

S.A.D.A.C.C.A. Limited

Access Support Services - SADACCA Ltd

Inspection report

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Sheffield
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

SADACCA (Sheffield and District African Caribbean Community Association) is registered to provide personal care to people living in their own homes in the city of Sheffield. The office is based near the city centre, close to transport links. At the time of this inspection SADACCA was supporting four people whose support included the provision of the regulated activity 'personal care'.

There was a manager at the service who was in the process of registering with 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the service director and manager two days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the director, manager and staff.

Without exception people who received care and support from the staff at SADACCA said they felt safe and well cared for.

Although there was a policy and procedure for the safe recruitment of staff, people could be put at risk because full and thorough information was not obtained about staff before they were offered a job at the service.

Prior to people being supported with their care an assessment of need was completed. Any risks were also identified. However further information about how the risk could be eliminated or reduced were not recorded in a risk assessment format.

We found people were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

There were enough staff employed to make sure all visits were carried out at the agreed time and people told us staff always completed all their tasks before they left.

Although staff felt supported by the director and manager of the service they were not provided with a formalised programme of supervision which would help to ensure their competency was maintained.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

Where appropriate staff assisted people to maintain suitable and nutritious food and hydration.

People's privacy and dignity were respected by staff. People told us staff supported them in a sensitive and discreet manner.

People were assessed prior to them receiving a service which meant staff were confident they were able to meet their needs. Care and support provided to people was person centred and individual to the person.

People receiving support and their relatives were aware of the complaints policy and said they were confident to use this if they had any worries or concerns.

Some documentation which related to the management of the service required improvement. For example, audits of accidents and incidents and spot checks of staff were not recorded in writing to evidence they had been completed.

Everyone we spoke with told us they would recommend this service to a friend or relative.

We found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 19: Fit and proper persons employed, regulation 18: Staffing and regulation 17: Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Full and thorough recruitment checks were not completed for all staff prior to them being offered a position at the service.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not receiving formal supervision to support them to carry out their role.

People who used the service were supported by staff to eat and drink.

People were provided with effective care that took into consideration their individual choices and preferences.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People who used the service and their relatives made positive comments about the staff and said they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care provided to people was person centred and tailored to meet their specific and individualised care and support needs.

There was a complaints policy and procedure in place which people were aware of and said they would use if necessary.

Is the service well-led?

The service was not always well led.

There was a lack of formalised and recorded audit processes.

Effective systems in place to manage risks and drive improvement needed to be embedded into practice to maintain long term improvement to the service.

The service had a full range of policies and procedures available to staff.

Requires Improvement 

Access Support Services - SADACCA Ltd

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.

We undertook an announced inspection of Access Support Services - SADACCA Ltd on 10 and 11 April 2017. We told the director and manager two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure they were available.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

This was the services first inspection since they registered in April 2014.

At the time of this inspection the service was supporting four people who wished to retain their independence and continue living in their own home.

The inspection team consisted of two adult care inspectors.

On 10 April 2017 we visited three people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with one relative, the manager and three members of staff. We spoke with the fourth person who received care over the telephone.

On 11 April 2017 we visited the agency office and spoke with the director, manager and two care workers. We

also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for four people, including their medicine administration record (MAR's) and other records relating to the management of the domiciliary care agency. We also looked at four staff training, support and employment records.

Is the service safe?

Our findings

People who used the service told us they felt safe when being cared for and supported by the care workers. Their comments included, "I feel very safe with the staff. There are no bad ones, ""My carers are lovely people. I feel safe and secure with them. I have no worries at all" and "They give me the support I need and when they're helping me. I feel very safe."

One relative spoken with told us they had no concerns about the standard of care and attention their family member received from the care workers. They said, "They [care workers] make sure [family member] is safe and sound."

We looked at the process for recruiting the three care staff employed to provide personal care. We found the care workers had been interviewed prior to being offered a post. However full information regarding each person had not been obtained prior to the person starting work. No written references from previous employers had been obtained and full details of the person's employment history were not recorded. The director told us the three care workers had been known to them prior to becoming care workers as they had been working at the services day care facility. However this did not negate the need to acquire information as listed in Schedule 3 of the HSCA (Regulated Activities) Regulations 2014.

The three staff members providing care to people had recently completed a Disclosure and Barring Service (DBS) check from SADACCA. We found two had been returned and one was being processed. For the staff member whose DBS had not been returned, an existing DBS check was on file which had been completed recently by their other employer.

This is a breach of Regulation 19: Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the director provided us with information to confirm the information required in Schedule 3 and DBS checks had been obtained for all three staff members.

In each person's home there was an initial care assessment completed by the person's support worker. This included information about any potential risk to the person. For example; one person we visited had reduced mobility. We found information was recorded regarding what staff must do to support the person with their mobility. Staff spoken with were aware of each person's individual care and support needs and what their responsibilities were in keeping people free from harm.

We recommend that following on from this initial assessment a risk assessment is completed which describes what measures are already in place to control the risk and consider any additional measures that could be put in place to remove or reduce the likelihood of the risk causing harm to the person or staff member.

The service had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in

which a worker can report concerns, by telling their manager or someone they trust. Staff told us they were able to report any concerns to the manager or director and they were confident they would be listened to and taken seriously. The director was the designated safe guarding lead. They told us staff had received training and information regarding safeguarding adults at staff meetings and had also applied to attend a safeguarding training course held by Sheffield local authority. Staff spoken with were knowledgeable about their responsibilities in recognising abuse and reporting any concerns to the appropriate people.

At the time of the inspection there were three care workers and the manager providing care and support to four people. There were also other staff, for example a care director who supported the care workers. This meant there were enough staff employed to provide a consistent service. Staff spoken with told us they worked a regular number of hours each week to provide care and support to the four people on a rotating basis. We found there were sufficient numbers of staff deployed to support people and people told us they always received care consistently and had never had a missed visit. People told us they were confident they would always receive their care call at the time and on the day that they should.

Two people were supported to take their medicines by staff that were sufficiently trained and had their competencies checked. Information about each person's medicines was recorded in their care plans. Where staff assisted with medicines there was a Medication Administration Record (MAR) sheet in place to record when medicines were given. The manager told us, and staff confirmed that frequent audits and assessments of both the records and practice of staff were carried out to ensure people received their medicine safely.

One person was sometimes given their medicine by their family member. We saw staff did not enter a code on the MAR chart to confirm the family member had administered the medicine. On all other occasions when staff had not administered the medicine they had recorded a code to explain the reason for this.

We recommend that staff enter a code to explain the reason they have not given the medicine when it is given by a family member.

The registered manager informed us that at the time of this inspection, no people were being supported with shopping which meant staff were not handling money.

Is the service effective?

Our findings

People spoke highly of the staff and said they were well trained and competent. Their comments included, "The staff are very reliable and always on time. They do everything I need them to and they do it well. They always ask if there's anything else they can do before they leave," "They know how to do things, I wouldn't swap them" and "They're good but I wish they had more training about looking after people with no sight. I think they sometimes forget I can't see." We passed this comment onto the director who said they would look at arranging training for staff in caring for people with limited vision.

Staff spoken with told us they felt very well supported by the manager and director at the service. They said they were able to speak with them at any time to ask for assistance or advice. We saw there was a policy in place for the formal supervision of staff; however records of supervisions/ meetings with staff had not been recorded. This meant the managers could not evidence they were providing formalised support to staff through a regular programme of supervision. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

This was a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. As the care staff working at the service had not been in post for a year they were not due to be appraised.

As the service was very small there was only a limited amount of hours for the care workers to cover. This meant two of the three care workers had other employment in the care industry. We found although they had been trained in all the mandatory subjects the majority of their training had been provided by their other employers. The director told us they acknowledged the service should be providing their own training programme for staff. Following the inspection the director provided us with a copy of the training programme planned for SADACCA staff. This included training in medicines administration, safeguarding adults and health and safety. The training programme was to be completed by care staff who provided personal care and also with the many volunteers who were attached to SADACCA's day care services.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and had a good understanding of this legislation.

We saw some staff had completed basic training in MCA. Staff spoken with had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from SADACCA. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon.

People told us they had held discussions with their care workers about what days and times they would like their care and support to be provided. They told us their choices and personal preferences had been accommodated. People told us, "The staff always come at the right time and never miss a visit. If they are going to be late they let me know so that I won't worry" and "I know when they're coming and they never let me down." The director showed us the log of planned visits versus actual visits and this showed people were receiving care at the times and for the duration that had been agreed.

Some people were supported to maintain their health by staff preparing a meal and ensuring they had regular drinks. People told us, "I think [care worker] must be worrying about me because [name of care worker] keeps coming back in the evening and making me a hot chocolate drink," "The carers help me to get my meals, they look after me" and "They [care workers] always ask if I want a drink and leave me one where I can get it."

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us, "There's always someone to ask if you need anything" and "I ring the office to change [family member's] care around if I'm taking them out and there's always someone to sort this out."

Is the service caring?

Our findings

People who used the service and their relatives told us they were very happy with the service provided to them by SADACCA. Their comments included, "They [care workers] are all lovely. They tell me they treat me like I'm their grandma and I like this, it makes me feel special," "The staff are lovely. I couldn't wish for better," "I love them [care workers]. I would tell my friends to have them, they are lovely" and "They treat me properly and are so reliable."

Staff treated people in a dignified and respectful manner, either when providing care, or when speaking to other staff in the office. One relative told us, "Everyone is professional and kind. We used to have another service but they were nowhere near as good as these. We wouldn't move from this service." One person told us, "The staff are polite and respectful, all the time."

Everybody spoken with said the care workers sought their consent before undertaking tasks and were aware of their likes and dislikes. People who used the service felt they were listened to and said they were able to express their views, which were then acted on.

Staff were motivated and proud of the service they provided for people. They understood the importance of building positive relationships with people and spoke about how they appreciated having time to get to know people and understand the things that were important to them. This included people's needs and preferences in relation to their gender, race and religion or belief.

SADACCA domiciliary care service was a small provision within the much bigger day care services provision. Some people who received care at home also attended the SADACCA day centre which had various links with a range of community groups which supported people's diverse needs. This enabled people to maintain and further develop their links and friendships within the local community.

We saw information was available to people about local advocacy services including advocacy for people in relation to their race and disability.

The director and manager demonstrated a clear commitment to promoting a person centred and caring culture throughout the service. This was supported by the feedback we received from people who used the service and their relatives and through discussions with staff members.

Is the service responsive?

Our findings

People told us they were well looked after by care staff and that the service responded to their needs and listened to them. We found the care and support provided for people was consistent and responsive to people's individuality and changing needs.

People spoken with said they had been involved in planning their care so the support provided could meet their needs. People told us a support worker from the local authority and the manager from SADACCA visited them to assess their needs and discuss how they would like their care and support to be provided. Following this a support plan was written and a copy of this was left at the person's home.

Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so their opinions were considered. Subsequent reviews of people's support plans had been carried out if a person's needs had changed but as the service had only been operating since August 2016 no annual reviews of the support plans had been completed.

We looked at support plans in people's homes. We found staff had access to information and guidance about how to support people in a person centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people's preferred routines, medicines, dietary requirements, behaviours and important relationships. Whilst speaking with people we found some information told to us about their specific requirements were not detailed in their support plan. When we spoke with staff they were fully aware of these requirements and were acting upon these. We spoke with the director and manager about this who said they would ensure further detailed information was added to support plans.

People told us they were kept informed about any changes to the service. Comments included, "It's not very often they're late but if they are going to be late they call me" and "There's not many changes made as I always know who's coming but if they're going to be very late they'd let me know."

One care worker at the service was on 24 hour call. The local authority rapid response team also had the number of the service if they needed to contact them in an emergency. People spoken with told us they had the contact details of the service should they need to contact them at any time.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit. One staff member had only signed their initial on the record sheets and we pointed this out to the manager, who spoke with the person about ensuring they always signed their name in full.

People spoken with told us they would feel confident in speaking with staff at the service if they were worried or concerned about anything. One relative told us, "They've been really good at listening to us if we

wanted to raise anything with them. I wouldn't hesitate to complain if I needed to but at the moment everything is absolutely fine."

We looked at the registered providers complaints, suggestions and compliments policy and procedure. It included information about how and who people could complain to and explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally, for example the local government ombudsman and the local authority. Information about complaints was also in the 'Statement of Purpose' that each person was given a copy of when they started to use the service.

The complaints log showed the registered provider had not any complaints since the service became active in August 2016.

Is the service well-led?

Our findings

The manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. However most of this was not recorded but carried out in an informal way. For example the manager would go out and visit people who used the service and at these visits she would carry out a spot check of staff, audit medicines and update care plans but not record this. People spoken with confirmed the manager had visited them in their homes.

When information from people's homes was brought back to the office the manager said this was checked so that any omissions or concerns could be addressed, however there were no records of these checks.

Although there were systems in place to check if people's needs were being met and the service was operating safely there was no written evidence of this. This showed us quality assurance systems were not robust and required improvement to ensure risks were identified and quickly rectified.

Although staff told us they felt well supported by the director and manager we found there were few resources offered for staff development. The registered provider had not provided staff with adequate training and supervision.

Three staff files we checked confirmed that robust and thorough recruitment processes had not been completed prior to people being offered a job at the service.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had worked at the service since December 2016 and was in the process of registering with 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 and associated Regulations about how the service is run.

The manager was supported in their role by the director. In addition to this there were other board members who represented the service. The director told us, "Our vision is to be the leading organisation in providing a voice and quality services on behalf of the African Caribbean communities of Sheffield.

The service had been registered with CQC since 2014 but only started to provide personal care to people in their own homes from August 2016. We received very positive feedback from the four people who receive personal care from SADACCA. They all said the service was well organised and met their needs.

People told us they were able to "Have their say" about how the service was operated. Most people said they did not have any suggestions for making the service better. One person told us the staff should be trained in caring for people with limited vision.

The director and manager were honest in their view of what they had achieved since August 2016 and what improvements needed to be made to improve the quality of the service and to ensure people who used the service were protected.

The director told us they had a plan in place to send out quality assurance surveys to people who used the service, their relatives, staff and healthcare professionals in May 2017. The director said this was a good time to send them out as by then the service would have been operating for nine months, which had given people time to evaluate the service and provide them with practical feedback.

The director and manager confirmed to us that the shortfalls identified at this inspection, in their systems and processes would be addressed as a matter of urgency. They were very eager to make improvements before they offered care to any other people or allowed the service to grow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated to ensure people involved with carrying out the regulated activities were of good character and had the skills and competence for the role.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform.