

Sahara Community Care Services Limited

Sahara Community Care

Services - Luton

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

We carried out the announced inspection on 4 July and 4 August 2017.

Sahara Community Care Services provides personal care and support services to adults living in their own homes. At the time of our inspection the provider was supporting up to four people of which two were supported with a regulated activity.

The service has a Registered Manager in place. 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.

The provider followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated.

Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

Staff demonstrated a good understanding of their roles and responsibilities. The service demonstrated a commitment to staff training, which was on-going and regular refresher training were undertaken.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples.

Care files were clear and comprehensive and contained relevant health and personal information.

The service was flexible and responsive to changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted.

Communication with relatives was on-going throughout the duration of their relative's involvement in the service.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Feedback was regularly sought from families and people using the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

A number of audits were undertaken to ensure processes were being followed, and to monitor the overall quality of the service.

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.

There was sufficient staff to meet people's individual needs safely.

Staff were trained to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was Well-Led

The registered manager promoted strong values and a person centred culture.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

There were robust systems to assure quality and identify any potential improvements to the service.

Sahara Community Care Services - Luton

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 is 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.

The inspection took place on 4 July 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. We carried out telephone interviews of people who used the service and relatives on 4 August 2017 and also spoke with staff on the 4 August 2017.

The inspection team consisted of one inspector from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We attempted to call two people who used the service but were only able to speak with one person. We also attempted to call four staff but were only able to make contact with one member of care staff and the registered manager who we spoke with on the day of the inspection. We looked at records held by the service, including four care files and four staff files. We reviewed other records in relation to the overall monitoring of the service.

Is the service safe?

Our findings

We spoke with one person who received support from Sahara community support. They told us that they felt safe when being supported by the care staff.

Staff we spoke with told us that they were encouraged to raise any concerns they had about their clients. They said, "Yes I have had training on how to support people and if I had concerns, I would report it to the manager, we have two numbers to call if we have an urgent concern". When we spoke with the registered manager they told us that although they were not currently supporting many people and had therefore not had incidents to report, they understood their responsibilities to safeguard people.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns then they would report them to the registered manager or if they were unavailable then they would contact external agencies such as the local authority safeguarding teams to ensure action was taken to safeguard the person from harm.

The provider had completed risk assessments for people using the service in order to identify potential risks and install control measures to reduce the risks. The risk assessments were discussed with the person or their family member and actions put in place to keep people as safe as possible. Staff knew that they were expected to record and reported on any significant incidents or accidents that occurred and we saw that care plans and risk assessments were updated regularly to ensure they were fit for purpose. A member of staff said, "We check the assessments and care plans daily, we have to make sure they are correct."

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived in their own homes. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the registered manager to confirm that staff were suitable for the role to which they were being appointed.

People we spoke with were complimentary about the staff that provided care them. They confirmed that they were supported by a consistent group of staff which meant that they were able to get to know them. Staff also confirmed this and said that this approach meant that people felt safe around them and they knew what to do to help people feel safe. One member of staff said, "I visit the same person, I follow what they want me to do and I know how they like things to be done." This showed that staff knew the people they were supporting and how best to keep them safe.

At the time of our inspection the provider did not support people with medicines therefore there were no

medicine records for us to review. We did however see that the provider had medicine policies in place and staff had received training on medicines. A member of staff said, "I have been given training on how to support people with medicines but at the moment there are no clients that need support."

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Records we reviewed showed that staff had received appropriate training such as moving and handling, safeguarding, health and safety and first aid. A member of staff said, "When I joined the company I was given a lot of training including moving and handling." They also went on to tell us that if it was needed they would be provided with additional training. They said, "If I feel I am not very good at something or need some more training, I can tell [registered manager] and they will arrange it for me."

Staff we spoke with told us that they had received supervisions and shadowing opportunities and the records we looked at confirmed this. Staff said that supervisions gave them an opportunity to discuss any issues and concerns with the registered manager and they felt listened to. One member of staff said, "Yes, we have monthly supervisions, the manager also come to the service user's homes and will observe us. They ask the client if they are happy. If I am worried about anything I can tell the manager."

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 Act 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support.

Staff we spoke with demonstrated an understanding of how they would use their training when providing care to people. We also saw that policies and procedures were available for staff to look at if they needed further guidance. The manager also told us that they would regularly remind staff of the importance of gaining consent and supported them with their understanding. A person we spoke with confirmed this and said, "[Staff] ask me what I want, they are very good."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where it was required staff could make contact with GPs and assist with appointments. At the time of the inspection however staff were not required to support people with appointments.

Is the service caring?

Our findings

The person we spoke with was extremely complimentary of staff, they said, "The ladies that come to see me are lovely, they are like daughters to me and they treat me like their father, they respect me and listen to me. They are a blessing."

The person told us that interactions between them and the carers was kind, caring and compassionate and that staff respected their religious beliefs. This person explained, "[on my holy day] the ladies will give me a shower and get me dressed in time for prayers." From our discussion with staff we also found them to be caring towards the people they provided care and support to. They told us that they were able to get to know people's routines and develop a positive relationship with the person they were supporting. One member of staff said, "We have the same people so we know what they like and what needs to be done, we get to know their families as well."

Staff promoted people's independence where possible and people were supported to make choices about how they wanted to be supported. One person said, "I tell them what needs doing."

The person we spoke with told us that had been involved in making decisions about their care through regular reviews, and discussions. They said, "The manager comes to the house to go through the papers and check I am happy or if anything needs changing." The care records we looked at showed that people were involved and supported in their own care, and decisions. We saw from documents provided that people were encouraged to share their views and were listened to by staff who supported them in accordance with what had been agreed with them when planning their care.

When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. One member of staff said, "We keep them covered up and show them respect when we support them". A person using the service also said, "The ladies are very respectful of me, I have no complaints."

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. People we spoke with agreed that staff catered for their needs effectively. We asked people if the staff that supported them ensured that they did everything that was needed during the visits, again, people provided a positive response to this question. A member of staff said, "I go for a two hour visit and in that time I can do many things, I will iron, clean, bathe them, if its lunch time or tea time, I will get their meals ready for them. I do many things."

We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. People using the service also confirmed that they had been involved with the review of their relative's care. There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We found that the people who were being supported did not have English as a first language and therefore were unable to communicate effectively in English. We saw that the staff employed by the service were able to speak the same language as the person they supported which meant that they could effectively communicate with person and respond to their needs. A member of staff said, "When I joined the service I was taken to the person I am supporting to check if they were happy for me to support them and to also check that I was compatible with them. The manager tries to match people to us." The manager told us, "The people we support are from [ethnic backgrounds] therefore it's important for us to match them with staff who knows their religious and cultural beliefs so we can give them the best possible support."

The provider had a complaints policy and procedure in place and people were made aware of this. The people we spoke with knew who they needed to speak to if they had any issues or concerns. At the time of our inspection the provider had not received any formal complaints. A person using the service said, "I know I can make a complaint if I had one, but at the moment there is nothing for me to complain about, it's going very well for us."

Is the service well-led?

Our findings

The service had a registered manager in place. Staff told us that the registered manager supported them with their roles and acted on any concerns they had. People we spoke with told us that they had regular contact with the registered manager and she would visit them on occasions. One person said, "Yes the young lady [name of registered manager], she visits me sometimes and asks if everything is ok."

The registered manager demonstrated an open and transparent culture throughout the inspection. The registered manager had an open door policy which meant that staff felt empowered to raise any concerns. The registered manager also encouraged staff to do their best and supported them to provide good care through best practice guidance. One member of staff said, "Yes we get help from [registered manager]."

The manager told us that they would set up regular meetings with staff, but at present due to the limited number of people that were being supported; formal staff meetings were not undertaken. Instead the manager kept in touch with staff through visits and telephone calls. The staff we spoke with confirmed that they were in regular contact with the registered manager and office staff. We also noted that on the day of our inspection people using the service and staff were regularly calling into the office.

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were kept informed of changes in the organisation through e-mails and phone calls. The registered manager spoke to us about their commitment to ensuring they were able to provide a service which was fit for purpose for the people being supported and also looked after staff's wellbeing. They told us, "I am really working to support my staff to get back into work. Some of my staff had not worked in a while so I am helping them to get back into it." The manager went on to say, "I am working with families from ethnic minority groups so it's important for me to have staff who understands the families and cultures."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. This was done on an informal basis through visits and phone calls with families. The manager told us that they would follow a more formal process when they were supporting more people.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. Records were stored securely and were made readily available when needed.

The registered manager was able to demonstrate their understanding of their responsibilities for notifying the CQC of incidents and actions that occurred within the service.