We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sandwell Asian Family Support Service

Health & Social Care Centre, Fenton Street, Smethwick, B66 1HR

Date of Inspection: 22 January 2014

Tel: 01215582198

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Supporting workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Sandwell Asian Family Support Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Neelam Pallen</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>South Asian Family Support Services provides support to children and adults in their own home, to access the community and day opportunities where they are supported with activities.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Personal care</td>
</tr>
<tr>
<td></td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
### Summary of this inspection:

- Why we carried out this inspection: 4
- How we carried out this inspection: 4
- What people told us and what we found: 4
- More information about the provider: 4

### Our judgements for each standard inspected:

- Respecting and involving people who use services: 6
- Care and welfare of people who use services: 7
- Safeguarding people who use services from abuse: 9
- Supporting workers: 10
- Assessing and monitoring the quality of service provision: 12
- About CQC Inspections: 13
- How we define our judgements: 14
- Glossary of terms we use in this report: 16
- Contact us: 18
Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People using this service were not able to talk with us so we spoke with their relatives who were overseeing their care and support. We spoke with four relatives, four staff, the acting manager and provider's representative.

People's needs were assessed and care was planned with the individual to ensure their needs were met in the way they wanted. Staff told us, "Care plans are available in the homes. That's what tells us what we need to do but we always ask people too."

We saw that relatives and people were involved in decisions about their lives. One relative told us, "They are good. They will listen to what we say. They will do what I want."

Arrangements were in place to ensure that people were safeguarded from harm. All the relatives we spoke with told us they felt safe with the staff.

Appropriate checks were made on staff before they started working with people to ensure they were suitable and people were safe.

Staff received the training they needed to know how to support the people using the service. Staff told us they enjoyed their work and felt supported.

People's views were taken into consideration when monitoring the quality of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  
✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.
People's privacy, dignity and independence were respected

Reasons for our judgement

All the relatives spoken with told us they and the people using the service had been involved in the assessment and planning of their care package. Staff told us and relatives confirmed that care plans were available in their homes. All the relatives spoken with told us that they were able to make choices such as the times of calls and the support they needed. One relative told us, "They (agency) came and carried out an assessment of what help we need and told us what they could provide." Records we looked confirmed that assessments were carried out to ensure people's care needs were known. This meant that people were able to get the support they needed and they were able to make choices about the care provided.

Records we looked at and relatives confirmed that people were asked if they wanted to attend places of worship, staff were able to speak with people in their first language and people were given choices of the gender of the staff supporting them. This showed that people were treated as individuals and their individual preferences were accommodated.

All the relatives spoken with told us their relative was treated with respect and that staff maintained their privacy and dignity. One person told us, "Staff are always polite and caring. The help we get means we can have a break." Staff told us how they encouraged people to remain as independent as possible. For example, one person was supported to brush their own teeth and another person had their food cut up into pieces that they could pick up and eat by themselves. This meant that people were treated with respect, treated as individuals and supported to maintain their independence.

People were supported to use community services. Two relatives told us that their relatives were supported to attend day centres, school and the local park. Another relative told us that staff spent time with their child in the home and there were always good interactions. One member of staff told us they involved the person they supported to prepare meals. This meant that people were supported to be involved in meaningful activities.
<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People should get safe and appropriate care that meets their needs and supports their rights</strong></td>
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</table>

**Our judgement**

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

**Reasons for our judgement**

We spoke with the relatives of four people who received a service. We pathway tracked the care of two people and looked at how their care was provided and managed. Pathway tracking looks at the experiences of a sample of people who use a service. This is done by following a person's route through the service to see if their needs are being met.

Records showed that people's needs were assessed and care and support was planned and delivered in line with their individual care plan. Care plans were detailed with information about people's care and support needs. Staff we spoke with were able to tell us about the needs and personality of the people they supported. Staff told us that they had access to care plans in people's homes. One member of staff told us, "Care plans are available in the homes. That's what tells us what we need to do but we always ask people too." Relatives confirmed that care plans were available. This should mean that people received the care and support they needed in the way they wanted.

Records showed that risk assessments were in place which identified the risks to people using the service and the care staff who supported them. These covered issues such as supporting people with personal care, moving people and the environment. This meant staff had the information to minimise the risks involved when providing personal care and support.

Staff told us that they had regular people to assist. Relatives told us that generally there was a team of staff to support them but there were occasions when changes were made. When their regular staff were not available another member of staff from the team supported them. All of the relatives told us that the office staff kept them informed if staff were going to be late for their visit meaning they were kept informed of any changes. This meant that people received continuity of care and relationships were built up between staff, relatives and the people being supported. The provider may find it useful to note that two relatives told us that on rare occasions they were told that there were no staff available to support them. This could mean that families were unable to have a break when they needed one.

There were arrangements in place to deal with foreseeable emergencies. The care staff
we spoke with had a good understanding of the needs of the people they were supporting and what they needed to do to meet their needs. Care staff also had a good understanding of how to recognise when someone needed additional support or referral to other services, such as the GP. This meant staff would take the appropriate action if they had any concerns about people’s care and welfare. Records showed that people had been informed about the on call service to contact the office staff in the event of an emergency. Relatives told us that they had been given the on call number to contact the office in the event of an emergency. Staff confirmed that the on call number was always answered when they used it. This showed that people were able to get support and advice at any time.
| Safeguarding people who use services from abuse | ✓ Met this standard |
| People should be protected from abuse and staff should respect their human rights |

### Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### Reasons for our judgement

All of the staff spoken with told us they had received training in safeguarding vulnerable adults and children from abuse. Records we looked at confirmed this. All the staff spoken with were able to describe the signs of abuse that might alert them to abuse taking place and the actions they would take to raise their concerns with the manager. This showed that staff had the skills and knowledge to protect people from harm.

Staff told us that they felt their concerns would be listened to and action taken to safeguard the people using the service from harm. They were able to tell us who they would report to if they felt they were not being listened to. Staff were aware of the whistle blowing procedures. This meant there were systems in place to ensure that concerns were listened to and people protected from harm.

Staff received training in how to manage behaviour that could be difficult. They told us that they had dealt with behaviour that had challenged them. Records sampled included detailed guidelines for staff to follow to assist them in managing people’s behaviour. Staff told us that they worked with relatives to manage some difficult to manage behaviour so that people were supported in a consistent manner. This meant that people received consistent behaviour management support.

We looked at the records of four staff. We saw that the recruitment procedures ensured that the appropriate checks were undertaken to ensure that only people suitable to work with vulnerable children and adults were employed. This meant that people were supported by staff that had been appropriately checked.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us and records showed that when staff were first introduced to someone they worked alongside other staff or relatives to learn how the person wanted to be supported. This shadowing was part of a new recruits induction programme. This meant that staff had the skills and knowledge to know how to support people in the way they wanted or were accustomed to.

The four staff we spoke with told us they received regular training updates. Their files showed that they had received ongoing training updates in core subjects such as first aid, moving people and nutrition. They also received training to meet people's individual needs such as epilepsy and autism. Relatives spoken with told us they were confident in the skills of the staff that supported them. One relative told us, "Carers know what they are doing. I'm comfortable with them. I have no concerns." This meant that staff had the skills and knowledge they needed to care for people safely.

Staff told us that they were given supplies of aprons, gloves and hand gel. One staff member told us, "I can collect them from the office when needed." Relatives we spoke with confirmed that staff wore protective clothing. This meant that people were protected from the risks of cross infection.

Records showed and staff confirmed that they had regular discussions with their managers about the calls they were undertaking and training needs. We saw records of spot checks and relatives spoken with confirmed that checks were undertaken regularly. We saw records of staff meetings and staff spoken with confirmed that they took place. This gave staff the opportunity to discuss their work and any concerns they had. One relative told us, "Checks are carried out and managers arrive without the staff knowing." This meant that staff were supported to develop their skills and that they were closely monitored to ensure that they were providing care and support as planned.

Before our inspection we had received some concerns that staff felt that they were not receiving adequate support and felt they were not being listened to. We asked the provider to look into these concerns. The provider had informed us of the actions that were being taken. During our inspection we asked staff about the actions being taken. Staff told us
that they were confident in the actions that were being taken and felt assured that improvements were being made. The provider's representative discussed the recent concerns raised by staff and the actions that they were taken to address the concerns. We saw that the concerns were being considered one by one and solutions were being sought with the involvement of the staff employed. This showed that the provider listened to staff concerns and took the appropriate actions.
Assessing and monitoring the quality of service provision  ✔ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the time of our inspection the registered manager’s post was vacant. There was an identified person in charge of the domiciliary care provision. The provider's representative told us that they were taking this opportunity to look at the management structures within the organisation and the remit of the organisation and who they provided a service to. We also discussed the regulated activities that the provider was registered to provide. The provider was considering whether they needed to be registered for all the regulated activities. This showed that the provider was reviewing changes in the organisation and requests for service provision to ensure that they were meeting the needs of the community.

We saw that there were systems in place to gather the views of people who used the service. All the people we spoke with told us that they were happy with the service. We saw that questionnaires had been sent to people and people we spoke with confirmed this. The results of the questionnaires were analysed and discussed by the management board so that action plans could be put in place to address any issues that arose. This meant that people's views were taken into consideration when planning developments in the service.

All the relatives we spoke with told us that they would have no hesitation in contacting the office if they had any concerns. We saw that there was a system for recording complaints and incidents. The provider may find it useful to note that there was no analysis of these to see if there were any trends in complaints or incidents. This could mean that improvements that were needed were not identified.

We saw that the provider investigated concerns raised with them so that they could take any actions that were required and kept people who had raised the concerns involved in drawing up the solutions. This showed that people's views were taken seriously and concerns addressed where possible.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
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</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.