Southwark African Family Support Services (SAFSS)

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

Inspection report

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Date of inspection visit:
28 March 2018
05 April 2018

Date of publication:
19 June 2018

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 28 March and 5 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be available.

At the last comprehensive inspection on 3 February 2016 the service was rated as Good.

Southwark African Family Support Services is registered as a domiciliary care agency. The service provides personal care to people living in their own homes. The 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. At the time of the inspection 15 people in the boroughs of Southwark and Wandsworth were using the service. All of the people using the service were funded by the local authority and were able to choose their service provider through the use of personal budgets.

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

People told us they felt safe. Staff understood how to recognise and report signs of abuse in line with safeguarding procedures. The provider did not always follow safe recruitment processes to make sure that the staff employed to work in the service were suitable to do so. There was enough staff deployed so that people were provided with sufficient care and support.

People's medicines were not always managed safely. Staff had received the required medicines training, however their competency had not been regularly assessed to ensure they were supporting people safely.

Risk assessments had not been always been reviewed and lacked guidance for staff to follow. Some people's care plans needed to be reviewed to ensure the provider could be responsive to any changes in their needs. People's care records did not always contain sufficient information about people's individual needs and preferences.

People and their relatives told us they were treated with dignity and respect and were supported by kind and caring staff. People were involved in the decisions and choices they made about their care. People's cultural and individual needs were identified during their assessments and met by the provider. Records demonstrated the provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff had received on going supervision, however there were gaps in their annual appraisals to support them

with any learning and development needs. Staff had received sufficient training to further develop their skills. Changes to people's healthcare needs were identified and people had access to healthcare services. People were supported with their nutritional needs however their records did not always contain sufficient information about how staff supported them.

People knew how to raise a complaint and told us they were satisfied with their care. However, one person told us they felt their concerns would not be acted on. Staff arrived for their care visits on time and people were kept informed if they were running late for their care calls. There was enough staff deployed to support people with their care and support.

The provider did not always have effective systems in place to assess, monitor and improve the delivery of the service. The provider had not routinely sought feedback from people to check on the standards of care delivered to people in their homes. We received mixed views about how the service was run. Staff spoke favourably about how the service operated.

We made one recommendation about care plans. We found three breaches of regulations in relation to safe care and treatment, fit and proper persons employed and good governance. You can see what action we asked the provider to take at the back of the full version of this 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.

People's medicines were not always managed safely. Although staff had received medicines training we found that their competency was not regularly assessed.

Risks to people's health were not always reviewed to reflect changes in their needs.

Safe recruitment practices were not always followed.

There was enough staff to support people and changes were made to the rotas to ensure there was flexibility to accommodate their care visits.

Staff had an understanding of safeguarding people from abuse and the reporting procedures.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported and encouraged during meal times, however records did not always show their preferences and dislikes.

Staff received regular supervision; however there were some gaps in their yearly appraisals. Staff received suitable training to support them in their role.

The provider liaised with health and social care professionals to ensure people's health needs were met.

People were supported to make decisions regarding the care they received.

Is the service caring?

Good

The service was caring.

People told us they were supported by kind and caring staff.

Positive relationships had been developed between people and the staff that supported them.

People made choices about who they wanted to deliver their care.

People told us they were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans needed to be reviewed to ensure the provider could be responsive to people's changing care needs. People's individual needs and preferences were not always taken into account.

There was a complaints process in place. No complaints had been raised since the last inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have effective systems in place to monitor the quality of care being provided.

People's feedback about the service had not been regularly sought.

Staff spoke positively about the service and were confident that any concerns would be resolved.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 carried out a routine comprehensive inspection of Southwark African Family Support Services on 28 March and 5 April 2018. We gave 48 hours' notice of the inspection because staff could be out of the office supporting staff or visiting people in their homes and we needed to be sure that someone would be in. The inspection was announced on the first day and we told the provider we would be returning to continue with the inspection for a second day.

The inspection was carried out by two inspectors on the first day and one inspector on the second day. An expert by experience made telephone calls and spoke with three people and two relatives to seek their views about their experience of using the service. 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 spoke with a representative of the Southwark Clinical Commissioning Group (CCG) to obtain further information about the service. We checked information that the Care Quality Commission (CQC) held about the service including any notifications sent to CQC by the provider. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). This

is information 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. We took this into account when we inspected the service and making the judgements in this report.

During the inspection we visited the office location and spoke with the registered manager. We reviewed six people's care files and two people's medicines records. We also checked five staff training and recruitment records, daily records and some of the key policies and procedures.

After the inspection the provider sent us further information. We made telephone calls to eight care workers and managed to speak with three of them. We also contacted a representative of the Southwark local authority who shared feedback with us about the service.

Requires Improvement

Is the service safe?

Our findings

People told us how they were being supported with their medicines. Their comments included, "They give my medicines to me and they make a note of it" and "They pass me the water for me to drink with my medicines." A health professional told us a care worker supported a person with their medicines by taking them out of the blister pack and recording this in their file.

Despite these comments we found that medicines were not always managed safely. We reviewed people's medicines records to check how they were being helped with their medicines. Where people and/or their relatives managed their own medicines, we saw that information about this had been recorded in their care records. However, we found that people's medicines records lacked guidance for care workers about how they were required to safely support people to take their medicines. For one person their records showed that they were living with Parkinson's disease and their medicines were an essential part of their treatment. They required care workers to support with them medicines. We checked the daily records and found that these had been ticked daily by the care workers to indicate they had prompted the person to take their medicines in the morning and the afternoon. However, there was no written information in the care plan or daily records to evidence what type of medicines the person required support with or how the person's medicines were being managed. For example, there was no risk assessment in place detailing the risks associated with their medicines and how these should be managed.

For a second person, records showed that staff prompted them to take their medicines and collected the person's medicines from the pharmacy. However, there was no written evidence to show what type of medicines they were supported to take. We could not check that their medicines were being managed safely as we were told their daily records were held in the person's home. The provider told us they would send us this information. At the time of writing this report we had not received this information.

Staff told us they had received medicines training and we saw information to show medicines training was undertaken as part of the Care Certificate. The Care Certificate is an agreed set of standards to equip staff with the knowledge and skills expected in the job role. However, there was no further information to show that care workers had a review of their knowledge, skills and competency related to managing and administering medicines to ensure they were able to do this safely.

There was a medicines policy in place to advise on the processes for handling and administering medicines. However, some information about the disposal of medicines was inaccurate. The policy needed to be reviewed as it referenced the national minimum standards for DCAs and the Care Standards Act 2000. It also required updating so that the policy reflected the National Institute for Clinical Excellence (NICE) guidance on delivering personal care and practical support to older people living in their own homes.

Risk assessments relating to people's health and welfare were not always updated and reviewed to evidence how people were supported to do things safely. They did not contain sufficient information and guidance for staff to follow. For one person records showed that the person displayed behaviour that challenged towards care workers. However, there were no further instructions for staff about what actions they should take to

mitigate the risk. The person's risk assessment also contained inappropriate terminology and had not been reviewed for two years. For a second person there was a risk assessment of their mobility and the equipment used to support them. The person was a wheelchair user and the assessment showed that their equipment had not been serviced since 2014. Further details highlighted a need for further mobility aids to keep the person safe. Records showed that their relative was going to discuss this with the occupational therapist and the provider would then look at options to support the person to purchase the equipment. However, the risk assessment was dated 2015 and there was no information to show that this had been reviewed or updated to reflect any changes to the person's health and welfare and to demonstrate that further mobility aids had been provided.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that for one person there was an up to date assessment to manage the risks associated with their home environment, medicines and health needs. Three people's records showed what people were able to do for themselves, for example, their ability to manoeuvre themselves when staff were assisting them with moving and positioning. For another person their risk assessment showed they had a poor perception of danger and the risks associated with this required ongoing supervision and support. No response procedures were followed to ensure that appropriate action was taken if care workers did not get a response when they visited people's homes. For example, care notes demonstrated that staff had contacted a person's representative to check on their welfare when they had not opened the door for care workers.

Recruitment checks were not carried out thoroughly. Background checks had been completed before staff began work. This included asking staff to complete an application form, checking their identification and evidence to show that staff had the right to work in the UK. References were on file for four members of staff. However, for one care worker there was only one reference on file and we also found for two care workers that their references had not been verified to ensure that these were genuine. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. However, for one care worker we found that the last DBS check was undertaken in 2008 and had not been renewed to ensure they remained suitable to work with people. The DBS carries out criminal record checks and helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Therefore, we could not be assured that the provider's recruitment processes protected people from staff unsuitable to work with them. This was a breach Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider told us they would send us a record of the care workers DBS. At the time of writing this report we had not received this information.

People we spoke with told us they felt safe using the service. One person told us, "I do feel safe, one carer comes in the morning and the other one comes for the other times." A relative said, "[My family member] does feel safe, we've been with the agency for a long time."

Staff understood the procedures they should follow if they suspected that people were at risk of abuse. They explained that if the provider failed to act on a safeguarding matter they would escalate their concerns to external organisations, such as the local authority. The records we checked confirmed that staff had received up to date safeguarding training. The registered manager told us there had been no safeguarding concerns since the last inspection and knew what actions to take if any safeguarding concerns arose. Staff told us who they would report whistleblowing concerns to if they witnessed wrong doings in the workplace.

People told us that staff attended their care calls within a reasonable time and would keep them informed if

they were running late. One person said, "They come on time and they ring me if they are a little bit late" and another person commented, "They arrive on time, sometimes they're a bit late as it depends on the buses; but they do phone me." And a relative explained, "They are very reliable and turn up on time 99 percent of the time. It is very rare they are late and they always tell us." Rotas showed there were enough staff to provide people with the care and support they required and staff told us they were given sufficient time between visits to attend their care calls. Where people required flexibility around their call times the provider had worked to accommodate their requests. For example, records demonstrated that when people had appointments with the GP or the hospital, they had contacted the provider to request that care workers arrive earlier than usual so they could attend their health care appointments on time.

Requires Improvement

Is the service effective?

Our findings

People told us that care workers helped them with the preparation of their meals. One person commented, "I have those ready meals and [care workers] get them ready for me by putting them in the microwave. I can feed myself," and a second person explained, "They heat up my food." And a relative said, "We prepare the food and they warm it up and serve [my family member]." A health professional told us that care workers took into account a person's preferences in relation to the food they chose to have to meet their specific cultural needs.

Despite these positive comments we found there was very limited information about how people's nutritional needs were met in their daily records. For example, one person's daily records demonstrated they had been supported to have their meals three times a day. However, there was no further information about the foods they had been assisted with and what foods they liked to eat. For a second person there was a comment written in their daily record that the person disliked their meals. However, there were no further information in the care plan or daily records about what they had been given to eat, what they disliked about their meals or what they preferred to eat. Therefore, we could not be certain that staff were taking sufficient action to ensure that people's nutritional needs were met.

Care records highlighted if people prepared their own meals and stated that people should be supported to stay hydrated. For one person a risk of choking had been identified and as a result they needed a special diet of pureed food. This was recorded in their care plan and a health professional confirmed staff were meeting their needs.

Staff told us they felt supported and had attended one to one meetings with the provider. Records showed that staff supervision and appraisal arrangements were in place, but for three members of staff we found there were some gaps in their appraisals. However other records showed they had been effectively supported through ongoing staff supervision and annual staff meetings.

Two of the three people we spoke with told us that care workers were sufficiently trained to carry out their care in the way they wanted. However, one person disagreed and said, "Some of them don't know their job. They don't get people to shadow them and they don't like me training them. I don't want to have to tell them how to do things all the time." A relative commented, "[My family member] needs to be moved with a hoist and they are confident using the equipment. She/he always says to the carers 'you're a pro!'"

Staff received suitable training to make sure they had the skills required for their role. One care worker explained they were provided with regular training and this was refreshed annually to check their practice and knowledge of the training topics. There was evidence to show that care workers had received an induction that included shadowing other experienced members of staff. The Care Certificate demonstrated that staff had received training in dementia, duty of care, equality and diversity, person centred care, privacy and dignity, communication, health and safety, moving and handling, handling information and infection control. Care workers had completed or were in the process of completing a recognised national vocational qualification.

The provider liaised with health and social care professionals to ensure people's health needs were met. For example, notes showed the registered manager had conversations with people and the placing authority about their health care needs. Before one person began using the service records showed the provider had met with the person and their social worker to discuss how their overall health and social care needs should be met. For a second person we found there was a letter of discharge from the mental health and learning disability team that showed they were coping well with their health care needs. Staff told us that some people were independent and could contact their GP if they had any health concerns. They explained that if they recognised the signs and symptoms of people becoming unwell they would contact the GP and inform the provider of this.

The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

For one person their care plan noted they could make decisions and retain information but also had memory problems so a family member was required to be present for all their assessments with their agreement. Records showed that concerns had been escalated by the provider to highlight that the person required more time and support due to a change in their health condition. This led to a multidisciplinary meeting being held with their relative to discuss how to effectively support the person when they lacked the capacity to make specific decisions for themselves.

Where people had the capacity to make their own decisions we saw consent forms had been signed, for example, to show that people had consented to share information with care workers. Staff us told us they would speak with the provider if they observed that people lacked the capacity to make day to day decisions about their care and support.

Good

Is the service caring?

Our findings

People told us they were supported by caring staff who knew them well. One person said, "They treat me with respect " and a second person said, "They're very nice and caring to me. If I'm here and I want anything they do it for me." And their relatives commented, "They're kind and caring and they don't rush [my family member]" and "I can't complain, they are excellent. [My family members] face lights-up when [they] see them. They're absolutely amazing."

People were given choice and control in relation to how they managed their support. Some people had been supported by the same care workers for a number of years. One person told us they would not like to change their allocated care worker because they understood how they wanted to be care for.

People benefitted from a service that met their cultural needs. The service served as an important part of meeting people's specific cultural and diverse needs in the community they represented. This was to ensure they met the needs of the Black and Minority Ethnic groups (BME) in the local community. Care workers were matched with people from the same cultural background and/or who spoke the same language as them. This meant that people were cared for by care workers who they identified with and who understood their culture, values and religion. A health professional we spoke with told us that a person they supported used the service because their previous agency did not meet their individual needs. They said they had received positive feedback from the person about the provider and how the service met their cultural needs.

People told us that staff respected their privacy and dignity by supporting them with care in the least intrusive way. One relative told us there was a room divider and that staff always used this to make sure their privacy was protected when their family member was being helped with their personal care. They said that care was carried out in a dignified manner because care workers spoke with their family member when assisting them with personal care to put them at ease and reassure them.

The provider offered additional services to people such as companionship and befriending. They accompanied people in the community to various types of outing and activities, such as their preferred place of worship. An assessment of people's needs had been undertaken before they used the service that showed their individual needs were met, for example, their preferred method of communication. Where people required information in an accessible format this was recorded in the provider's service user guide to inform people that information was available in an easy read format.

Requires Improvement

Is the service responsive?

Our findings

Two of three people we spoke with told us their needs were met and that staff supported them well. One person said, "They do a good job and treat me like a human being. I used to be a carer myself and they do things the way I want." A second person commented, "I get on with all of them. If I tell them that they haven't washed the plate properly, they just say 'ok ma'am' and do it again." A health and social care professional told us the service was responsive to the needs of a person they supported and said that the staff worked well with them. However one person disagreed and told us the provider was not responsive to their needs and said, "They treat me very good. It's different with different ones; some are bad and some are good. The ones that help are caring and polite. Sometimes you get arguments from carers who say they can't do things, and they don't always apologise if they are not on time."

We checked people's care records and found they were not always reviewed to ensure the provider could be responsive to their needs. For one person we found there was no care plan in place, but a record of emails from the placing authority about the person's need. Records showed that the provider had visited the person before they began to use the service and an assessment of their needs was carried out. This included a care plan of the weekly tasks that focused on personal care, housekeeping and laundry. However, this was not person centred and had not been reviewed since 2016. The provider's assessment showed that at times the person refused to let care workers into their home to help them. However there was no further guidance about what staff should do in the event of this or no records to show what action was taken. For a second person, their assessment carried out by the placing authority showed that the person was living with dementia, and had a undisclosed health need. The person's timetable of duties, showed they required support with personal care and practical care, such as their medicines and housekeeping. However, we found that the provider's records did not contain sufficient information and guidance for staff about the risks associated with their care and support.

We found that the provider did not always follow up with health and social care professionals where people's care plans were due for review. For example, we found that two people's care plans had not been reviewed by the placing authority for more than two years. The provider's service user guide advised that if there was a change in people's circumstances or their needs changed after one year they should inform the local authority to discuss these changes. We did not see any records to show that the provider had made contact with people or the local authority about the requirement to review their care plans. We recommend that the provider reviews their systems to ensure that people's care plans are reviewed and updated as required.

We found that found that for three people their care plans had been reviewed and were up to date. The records were personalised and included people's likes and dislikes as well as details about their routine and the people most important to them. There were clear goals recorded, including people's aspirations for the future and there were clear outcomes recorded. Care plans included details of support required around personal care and taking part in community activities. Records showed that care workers provided support for social activities. These activities included trips to the cinema, concerts and a number of days they were involved in activities over holiday periods.

The majority of people told us they knew how to raise a complaint if they were unhappy with the service. One person said, "If I had to complain about anything I'd complain to the council." People's relatives told us they knew how to raise a complaint and who they would speak with and said they felt these would be acted on. One relative said, "My family started the service in 2017, twice a day to wash and change them and give [my family member] breakfast. If there was anything wrong, [they] would be the first to complain!" However, one person disagreed and said they felt uncomfortable about raising any complaints as they felt their complaints would not be listened to and resolved. We spoke to the registered manager about this who stated that people could raise their concerns with them and assured us this would be acted on.

The registered manager told us they had received no complaints since the last inspection and would investigate any complaints that were raised to ensure these were resolved. We checked the provider's complaints policy but found the policy required updating. This contained the incorrect details and address for the Care Quality Commission (CQC) and did not provide information about the external agencies people could escalate their complaints to such as the complaints Ombudsman. The provider acknowledged that the complaints policy needed to be updated and agreed to do this.

The registered manager told us they were not providing end of life care to people at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

Audits of people's care records were not undertaken to check the quality of care being delivered. There were no records to show that audits were carried out in relation to people's medicines, daily records, spot checks and risk assessments. Therefore the provider had failed to identify and address the issues we found during our inspection. There were gaps in supervisions and appraisals for care workers who had been in post for longer than a year.

We checked to see if people's feedback had been sought to obtain their views. Records showed that surveys had been sent to people to check if they were satisfied with the care they received in the home. However, we found there was only one response recorded that showed a person was happy with their care. The registered manager told us he would send us further information to evidence that regular surveys had been sent to people. At the time of writing this report we had not received this information. This meant that systems were not effectively monitored to improve the quality and safety of the services provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if the service was well managed. Two people told us they did not know the managers, but had the provider's phone number to contact them and said that the care workers carried out their role to a good standard. Their comments included, "I don't know who the manager is but I'm quite satisfied with the service; the care staff are all right" and "I don't know the managers, but I have their private number and the carers do a good job." A relative told us they were not sure how well the service was managed but spoke positively about the care workers skills and abilities to deliver good care. A health and social care professional told us they would recommend the provider because they felt they provided a good service for people.

The registered manager was supported by a deputy manager. They explained the deputy manager was on leave at the time of the inspection and assisted with the day to day operation of the service. The registered provider did not receive the Provider Information Return (PIR) due to technical difficulties and told us they would contact the Care Quality Commission (CQC) to ascertain if they had the correct information. However, we did give the provider the opportunity to provide any additional information to evidence how they were meeting regulations and to inform our judgements.

Staff told us the registered manager was available to speak with them about any support or advice they needed and told us the service was well run by the management team. They told us the registered provider kept in contact with them about any changes to the service. A record was kept of discussions with people and care workers about their call times, rotas and information relating to the safety of their home environment.

The service was located in a local church and other support services shared these facilities, for example, the Southwark carer's forum. We noted when we entered the building there was a large TV screen displayed with information about safeguarding people from abuse. The provider worked with members of the public to

offer other community care services relating to matters such as training, employment and advocacy. This meant that people and members of the public had access to information, support and advice within their local area.

After the inspection Southwark local authority sent us information confirming that they had not undertaken a recent contract monitoring visit to the service but said that they did not have any concerns about the service.

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 How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and safety of service users and did not always do all that was reasonably practicable to mitigate any risks to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (d) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider had not ensured that all information specified in Schedule 3 was available in respect of each person employed Regulation 19 (1)(3)(a)