

Sathi Care Ltd

Forest Gate

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

Forest Gate is a domiciliary care service providing personal care to adults. 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 this inspection, one person was receiving a personal care service.

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

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in North East London. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

People using the service had risk assessments carried out to protect them from the risks of avoidable harm. Staff were knowledgeable about safeguarding and whistleblowing procedures. Medicines were managed safely and people were protected from the risks associated with the spread of infection. The provider had a system in place to learn lessons from accidents and incidents.

Staff were supported in their role with training and supervision. People's care needs were assessed before they began to use the service. Staff supported people with their nutritional, hydration and healthcare 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 demonstrated they knew people and their care needs well. People and their representative told us staff were caring. The provider and staff understood how to provide a fair and equal service. People were involved in their care planning and were encouraged to make choices. Staff understood how to maintain people's privacy, dignity and independence.

Care plans were detailed and personalised. Staff understood how to provide a personalised care service. The provider understood how to meet people's communication needs. People were supported to maintain contact with family and friends. There was a system in place for people to make a complaint.

People, their representative and staff spoke positively about the leadership in the service. The provider had a system to check the quality of the service provided and to identify areas for improvement. There was a system to obtain feedback from people using the service and staff. The provider worked jointly with other agencies to achieve good 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 17/04/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection based on the service no longer being dormant after becoming active in May 2020.

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 effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

Forest Gate

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

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

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 15 December 2021 and ended on 17 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 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 phone calls to enable us to engage with people using the service and staff, video calls to engage with the registered manager and electronic file sharing to enable us to review documentation. We had discussions with the registered manager by video call on 15, 20 and 22 December 2021 with a final follow up call on 17 January 2022.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted by phone and email one person, one representative of a person using the service and two care staff.

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 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 were protected from the risks of being harmed or abused.
- A person using the service said they felt safe with the staff.
- Staff were knowledgeable about safeguarding adults and whistleblowing. One care staff told us, "Whistleblowing is an essential part of safeguarding adults. Through whistleblowing we can ensure that malpractice is reported and vulnerable adults receive the care and support they need."
- Staff received training in safeguarding vulnerable adults.

Assessing risk, safety monitoring and management

- People had risk assessments which gave guidance to staff about how to reduce the risks of harm they may face. These included environmental and health related risks.
- Staff understood how to manage the risks of harm people may face. One care staff told us, "[Person] has a black folder with a risk assessment about their health and doctors. If [person] was sick, I would talk to the doctor."

Staffing and recruitment

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed including staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to criminal record checks to confirm continued suitability of staff.
- There were enough staff employed to meet people's needs and to cover staff absences.

Using medicines safely

- Medicines were managed safely. Staff had received appropriate training in medicine administration. Staff were observed and certified by the manager or trainer as competent before being able to administer medicines.
- Medicine administration records were fully and accurately completed.
- There was guidance for staff in relation to the administration of medicines prescribed on an 'as needed' basis.

Preventing and controlling infection

- The service had an infection control policy which gave clear guidance to staff about how to reduce the

risks associated with the spread of infection including COVID-19.

- Staff received training in preventing and controlling the spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE). One care staff told us, "PPE is always available and not an issue."

Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents.
- The registered manager told us they used incidents to learn lessons and to put measures in place to prevent them reoccurring. They gave an example of one person who fell within their home and the steps that were taken to prevent reoccurrence.

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 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's needs were assessed before they began to use the service to ensure the provider could meet their support needs.
- Assessments included where support was needed and which areas of care the person could complete independently.
- Care records included a pen picture of the person, a summary of the person's needs and the aims of the support plan.

Staff support: induction, training, skills and experience

- Staff received three days induction training in the core areas of care and were required to take regular refresher training. The registered manager told us they reinforced training during supervision.
- The registered manager told us, "[Staff] have already done the Care Certificate and I am planning to repeat the Care Certificate training. I will be organising an institutional course at my office." The Care Certificate is training in a set of care standards which care staff are recommended to receive.
- Staff confirmed they received supervision from the registered manager every two months. One care staff told us, "[Registered manager] understands our skill gap through supervision and spot checks and arranges training."

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

- A person using the service told us care staff helped them to get food shopping so they could maintain a balanced diet.
- Staff supported people with food and fluid intake and encouraged a healthy diet. One care staff told us, "I discuss the menu of food with [person] every day. We have a variety of choice when it comes to food which [person] can choose from."
- Where appropriate, people were supported on grocery shopping trips to promote independence and choice.

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

- Staff supported people to maintain their health. People were assisted to make and attend appointments with healthcare professionals.
- One person confirmed care staff helped them to get their medicines from the chemist, helped them with the laundry and went with them for medical appointments.

- One care staff told us, "Our goal is to maintain [person's] health as best we can and we all do our part together. We have review meetings where we discuss health issues and how to approach them."
- Care records showed people were assisted to follow recommended health plans such as physiotherapy exercises.

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.

- Records showed staff were encouraged to obtain consent to care. For example, one person's care plan stated, "Carer is to start care by asking for person's consent."
- Where people lacked capacity, the provider had obtained evidence of the named power of attorney who could make decisions around health or finances on the person's behalf.
- One care staff told us, "Before providing any care, we ask [person] for consent." Another care staff said, "I ask consent for everything, if I can come in the house, if I can go in the bathroom."

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 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 person using the service told us they were happy with the service provided and staff were caring. They told us, "Both [care staff] are pretty good. One of them is excellent."
- Care staff were knowledgeable about the person they supported. One care staff told us they were briefed on the person's support plan, "I do one on one every day in the evening with [person] and that keeps [person] happy."
- Another care staff demonstrated how they had developed a caring relationship with the person they supported. They said, "I am like [their] friend, we are like a team now. [Person] needs a friendly person who [they] can share with and we talk."
- One care staff confirmed they had training in equality and diversity. They explained, "I have no problem working with different cultures and religions." This care staff also said they had previously worked with a person who identified as lesbian, gay, bisexual or transgender.

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

- A person using the service confirmed they were able to express their views and were involved in making decisions about their care. They told us, "We chat, and they do it [provide care]."
- A care staff told us, "My relationship with [person] is very good. Offering [person] choice is very good, and we try to implement it. [Person] has a choice of activities to do and [person] tells me what [they] would like to wear today and tomorrow."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One care staff told us, "I am going to close the door, the window and the curtains. Cover the person with a towel. I can't share anything about [person]. When letters come to the house, I ask [person] first if they want me to open it. "
- Care staff encouraged people to develop their independence. One care staff told us, "By independence, we mean [person's] freedom to make [their] own decisions when it comes to health and care. We want to achieve the best balance possible between freedom and safety by risk management."

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; 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 involved in their care planning and records showed how they wished to receive their care.
- A representative of a person using the service told us, "[The service] have proved to be person centred and have done all they can to meet the needs of the [person]."
- Care plans were personalised and included people's likes and dislikes.
- Care staff understood how to deliver a personalised care service. One care staff told us, "[Person] likes red colours. I have to give the food on a particular plate that [person] prefers."
- Records showed support plans were regularly reviewed so that changes in need or new goals could be identified.
- Care plans showed where appropriate, care staff supported people to activities and to maintain links with friends and family.

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.

- The registered manager understood their responsibilities in providing information to people in a way they can understand it. They told us at the moment there was nobody using the service who required this.
- We asked the registered manager how they would make information accessible to a person who was blind or had a sight impairment. They told us, "When I do the risk assessment, I would find a mechanism to make it possible to help the customer with that information."
- We asked the registered manager how they would make information accessible to a person who was deaf or had a hearing impairment. They said, "It is your gesture, your posture and facial expression. You can write it down."

Improving care quality in response to complaints or concerns

- The registered manager told us they had not yet received any complaints.
- The provider had a complaints policy which gave clear guidance to staff and people who wished to make a complaint about how to go about this.

End of life care and support

- The provider was not currently supporting people with end of life care.
- The provider had a policy for end of life care which gave clear guidance to staff should anybody require this in the future.
- The provider told us they had access to end of life care training for staff for when this was needed.

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

- A person using the service spoke positively about the registered manager and said they were able to talk to them when they needed to. They told us, "[Registered manager] is alright."
- A representative of a person using the service also provided positive feedback. They said, "Good communicators and reliable service. I find them [to be] a valuable up and coming service very much needed in the borough."
- Staff spoke positively about the leadership in the service. One care staff said, "[Registered manager] communicates with us freely and encourages us to ask questions whenever we require help or advice."
- The registered manager described his role involving mentoring care staff to ensure they continuously learned and improved the quality of care provided.

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

- Care staff described their role and showed an understanding of what was required of them. Records were clear and demonstrated care staff understood risks and how to improve the quality of care provided.
- The registered manager understood their responsibility with the duty of candour including the need to apologise when anything went wrong.
- The provider understood the requirement to notify CQC of incidents or accidents including safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in check the quality of the service which included spot checks and daily record checks. The registered manager told us that any issues identified were discussed in supervision and used as a learning experience.
- The registered manager explained that due to the small size of the service, they had not yet introduced a feedback survey. They told us, they asked for feedback from people using the service through emails and recorded all telephone contact.
- Staff confirmed they were able to make suggestions for improvements. One care staff said, "When we meet face to face or call, [registered manager] asks for any updates and whether there is anything that can be done to improve in any areas."

- The registered manager told us they had developed a questionnaire which they used with staff in supervision meetings to identify skills. Care staff confirmed this.

Working in partnership with others

- Care records showed the provider worked in partnership with healthcare professionals to provide joined up care.
- The registered manager told us they had an agreement with Department of Works and Pensions to train young people aged 16 to 24 to increase their employability and encourage them to enter the care industry.