

Red Sea Community Programme

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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 inspection was carried out on 26 November 2018 and was announced. During our last inspection on 16 November 2017 we found the service to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service failed to provide comprehensive risk assessments and risk management plans, which ensured care workers had the appropriate guidance in responding to risk in relation to carrying out the regulated activity of personal care. We also gave the service a recommendation to review their quality assurance systems to ensure that these were suitably effective in responding to shortfalls.

The service sent us an action plan shortly after our inspection informing us that they had made the relevant adjustments and improved their risk assessment procedure, by providing greater detail about how to safely manage risk in relation to carrying out the regulated activity of personal care.

During our inspection on 26 November 2018, we found that the provider had improved and reviewed risk assessments. We saw that risk assessments had greater detail about how to manage the risks. However, risks assessments were found to be generic and did not clearly relate to the individual. People who used the service and relatives raised no concerns regarding care practices when providing personal care. Care workers demonstrated good understanding of how to minimise risk to people who used the service when providing personal care. We further found during this inspection that the service had improved their quality assurance monitoring processes and found them now to be effective.

Red Sea Community Programme (RSCP) is a small domiciliary care agency located in Harlesden, North West London. During the day of our inspection the service provided personal care to 24 people, most of the people were from Somali background, living in their own home. The service employed 21 care workers.

Not everyone using RSCP receives a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A manager was registered with the CQC. 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.'

Staff were recruited safely and there were enough staff to ensure all care visits were made, with staff staying the required length of time and completing required tasks. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. People and

relatives told us that they were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed at each care visit. People felt safe and appropriate referrals were made to the safeguarding team when necessary.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People's healthcare needs were being met and people received assistance with their medicines if required. If people received support with their nutrition, this is recorded in people's care records.

People who used the service knew how to raise a complaint and care workers were aware of the appropriate action to be taken. The complaints procedure was displayed. Records showed complaints received had been dealt with.

Everyone spoke highly of the registered manager and nominated individual and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were recruited safely. Sufficient staff were deployed to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

If people received support in taking their medicines this was managed safely and was kept under review.

Good ●

Is the service effective?

The service was effective. Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act 2005 were being met.

Good ●

Is the service caring?

The service was caring. People using the service told us they liked the staff and found them attentive and kind.

People told us that staff treated them with kindness and patience and knew them well.

People's privacy and dignity was respected and maintained.

Good ●

Is the service responsive?

The service was responsive. People's care records reflected the support required at each visit, were up to date and regularly reviewed.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Good ●

Is the service well-led?

The service was well-led. A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Good 

Red Sea Community Programme

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.

This inspection took place on 26 November 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector and one expert by experience. The expert by experience contacted people who used the service and relatives and undertook telephone interviews on 3rd and 4th December 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received from the provider. A notification is information about important events that the registered provider is legally required to send us, for example if someone using the service sustains a serious injury.

We usually request the provider completes a Provider Information Return (PIR). A PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we had not requested the return of a PIR prior to the commencement of the inspection.

During our inspection, we spent time looking at records, which included five people's care records, five staff recruitment files and records relating to the management of the service. We also spoke with two people who

used the service, 18 relatives, three care workers, the registered manager and the nominated individual. We contacted the local commissioning team asking for feedback.

Is the service safe?

Our findings

During our last inspection we found that some risk assessments in relation to manual handling, medicines support and falls lacked detail. The risk assessments did not provide comprehensive guidance for care workers on how to minimise the risk. We previously found a breach of regulation in respect of this. During this inspection we found that the service had updated their risk assessments. Risk assessments were more comprehensive and provided greater detail in relation to minimising and managing the risks related to carrying out the regulated activity. Care workers spoken with told us where to find the risk assessments and advised us that these were reviewed if people's needs had changed. Shortly after this inspection the service sent a sample of risk assessments they had updated to ensure that they were in relation to the person.

During our inspection in November 2017, we recommended that the service verified references from previous employers and carried out a risk assessment if the employee's disclosure and barring (DBS) check recoded previous convictions. During our inspection in November 2018, we looked at recruitment records for five employees and found that all relevant recruitment checks had been carried out, references had been verified where required and previous convictions had been risk assessed by the service. This ensured that all staff employed were sufficiently vetted prior to working with people who used the service.

People who used the service and relatives we spoke with said they felt safe when being supported by the staff. One person said, "Yes I am safe, everything is good, I am happy." A relative told us, "I am here all the time and I see the carers four times a day. They look after Mum very well. They really do look after her well compared to other carers I used to have." Another relative told us, "She does feel safe. She absolutely loves her care worker, she really likes her, she is fantastic."

Staff we spoke with understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place annually. A 'safeguarding adults' policy was available to support staff with potential types of abuse and the procedure for reporting them.

Care workers we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely. Assessments were reviewed regularly by the registered manager to help ensure any changes in people's needs was reassessed, so they received the appropriate care and support.

Currently none of the people who used the service were administered medicines by care workers. Relatives told us that they were administering the medicines to people. One relative told us, "I sort the medication into daily boxes and the carer reminds her to take them." We saw in care records that information was documented in relation to the support people who used the service required in taking their medicines. If people required prompting in taking their medicines a medicines administration record (MARs) was in place for care workers to sign to show that people had taken their medicines. Care workers we spoke with confirmed they had received training. A competency assessment of staff was completed by the registered manager to ensure people received their medication safely.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care workers were on time and staff always stayed for the full time. Staff we spoke with confirmed this to be the case. One relative told us, "We get enough help. They [agency] are flexible and we are happy with that."

Care workers told us they had enough time to get to their next visit, so people received the whole time allocated to them. This ensured care workers were able to support people with all the care and support they needed. We asked people if they had ever experienced staff not arriving to help them when they were expected. People told us that care workers usually arrived on time. One relative told us, "If they are late they will call us, but this happens rarely."

Care workers told us that they used and were provided with protective clothing, such as aprons and gloves by the service. The registered manager told us they delivered supplies of gloves and aprons to each person's home for care workers to use or care workers could collect them in the office. People we spoke with confirmed this and that staff regularly used them. This helped to promote good hygiene and prevent any cross-contamination and infection.

The registered manager told us that no accidents or reportable incidents occurred since our last inspection. The registered manager told us that he would document all accidents and incidents in a specific folder and would discuss them with care workers to reduce the risk of similar incidents and accidents occurring in the future.

Is the service effective?

Our findings

During our last inspection we rated this key question Good.

Relatives told us that they had been involved in the assessment and in the formulation of the care plans. One relative told us, "Yes, I was involved. Red Sea reviewed the care plan in the hospital before [my relative] came back. It's fairly frequently reviewed."

People's needs were assessed prior to them receiving a service. We saw assessment documents had been completed in detail to provide staff with the appropriate guidance in providing the right support to meet people's needs. Care documents had been completed and shared with people using the service and when appropriate, their relative. People who used the service or their relative had signed their care plans to show they agreed with the outcome of the assessment and the care to be provided.

Care workers received training and support, so they had the skills and knowledge to meet people's needs. Care workers told us they mainly visited the same people, so they were familiar with their needs. People who used the service and relatives who we spoke with confirmed this to be the case. Staff training was provided on a regular basis. A training matrix was kept up to date to show when staff had completed each training course and when they were due an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported. For example, moving and handling, safeguarding adults, medication, food hygiene, infection control and health and safety. Some staff had completed specific training relating to the needs of the people they supported. For example, epilepsy, dementia and nutrition.

New care workers had an induction which consisted of training and shadowing opportunities of more experienced care workers. The registered manager said, "We induct staff and train them on a one to one basis and online with learning modules. Care workers shadow more experienced staff to build their confidence with the work and their role. We visit service users regularly for unannounced spot checks to ensure staff do a good job." We saw evidence of staff induction and spot checks on individual staff files and in care records. Care workers we spoke with confirmed they had received an induction prior to providing care to people.

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.

The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The service had an appropriate MCA 2005 policy in place. Care workers spoken with demonstrated understanding of the principles of the MCA 2005 and what they would do if people who sued the service lacked consent. Care workers told us they would always ask a person before carrying out a task to ensure they consented to it taking place. Care

records showed that people who used the service or their relatives had signed care plans and consented to the care provided by care workers. Care workers confirmed they always asked a person's consent before carrying out any support or care. Most people who used the service lived with their relatives, who were able to act on people's behalf if required. If people lived independently one person told us. "They [carer] ask me what I needed to have done."

We saw from care records that people were supported to eat and drink regularly by care workers. People told us they were happy with the meals and snacks staff prepared for them. One relative said, "The carer makes her meal in the morning, lunch time and evening. My mother has fresh food every day. My mother is quite independent and happily so, with the help of ourselves and the carer." One person who used the service told us, "Yes, I always get what I want, whenever I want a different choice, they cook it for me."

Where appropriate, care workers supported people to maintain good health, they sought the input of health and social care professionals if people's needs changed. For example, we saw in one care record that the registered manager liaised with occupational therapist staff on the persons behalf when alternative mobility aids were required. A relative we spoke with told us, "The carer will phone me straight away if my mother is poorly. She doesn't just do her job, she does a little bit more than that."

Is the service caring?

Our findings

During our last inspection we rated this key question Good.

People were treated with kindness and given emotional support when needed. One relative said, "The carer is very good with my Mum and my Mum took to her straight away. The carer takes Mum's difficulties with dementia in her stride and she is patient with her." Another relative said, "The carers are very professional, and my relative likes them so much. They are amazing. When the door opens, and she hears them my daughter is so happy. They have built a strong bond together. I am so happy with them. There is no problem. If I show them something about my daughters care they do it straight away and they carry on doing it." This was the theme of all the people we spoke with. They all identified that the staff were friendly and had positive caring natures which enhanced the visits.

People were encouraged to be independent. One person told us, "Yes, they tell me to do it myself when I can." One relative told us, "They encourage her to do things on her own as best they can, even it is difficult, but that never seems to be a problem." Another relative told us, "They encourage her to practice standing with her Rota stand that occupational health provided."

Care workers we spoke with all enjoyed their care role within the community. One care worker said, "I really enjoy this job and working for RSCP. If I have any problems I can contact them, and they will help me to sort it out." Care workers showed great consideration for maintaining people's privacy. For example, one relative told us, "I hear them [care workers] and they do talk to her with respect and everything. They are very patient." One care worker explained to us how she worked with one person who has dementia. The care worker told us, "I am very patient and explain everything to [name] slowly and repeat it over and over again as she might have forgotten what I told her earlier."

People were respected, and their dignity considered. One person said, "They always ring the door bell, before they come in. They treat me well and we have a laugh." One relative said, "They close the door and respect her privacy." Another relative said, "Yes, she does respect her dignity. Mum has never said anything bad about the carer." All the people we spoke with and their relatives felt assured by the respect showed by the staff.

The service also ensured that people's cultural and ethnic needs were respected. For example, where possible the service provided staff from the same ethnic background, who also spoke the person's language. One relative told us, "It helps, that they [staff] speak the same language."

Is the service responsive?

Our findings

During our last inspection we rated this key question Good.

People who used the service and relatives we spoke with told us they received care and support based on what they needed and, in a manner, that they liked. For example, one relative told us, "Sometimes they come late, and I phone Red Sea if they are running late, but most times they will contact us if they are running late. They are accommodating, they can adjust timings around hospital appointments." Another relative told us, "They all get on like a house on fire. The main noise I hear when the carers are here is everyone laughing. They do everything well. Mum's happy, she is well cared for. She is cleaned from head to toe every day because she cannot shower. The whole thing has been great."

Each person had a written care plan that was left in their home. People we spoke with said the registered manager met with them to check their care needs together with the times of day when people preferred to receive their care. One person summarised this arrangement saying, "I was involved in the care plan. My Mum's needs were fully discussed, and they have hit every marker. They have been amazing."

People described how they valued the registered manager's presence and the regular contact they had with the agency's office to discuss any issues. This was confirmed by the registered manager who told us that he visited people who used the service regularly to check whether people's needs, and wishes were still being met. Care workers were aware of people's individual needs and preferences which enabled them to provide support which was centred around each person and responsive to their needs. One care worker described that she visited most people regularly and how this had helped her to understand them better and ensured that the people's needs were fully met. Another care worker told us they got to know people's needs through talking with them, "It is important to talk and ask people what they want, this ensures I carry out the care they way they want it."

RSCP provides personal care to people from Somali background, care workers provided come from the same ethnic background and speak the same language as people who used the service. We also saw that care plans were written in Somali, this helped people who use the service as well as staff to understand these better. Care workers understood the importance of promoting equality and diversity. Care workers had been provided with details in people's care plans about people's cultural needs and differences. An example was that the service tried to provide care workers from the same cultural and religious background as people who used the service.

People told us care staff and the agency had supported them to pursue their different lifestyles and commitments. An example of this was how flexible the agency was to enable people to attend events such as hospital visits. One relative told us, "They [agency] are quite flexible, if [name] has to go for a hospital appointment they will change the times, this has really helped us."

People who used the service and relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address

any issues brought to their attention and could be produced in other formats to suit people's needs, such as larger print. Records showed that in the 12 months preceding our inspection the agency had not received any formal complaints.

Is the service well-led?

Our findings

During our last inspection we rated this key question Requires Improvement. We found that risk assessments did not provide sufficient detail to ensure risks to people in relation to providing personal care was minimised. We also found quality monitoring systems were in place, but these had not effectively identified where improvements to risk assessments and risk management plans were needed. This resulted in a breach of Regulation within our question is this service safe and well-led.

This inspection found that the service had made improvements. We found that the service had changed the risk assessments and provided greater detail and guidance on how to minimise the risk when transferring people or when people were at risk of falls. However, we found that the risk assessments were not always person centred. We spoke about this with the registered manager who reassured us that he would update the risk assessments to reflect people's individual needs more clearly. The service forwarded updated risk assessments shortly after our inspection.

The registered manager had further developed their quality assurance monitoring system, which included now the monitoring of staffing records, medicines support and care plans. This ensured that the quality of care provided was monitored effectively and any shortfalls could be addressed and improvements to the quality of care provided could be made.

There was a registered manager in post. Staff felt part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. One relative told us, "I haven't had a lot of dealings with the manager, but when I did, I found him to be quite responsive. Since we changed the last visit at night, everything has worked beautifully." Another relative told us, "The service is good, so far great. The manager is OK. I would give Red Sea 9 out of 10, they are good."

The registered manager sought people's views on the quality of service provision during reviews and through regular unannounced spot checks and telephone surveys. We saw feedback was positive. This was also confirmed by people who used the service and relatives we spoke with. One relative told us, "The manager contacts us regularly and they co-ordinate with Social Services." Another relative told us, "They come to see my mother. They are checking to see if things are alright. He asks my mother how the carers are treating her."

Staff were encouraged to contribute to the development of the service during their supervisions and through meetings. One care worker told us, "The manger is very good and understanding. He listens to what I have to say. For example, once I asked to have an extra pair of hand and the manager sorted it out very quick." Another care worker said, "The manager is very good, I worked before with three companies Red Sea is by far the best. If I contact the office, they immediately call back and bring whatever I need."

The registered manager understood the responsibilities of their registration with us. They explained that they would report significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the

service and on their web site the last rating was clearly displayed at the service. We found the provider had clearly displayed the rating in the office. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

In addition to providing personal care in people's homes to people from Somali background. RSCP is also supporting Somali people to learn English, undertake qualifications which may be care related and provided voluntary work in the Somali community. While this was not regulated by the CQC it demonstrated the close links RSCP had with the Somali community in North West London.