

Southwark African Family Support Services (SAFSS)

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

Inspection report

54 Camberwell Road
Camberwell
London
SE5 0EN

Tel: 02077010486

Date of inspection visit:
16 April 2021
26 April 2021

Date of publication:
10 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service caring?

Good 

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection they were providing services to six people, and two of these were receiving support with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People were being supported to take their medicines by care staff, but there were no medicines risk assessments or care plans in place. Proper records of the support people were being given with their medicines were not being kept. The service's medicines policy had not been updated to bring it in line with guidance or refer to current regulations.

Staff were not being recruited safely. Legally required pre-employment checks had not been carried out to ensure that staff were of good character and suitable to provide care and support to people.

The registered manager was unable to participate in the inspection, and had delegated the running of the service to the manager. Although some improvements had been made since the last inspection, the service did not have robust governance or quality assurance systems in place.

People and their relatives spoke highly of the care they were receiving. One relative said, "The carers who come in are brilliant... the care is on point." We were told that people had regular, experienced staff who understood their needs.

Care staff usually attended visits on time and communicated well on occasions when they were running late. A relative said, "They have never left us in a bind."

Risks to people's safety had been assessed and documented in an appropriate level of detail.

People told us they felt safe and they were cared for by staff whose training was up to date, and understood how to protect them from abuse and report any concerns.

People and their relatives told us that if things went wrong they would be comfortable in contacting the office and felt confident they would be listened to.

Staff told us they were supported by the service manager and had regular supervision and appraisal.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 25 March 2020). The service remains rated requires improvement. This service has been rated requires improvement for four consecutive inspections.

Following our last inspection, we served warning notices on the provider. We required them to be compliant with Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 26 May 2020.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches of the regulations relating to the safe management of people's medicines, safe recruitment and the good governance of the service at this inspection.

We have issued a Warning Notice for Regulation 17 (Good governance).

Follow up

The overall rating for this service is 'Requires improvement' and the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 26 April 2021. We visited the office location on 16 April 2021.

What we did before the inspection

We reviewed information about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the service manager and two care workers. We spoke with two people and two relatives. We reviewed a range of records. This included two people's care and medicines records, and two staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including quality assurance records were reviewed. We reviewed the service's policy on supporting people with medicines.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we served a warning notice on the provider.

The warning notice had not been met as not enough improvement had been made at this inspection. The provider was therefore still in breach of regulation 12.

- At our last inspection we found that people did not have medicines care plans in place, and at this inspection we found the same. Staff were supporting people with their medicines by reminding them to take them from a monitored dosage system (MDS) supplied by their pharmacist. Care workers were aware of the names and dosages of the medicines they were prompting as these are printed on the MDS pack, but the lack of a care plan meant that they did not have further information such as any potential side effects or other safety considerations.
- At our last inspection we found that the provider did not have up to date medicines policies and procedures. At this inspection the manager sent us a policy they said had been improved, which was undated. It still referred to out of date regulations and legislation and was unclear, for example saying staff would receive training in "prompting" of medicines but the description of "prompting" in the policy included wider medicines support such as helping with packaging. Staff had been fully trained in medicines administration.
- Staff were completing medicine administration records (MAR) each time they prompted someone. However these did not meet current best practice as they did not contain space for important information such as the person's allergies, what the medicine was used for or what the side effects might be.
- The MARs were handwritten and not always legible, so it was not always clear to see if and when medicines had been given. One person was being prompted to take a medicine at a time of day that was not the same as that recommended for this particular medicine. A person was taking a medicine that required some special instructions to be followed but these were not written on the MAR.
- The instructions for some 'as required' medicine was incorrect. Therefore, there was a risk that people might be harmed by taking a medicine in a way that was not in accordance with the prescriber's instructions.

This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found that staff competency to support people with medicines had not been assessed and not all staff had been trained. At this inspection we found that all staff had received accredited external training in medicine administration, including a competency assessment. Their ongoing competency was observed and assessed during spot checks and supervisions by the manager, who was a registered nurse.

Staffing and recruitment

At our last inspection the provider did not always have records in place to demonstrate they were hiring suitable staff to work with people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At our last inspection we found that staff did not always have current Disclosure and Barring Service (DBS) checks. At this inspection we found the same. The staff files we looked at contained checks conducted by an employer other than the provider, which was not listed on the staff member's employment history. The provider told us this was because staff may have started working elsewhere in the time between completing their application and starting work at SAFSS. However, there was no documentation to show this had been discussed.
- At our last inspection we found that staff did not always have references from their most recent employers on file and at this inspection we found the same. Some staff files we looked at did not contain a reference from previous employers. One contained a single character reference, and another did not have a work history, so it was unclear if references had been sought appropriately.
- Three staff files we looked at contained incomplete work histories and there was no documentation to show this had been explored by the provider.

This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found that the provider was not always ensuring that staff had the skills to work with people. At this inspection, we found that staff training had been completed or refreshed for all staff employed by the service. The manager had arranged online and video training to ensure staff were able to complete their mandatory and other training during lockdown. All staff had recently completed or refreshed their Care Certificates.
- People or their relatives told us they had regular care workers who visited at the expected times. A relative said, "They never send a carer [person] doesn't know... if it takes longer [than the allocated time] they are very patient."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to appropriately assess the risks to people's safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we served a warning notice on the provider.

At this inspection we found the provider was now meeting this regulation.

- At the previous inspection we found that people who were at risk of pressure ulcers did not have sufficiently detailed assessments. At this inspection, we found that this had been appropriately assessed.

People's records showed that their skin integrity was being monitored by the care workers and that no concerns had been reported. There were clear reminders of how to prevent pressure ulcers in people's assessments.

- Risks to people's safety had been assessed and recorded in an appropriate level of detail. These were regularly reviewed and updated by the manager. Additional risk assessments had been carried out when required, such as the risks presented to people during a heatwave. Staff were familiar with the risks face by the people they supported and gave us examples of how they worked to mitigate them, such as following safer moving and handling instructions.
- Staff were using equipment safely. People told us they felt safe when being assisted with transfers and hoisting. The equipment used by staff when supporting people was regularly serviced. The due date of the next service was noted in people's assessments.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to protect them from abuse. Staff knew how to raise concerns with the manager and how to escalate safeguarding concerns to the local authority. They were confident that the manager would deal appropriately with any potential allegations of abuse.
- There were procedures in place to protect people from potential abuse and staff were following them. They gave us examples of how they helped protect people, such as keeping detailed records and receipts to help protect people from financial abuse.

Learning lessons when things go wrong

- The registered manager informed us they had systems in place to analyse any accidents and incidents in order to identify any concerning trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure that people's nutritional needs were assessed and documented. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- At this inspection, we found that people's needs assessments and care plans included appropriate information about their nutritional needs. Care workers had a good knowledge of people's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure that people's healthcare needs were documented in sufficient detail. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- At this inspection, we found that people's health care needs were recorded in an appropriate level of detail. Care workers understood people's health conditions and their needs related to their health. A relative told us, "[Person] has [condition], and they know this and keep an eye on it and report any concerns immediately."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. A relative told us, "They treat [person] very well... they do care." Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness.
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed. People were matched with care staff who shared or understood their cultural needs.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy was protect during personal care. People confirmed that they thought care workers promoted their dignity. For example, one person confirmed that care staff took care when helping them to eat. A relative said, "Every single one of the carers has treated [person] with the utmost respect."
- People's support plans promoted their independence at home. People confirmed that staff always asked permission before care was given. Staff described the ways they supported people's independence, for example by letting the person take the time to do a personal care task themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure that care was always assessed and provided in a personalised way. This was a breach of regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- At our last inspection we found that people's care plans were not very personalised. At this inspection, we found that although care plans were still based on task lists, these were customised for each person and further information was included. However, these could be improved further as they did not always reflect the more detailed knowledge staff had of the people they cared for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection the provider had failed to assess and record people's communication needs in line with the AIS. This was a breach of regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- At this inspection we found that people's communication needs were assessed in line with the AIS and recorded in their support plans. At the time of our inspection, the service was not supporting anyone with any specific communication needs. Staff described the ways they ensured they were able to communicate well with people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider did not properly assess, monitor and mitigate the risks relating to the health, safety and welfare of service users or assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result we served a warning notice on the provider.

The warning notice had not been met as not enough improvement had been made at this inspection. The provider was therefore still in breach of regulation 17.

- Some improvements had been made but the warning notice had only been partially met. This was the third inspection where the provider had failed to fully comply with warning notices issued at the previous two inspections. We found ongoing breaches of the regulations.
- At our last inspection we found that the provider was failing to ensure effective recruitment procedures were followed. At this inspection we found the same issues. By not carrying out the required checks on staff, the service was putting people at risk of receiving care from staff who were not suitable.
- At the last inspection we found that care assessments, plans and records were not being audited. At this inspection we found some audits were now taking place. However, the audits of MARs had not identified the issues we found which might have placed people at risk of harm, as discussed in the Safe section of the report. Auditing of other records, such as recruitment files, was not yet taking place. The provider had therefore been unable to identify the issues we found with staff recruitment, as discussed in the Safe section of the report. This may have placed people at risk of harm from receiving care from staff who had not been properly vetted for their roles

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager of the service was unavailable during the inspection. The service manager has been taking day to day responsibility for the running of the service. However, they had not received any training specific to this role, and did not always have the knowledge of the regulations that would be expected of the registered manager.

- Some improvements had been made as risk assessments were now more detailed and people's care plans were personalised. These were being regularly reviewed by the manager.
- Staff were now suitably trained and had the skills required to support people. All staff had recently completed or refreshed their Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet.
- Relatives we spoke with had no serious concerns and any minor issues they had had with the service were dealt with quickly and appropriately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives confirmed people had continuity of care from staff who understood their needs and promoted their wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The manager understood their responsibilities reporting incidents to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked with other professionals, such as district nurses, when part of people's agreed support plans. One relative particularly praised the care staff for their work with the district nurses in supporting their loved one's catheter care.
- Staff told us that they enjoyed their work and felt supported by the manager, who they said was easy to reach.
- People's feedback was regularly sought about their care. This took place formally during reviews and quality checks. People told us they would also be comfortable talking directly to their care staff about how they wanted things to be done.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not established or operated effectively to ensure persons employed for the purpose of carrying on a regulated activity were of good character.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to ensure compliance with the regulations.

The enforcement action we took:

Warning Notice