed the inspection findings.