

## Southwark African Family Support Services (SAFSS)

# Southwark African Family Support Services (SAFSS) - 54 Camberwell Road

### 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

This announced inspection took place on 3 February 2016. Southwark African Family Support Services provides personal care to people living in their own homes. At the time of this inspection, the service was providing support to 15 people in the London boroughs of Lambeth, Southwark and Wandsworth.

Southwark African Family Support Services was last inspected on 16 June 2014. The service met all the regulations we inspected at that time.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People in the service received safe care and support. Staff had identified people's needs and risks to their well-being and had up to date plans in place to keep them as safe as possible. People were safe from the risk of abuse and neglect. There were sufficient staff available to meet people's needs.

The services assessed people's individual needs and planned the delivery of their support. Staff carried out reviews with people and their relatives to ensure their support reflected their current needs. Staff knew people's hobbies, interests and preferred routines.

The service complied with the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) when supporting people. People were asked for their consent to the care and support they received.

Staff told us the registered manager was approachable and supportive. Staff received regular supervisions and appraisals. Staff used feedback from these sessions to improve their practice. Staff received training to equip them to meet the needs of people.

People told us staff were polite and treated them with respect. People were treated with dignity. Staff involved people and their relatives in assessing and planning for their care and support. People received care that reflected their preferences and choices.

People received support to access the healthcare services they required. Staff supported people with their eating and drinking.

The registered manager obtained people's views about the service and used their feedback to make improvements. People and their relatives gave positive feedback about the service. People felt confident to raise a concern and understood how to use the service's complaints procedure. The registered manager

investigated and resolved complaints as appropriate.

The provider had effective audit systems in place to monitor the quality of service provided to people. The registered manager conducted regular checks on the support and care provided to people and made improvements if necessary.

## 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. Staff identified and managed risks to people's health appropriately. Staff understood the types of abuse and the action to take to protect people from harm.

People received support with their medicines. There were sufficient staff to meet people's needs. The provider used safe and robust recruitment procedures to recruit suitable staff.

### Is the service effective?

Good ●

The service was effective. People received effective care which met their needs. Staff received training and support which enabled them to undertake their role.

Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005 and the requirements of Deprivation of Liberty Safeguards (DoLS). People gave consent to the care they received and staff respected their choices.

People were supported with their dietary needs and accessed the healthcare they needed.

### Is the service caring?

Good ●

The service was caring. People told us staff were kind and compassionate. Staff respected people's dignity and privacy.

People valued the relationships they had with staff and were happy about their care and support. Staff knew people and their support needs and preferences.

### Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and planned how to deliver their care. People, their relatives and health care professionals were involved in planning for their support.

The service valued and acted on people's views. People followed their interests and took part in activities they enjoyed.

The registered manager investigated and responded to people's complaints.

### Is the service well-led?

The service was well-led. People, relatives and staff told us that the registered manager was approachable and welcomed their ideas to improve the service. Staff felt well supported by the registered manager.

The registered manager carried out checks and audits to monitor the quality of service and made improvements if necessary.

**Good** 

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2016 and was carried out by an inspector. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with four people using the service. We spoke with the registered manager, two members of care staff and a volunteer. After the inspection, we spoke with a local authority commissioner and a social worker.

We reviewed three people's care records. We viewed three staff records and staff duty rotas. We reviewed records relating to the management of the including staff training and supervision records and audit findings. We looked at records of complaints, accidents and safeguarding incidents.

# Is the service safe?

## Our findings

People said they felt safe because staff understood how they wanted to be supported. One person told us, "Staff look after me very well and I feel safe when they come round". Another person said, "I am safe with the staff. I have no worries". A relative told us, "Staff make sure [person's name] is safe".

The provider had taken steps to ensure people were protected from the risk of abuse and neglect. Staff understood the types of abuse and neglect and knew how they would identify and report these to protect people from risk of harm. Staff knew the service's safeguarding procedures to follow to ensure people's safety. For example, they were able to explain how they would refer any concerns to the registered manager in line with the service's safeguarding procedures. One member of staff told us, "I would report to the manager any concerns about potential abuse". No safeguarding concerns had been raised by the service in the past twelve months. However, the registered manager understood their responsibility in relation to this. Staff understood how to 'whistle-blow' to alert authorities of poor practices if they felt their concerns of abuse had not been addressed fully at the service.

People received the appropriate support they required with their medicines. People's care plans indicated if staff where to provide assistance with the administering of medicines or they were self-administering. People at the service managed their own medicines. Staff supported people to self-administer their medicines by means of encouragement. People knew what medicines they were required to take and when to take them. One person told us, "Staff remind me to take my medicines". Another person said, "I have my medicines after my breakfast which staff prepare for me". Care plans showed risk assessments were in place to guide staff on how to support people to self-administer medicines. Staff assisted people in making a request for a repeat prescription, collecting medicines from the pharmacy and opening of a medicine bottle. Staff were trained in the administration of medicines and had their competency assessed. Staff had access to up to date procedures of current regulations and guidance on medicines management and knew how to support people safely.

People were safe because staff assessed and managed risks to their safety and well-being. Support plans were in place which ensured staff had adequate information on how to support people safely. This included environmental, mobility and any risks due to the person's health and support needs. Staff had guidelines on how to manage the identified risks and reduce them. For example, a person's care record showed they were unsteady on their feet and shuffled when walking which increased their risk to fall or trip. Staff had information about how to support the person when they moved around in the home and when transferring in and out of bed.

The provider promoted people's safety by completing recruitment checks before employing staff at the service to ensure they were suitable. Staff records showed relevant pre-employment checks had been undertaken, which included obtaining references, criminal record checks, and evidence of their identity and right to work in the country. One member of staff told us, "I started work at the service after completion of all checks".

People received the support they required. The registered manager ensured there were sufficient staff on duty to meet people's needs safely. People and their relatives told us they received support from a regular and consistent staff team. One person told us, "I have the same carers who know how to support me. They turn up on time and give me the support I need". The registered manager worked with people's social workers and care coordinators if they needed the time adjusted to meet their changing needs. The registered manager informed people if there was a change in their care worker. Rotas showed sickness and planned absences were adequately covered. This reduced the risk of staff not being able to make the agreed visit times. The registered manager told us that the service had not had any missed visits.



## Is the service effective?

### Our findings

People and their relatives told us staff were competent in their role. One person told us, "Staff know their work and support me well". A relative told us, "Staff are skilled and capable".

Staff told us they were well-supported in relation to carrying out their responsibilities. Staff had regular supervision and annual appraisal with their managers. Staff felt listened to in supervision and said this was important for them to carry out their role. The registered manager had ensured each member of staff had a one to one supervision session every eight weeks. Records showed staff were able to discuss their training needs and how best to support people. Staff told us the registered manager was always available to give advice when needed either by telephone or visits.

People received support from suitably qualified staff. One member of staff told us, "My further training has helped me understand how to manage difficult behaviours". Another member of staff told us, "I understand people's communication needs much better because of the course I have attended". Another member of staff told us, "I have had loads of training which has given me confidence to do my job well". This further training increased staff's knowledge and skills to support people effectively. Staff attended relevant training which ensured they met people's needs effectively. Staff training included health and safety, safeguarding of vulnerable adults, infection control, moving and handling and managing people's medicines. The registered manager had arranged other training on managing challenging behaviour, diabetes, and end of life care.

All new staff undertook a twelve week structured induction before they started supporting people unsupervised at the service. A member of staff told us, "The induction gave me the knowledge to support people in their own homes". Induction records showed staff had read people's care records and the agency's policies and procedures. Staff had completed classroom based training, e-learning, 'shadowing' other experienced staff and spent time with people as part of the induction. The registered manager closely monitored the performance of staff during their probationary period and had fortnightly meetings with them. Staff were confirmed in post after they were assessed as competent in all the mandatory areas of the induction training and development programme.

Staff had access to support and advice from management when they were out in the community providing support to people. The service operated an on call system, which gave staff direct access to the manager on duty when they required additional support or guidance. Staff understood when to use the on call system and who to contact should there be sudden changes in a person's health, which required immediate action.

People told us they gave consent to the care and support they received. Staff involved people and their relative in discussions about their care and support arrangements and sought their consent. A member of staff told us, "We get people to decide how to receive their care and always ask if they want help". Staff made a record in people's care documents when they consented or declined support.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training of the MCA and understood how they used it to

support people to make decisions about their day to day care. A member of staff told us, "We let the manager know if we have concerns about a person's ability to make a decision". The registered manager had referred a person to the local authority to ensure a mental capacity assessment was carried out because of a concern about their ability to make a decision on their care.

Some people received support to eat and drink in line with their care package. One person told us, "I am happy with the help I receive with my meals. Staff prepare my food". Another person told us, "I like the hot meals my carer serves. The staff also do my weekly shopping". Some people lived with their families who made prepared their food and drink.

People accessed the healthcare they needed. One person told us, "The nurse comes in everyday to check on me". Staff monitored people's physical and mental well-being and informed their relatives and appropriate healthcare professionals if they had any concerns. Care records showed staff had liaised with district nurses when a person's physical health had declined. Staff supported people attend appointments if needed. The service worked with healthcare professionals when people's health needs or support required changed.

## Is the service caring?

### Our findings

People and their relatives told us staff treated them with kindness and compassion. One person told us, "The staff are good and do things with a smile". People knew the staff who supported them and had developed positive relationships with them. Another person said, "Every carer that comes here knows my name and are friendly". A relative told us, "Staff are polite and very caring."

Records showed staff understood how to communicate with people. This meant people felt valued by staff. Staff had identified people's communication needs and used this information to involve people in planning for their care and support. For example, a person's records explained that a person spoke English as a second language and found it difficult to converse in it. The registered manager assigned a member of staff who spoke the person's home language whenever possible. This member of staff had worked with the person's relative and provided staff with commonly used phrases which other staff could. This ensured staff supported the person as they wished.

People told us staff respected their privacy and upheld their dignity. Staff promoted people's privacy by respecting their private space. One person told us, "No- one enters my room without asking or knocking". Another person told us, "Staff close my bathroom door when helping me with a wash". People told us staff used their preferred names which made them feel valued.

People said staff encouraged them to be as independent as possible. One person told us, "Staff encourage me to style my hair. I may at times ask for support with a wash". Another person told us, "Staff ask me to walk around in the house to exercise my legs to maintain my mobility". Care records confirmed staff encouraged people to do the things they could for themselves.

People at the end of their life received the support they required in line with their preferences. The service worked with people, their relatives and healthcare professionals for advance planning of their end of life care. A person's record had details of the signs of pain and distress they may experience. Staff told us they understood how to read the changes in a person's body language and expressions when they were unwell and how to make them comfortable or get appropriate help. A relative told us, "Staff check if [person's name] is comfortable and not in pain". Staff told us they knew people's preferred place of dying and where they wanted to be in the last days of their life and respected their choice. Care records showed staff contacted healthcare professionals in line with their care plans when their health declined and ensured people received the support they required.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning for their care and support. They told us the registered manager and a member of staff had spent time with them finding about their needs before they started to use the service. One person told us, "They know all about me. Everything is working well". Staff used the information they gathered from people to plan and deliver support which met their individual needs.

Staff identified people's health and welfare needs and developed care plans on how to support them. Assessments records showed staff had discussed with people their health needs and the type of care they wished to receive. Staff had information about how people wanted their support delivered. Care records showed staff knew of people's preferences, background and interests which enabled them to provide support specific to each person.

People received care which met their individual needs. Staff had up to date information on people's needs, which ensured they provided appropriate care and support to them. Staff reviewed people's needs monthly and ensured their support plans were up to date and when required made changes. One person told us, "Staff ask me regularly if I need extra help". A relative told us, "The manager reviews with me [relative's name] care and support over the phone". Records showed staff had updated a person's support plan because their needs had changed in relation to their eating and drinking. The registered manager kept staff informed of any changes to people's health and the support they required. We saw staff come into the office to discuss changes to a person's needs. The service had contacted the person's social worker for a review of their needs and the support they required.

The service took action to ensure people received appropriate care. The service was responsive and provided support to people as they wished. For example, a person told us, "Staff are flexible when I phone in to change the times for my visits". One person had requested a member of staff come in earlier than planned as they were going out with family and this had been granted. Another person said, "The office staff adjust my visit time so I can attend appointments". The service responded and respected people's wishes were practical and made changes to their care plan if necessary.

Staff supported people to pursue their interests and encouraged them to take part in activities of their choice. Staff supported people to go out and reduce the risk of becoming socially isolated. One person told us, "I enjoy outings to the park. Staff go with me". People's care record stated their interests, cultural and diversity needs. Records showed staff supported people to engage in activities of their choice such as a visit to local cafes, attend services at church and attend festivals in the community.

People were aware of how to make a complaint. The service used concerns and complaints raised by people to reflect on their practice and drive improvement. People had received information about the complaints procedure in a format they understood when they started to use the service. One person told us, "I can talk to the manager I need to but so far there has not been any reason for me to complain". Another person said, "I talk to staff or my relatives if I am not happy with my care". People told us they discussed with staff in their reviews how to make a complaint about the service if they wanted to. People felt confident to use the

complaint procedure and felt assured the registered manager would act on their concern. The registered manager had investigated and responded to a complaint raised by a person's relative. A relative told us, "My complaint was addressed to my satisfaction". Records showed the service had ensured the complaints were dealt with in line with the service's complaints procedure.

The registered manager gave people the opportunity to give their views about the service. People and their relatives told us staff regularly asked for their views and feedback about the service by means of a telephone call or a home visit. We saw records of telephone calls from the office, which asked people if they were happy with the care and support they received. People were happy the service acted on their views.

## Is the service well-led?

### Our findings

People and their relatives told us they were happy with the way the service was managed. They said the registered manager showed "good leadership" in ensuring they received appropriate care. One person told us, "I could not have received better care anywhere else". A relative told us, "The manager gets in touch to discuss [person's name] our relative's care or health changes".

People, their relatives and staff told us there was a positive and open culture at the service. They said they could speak with the registered manager anytime and make suggestions about how to improve the service. People felt the registered manager valued their contributions and used their feedback to improve the service.

Staff understood the provider's vision and values of putting people at the centre of the service. One member of staff told us, "People are the focus of all we do at the service". The registered manager ensured staff understood people were to be involved in the planning of their care, needs assessment and delivery of support.

Staff told us the registered manager was supportive and motivated them to carry out their work. Staff received support from the registered manager and guidance through telephone calls and meetings to understand their roles and responsibilities. One member of staff told us, "The manager listens and helps me to sort out whatever issue is bothering me at work". Records of staff meetings held with the registered manager showed they had discussed ways to improve the service and their plans had been acted on. They said the registered manager encouraged them to work as a team and share good practice. Staff told us they contributed to improve the service and the registered manager valued their ideas. Staff told us the registered manager was approachable and communicated well with them. One member of staff told us, "The manager is always available and listen to any concerns and takes action to solve them".

The registered manager was happy with the service provided to people and the quality of service provided. The registered manager carried out regular audits on the quality of care and support people received and used feedback to improve the service. The provider sent out quality checks questionnaires and asked people, their relatives and staff about their views on the service and the support and care they received. The feedback from December 2015 showed people and their relatives had positive comments about the service.

There was an emphasis on continually striving to improve at the service. The registered manager carried out checks on how staff provided support to people in their homes. The registered manager spoke with people and their relatives and asked them whether the service was delivering the care as they wanted. Staff told us the registered manager conducted random spot checks on them and made regular visits to monitor how they supported people to meet their needs. Records of a spot check for January 2016 showed the registered manager had given staff feedback on their performance. For example, the registered manager had observed staff (with the consent of the person) hoist a person from a bed to a chair. Records showed the registered manager had given positive feedback about the moving and handling practice they had observed. A member of staff told us, "The spot checks keeps us on our toes and are a great way to ensure people receive

a consistent high standard of care".

The quality of the planning and delivery of the service was subject to regular checks. The registered manager reviewed people's care records during spot checks to ensure staff had completed the notes appropriately. Records showed the registered manager carried out routine checks of people's care plans and daily observation records. Staff had received additional training to improve their skills in record keeping. Staff told us they had guidance on what information they needed to and how to present it in line with the support people had received.

The registered manager took action and ensured people received appropriate support and care. The service maintained a record of incidents and accidents such as trips and falls. Records showed staff had completed the relevant forms with the action they had taken immediately after an incident as well as any future action that was required to prevent the situation happening again.

The provider developed the service through the use of local resources. The registered manager worked in partnership with other healthcare professionals to ensure staff followed current practice when providing support to people. For example, the service's challenging behaviour training was provided by a community mental health team professional and national vocational qualifications in health and social care training was delivered by a local college.