Satash Community Care Project Limited

Trinity Community Centre

Inspection report

East Avenue
London
E12 6SG

Website: www.satashcommunitycare.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 19 January 2016 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission. The service provides support with personal care and outreach services to adults living in their own homes. One person was using the service at the time of our inspection.

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

Medicines were not always recorded appropriately. The service did not have effective quality assurance systems in place. Records were not effectively audited and feedback from people that used the service and others was not always recorded.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People told us they felt safe using the service. Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff to meet people's needs and robust staff recruitment processes were in place.

Staff were well supported and received regular training and one to one supervision. The service worked within the Mental capacity Act 2005 and people were able to make choices about their daily lives. Staff were aware of issues relating to people's food preferences regarding cultural and health issues. The service supported people to attend medical appointments when required.

People told us staff treated them well and described the staff as 'friendly'. Staff had a good understanding of how to promote people's dignity, privacy and independence.

Care plans were in place for people. These included information about how to meet the individual needs of people in a personalised manner. The service had appropriate systems in place for dealing with complaints.

Staff told us the service had an open management culture in place and that the registered manager was approachable and helpful.

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. Medicines were not appropriately recorded after they had been administered.

Systems were in place to protect people from the risk of abuse and staff had a good understanding of their responsibility with regard to safeguarding adults.

The service had risk assessments which set out how to support people safely. The service did not use any form of physical restraint when working with people.

There were enough staff to support people in a safe way and roust staff recruitment processes were in place.

Is the service effective?

Good

The service was effective. Staff undertook a comprehensive induction programme on commencing work at the service and then had access to on-going training and supervision.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Staff were aware of people's dietary preferences. The service supported people to attend medical appointments when required.

Is the service caring?

Good

The service was caring. People told us staff treated them well and we observed staff interacting with people in a caring manner.

Staff had a good understanding of how to promote people's privacy and independence and of how to communicate with people.

Is the service responsive?

Good

The service was responsive. People and their relatives told us the service had a good understanding of htier needs.

Care plans were in place which set out how to support people in a personalised manner.

The service had appropriate complaints procedures in place and people and their relatives were aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were not effective quality assurance and monitoring systems in place.

The service had a registered manager in place and staff told us there was an open and supportive management culture at the service.

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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.

This inspection took place on 19 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an interpreter who carried out telephone interviews with people that used the service and their relatives. Before the inspection we looked at the information we already held about this service. This included details of its registration and any notifications they had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with one person that used the service and one relative. We spoke with three staff. This included the nominated individual, the registered manager and a care worker. We spoke with a professional that worked with the service. We observed how staff interacted with people. We examined various documents including care plans and risk assessments, staff and management meeting minutes, records of staff recruitment, training and supervision and various policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The service had a medicines policy in place. This stated that when staff supported people to take their medicines this must be recorded. A member of care staff told us they supported one person to apply a cream that was a prescribed medicine. Although they told us they recorded this in the person's daily notes it was not recorded on a medicine administration record (MAR) chart. We looked at the daily notes and found that staff had recorded they had given the person the cream but there was no detail about the name, strength, form or dose of medicine being administered. We discussed this with the registered manager who told us the service did not use a MAR chart for this person. They told us they were aware that a MAR chart should be used for the recording of prescribed medicines. Lack of accurate recording of the administration of medicines increases the likelihood of errors occurring and makes it difficult to monitor if medicines are being administered appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they felt safe using the service. A relative said, "I have confidence they [staff] are safe with them."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would flag to management straight away." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One member of staff told us if they had a concern that was not dealt with appropriately by their manager, "I would take it further. I would contact somebody independent. I believe I can contact you guys (CQC)." Staff we spoke with knew where policies were available to them. Staff were also given a handbook that had information on safeguarding and contact numbers for the local safeguarding team.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The registered manager told us there had been no safeguarding incidents since being registered.

The service had developed risk assessments for people. These identified risks and classified them as low, medium or high and included information about how to reduce the risk and to work safely with people. We saw risk assessments contained personalised information that set out how to support people with the individual risks they faced. For example, one risk assessment about a person being out in the community stated, "Staff to use routes that [person that used the service] is familiar with and avoid poorly lit places." Other risk assessments we saw covered medical health conditions, mobility and road safety. Staff had a good understanding of risk assessments and how to support people safely. For example, a staff member

told us about supporting a person crossing the road, "You have to talk to her and be beside her, stay with her one to one all the time."

The registered manager told us none of the people that used the service at the time of our inspection exhibited any behaviour that challenged the service. They told us they did not use any form of physical restraint when working with people.

The staffing levels for people were decided by the local authority that commissioned the care together with the person using the service. Staff told us they had enough time to support people in a safe manner and carry out all required tasks. One staff member said, "I don't worry about time, time is not an issue when supporting people (with personal care)." The registered manager told us that they had enough staff to meet people's needs and that in an emergency they sometimes provided support to people if no other care staff were available. They said, "We have never missed a call, I can definitely say that." People confirmed that no appointments had been missed and said staff were punctual. A relative said, "They are (punctual), they are told the previous day about the time they are expected."

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. One staff member said, "I was told I couldn't work till I get my DBS." Staff files contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

Good

Is the service effective?

Our findings

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. Staff we spoke with said that the training provided by the service was good. One staff member told us, "I've learnt a lot from the provider" and "The training is fantastic." Staff said they did not think they had any significant gaps in their training and were able to request training. One staff member said, "I asked the company if I can have first aid training and they said yes."

The majority of training was completed in a classroom based environment. Training included fire safety, health and safety, safeguarding adults, infection control and food safety. Training records showed induction training was provided that covered moving and handling, epilepsy, policies and procedures, and fire safety. The registered manager informed us that the staff induction was not in line with the new Care Certificate, however they were in the process of introducing this. The Care Certificate is a training programme for staff to complete when they commence working in social care to help them develop their competence in this area of work. Staff told us new staff shadowed a more experienced member of staff before working on their own. One staff member told us, "I was shadowing staff for about two weeks." Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

Records showed that staff received regular supervision and this was used to discuss specific issues relating to people's support, upcoming training courses, reviewing care plans and risk assessments, and annual leave. One staff member told us, "I recently had a one to one." We asked the same staff member what was discussed in their supervision and they told us, "If I had any issues, any stress and how I was coping." Records showed staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found the service had written information on the MCA so that staff were provided with important information to uphold people's rights.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. For example, they said they set out various items of clothing for people who were then able to pick out the ones they wanted to wear. The same staff member also told us that they respected people's choices, saying, "If [person that used the service] said no I would respect their wish. No means no, if there is something they do not like they are not going to do it. They make their own choices very clear." Staff also told us they spoke with family members to get an understanding of people they supported and their likes

and dislikes. One staff member said, "I do communicate a lot with [relative of person that used the service]." The nominated individual said of one person, "The [relative of person that used the service] is involved in making decisions."

The registered manager told us that staff did not provide support to people with eating and drinking. There was a care plan in place around food preparation which took in to account the cultural dietary needs of the person. One person that used the service had diabetes and staff we spoke with were knowledgeable about this and what were safe and unsafe foods for the person to eat in relation to their diabetes. Staff told us people were able to help themselves to drink and food. One staff member said of a person, "They make their own tea, they are very independent."

Care plans included information about supporting people to access health care appointments. This included for one person who had anxiety about attending medical appointments. The care plan stated, "Staff to try to get an appointment with the GP [person that used the service] is used to and feels comfortable with. Staff to re-assure [person] at all times and praise them once they have attended the appointment."

Care plans included contact details of people's GP's and family members so they could be contacted in the event of an emergency. Staff were aware of their responsibility to support people in the event they were unwell. One staff member said, "If I went into the home and [person that used the service] was poorly I would phone the office and ask them to report it." The service supported people to attend medical appointments. A relative said, "They have often accompanied her to her appointments."

Good

Is the service caring?

Our findings

People told us staff treated them with dignity and acted in a caring manner. One person told us they were treated "very well" and that "staff are friendly." A relative said, "They are friendly." A relative told us they supported the person that used the service to develop their independence. They said, "They help my daughter to learn music, cooking and bake cakes."

People and staff were provided with information packs about the service These set out people's right to privacy. For example, it said staff were only permitted to enter the property or individual rooms within properties with the express permission of people and that staff had a responsibility to ensure that records relating to people were only accessed by those with a legitimate right to do so. Staff were aware of the need for confidentiality. One staff member said, "We are trained not to talk about people to anyone. What gives me the right to talk about them to somebody else?"

The information packs also set out how the service planned to support people with dignity and independence. For example, they stated, "We involve service users fully in planning their own care, devising and implementing their care plans . . . (supporting people to) manage for themselves rather than becoming dependent on care workers and others."

Staff had a good understanding of how to promote people's privacy. They said they knocked and waited for an answer before entering rooms and made sure people were covered up when receiving support with personal care. A staff member said, "I make sure I leave the room when she uses the toilet." and "Before I enter the room I would knock. Before she undresses I ask if it is all right for me to be here."

Care plans included details where people had a preference about the gender of their care staff. We saw that were a preference was expressed this was respected by the service. For example, one person requested to have only female carers and this was implemented. Care plans also included personalised information about supporting people to maintain and develop their independence. For example, the care plan for one person about personal care said the person can wash themselves but staff will need to provide support with washing hair. This was confirmed by a member of staff who told us, "She can't wash her hair but she washes the rest of her body." Similarly the care plan says the person was able to choose their own clothes to wear but staff needed to advise about what clothes were suitable for the weather conditions.

Staff demonstrated an understanding of the cultural needs of people and told us how they respected those. For example, one staff member said when visiting a person, "No shoes are allowed in the front room so I respect that." They also told us they did not take food in to people's home that was not in line with people's culture.

The service met people's needs in relation to communication. For example, one person spoke a language other than English. Their regular care staff shared their first language. At times it was not always possible to provide a care staff who shared the person's language and on these occasions the registered manager told us they were able to translate any important information. We spoke with a staff member who supported this

person and they described how they were able to communicate with the person. They said they used gestures and body language and that over time they had got to know the person and how they communicated without using spoken language. We observed the staff member interacting with the person and they demonstrated an ability to understand each other. The service also used pictorial references to help people communicate and to make choices, for example about activities.

We saw a person that used the service interacting with a member of care staff and with the registered manager. Both staff acted in a friendly and polite manner and the person was relaxed and at ease in their company. A professional that worked with the service said, "[Staff member] interacts brilliantly with [person that used the service]. She is very encouraging.

Good

Is the service responsive?

Our findings

People told us that they were involved in planning their care. When asked if they felt staff listened to them one person replied, "Yes, always." A relative explained that the service understood the needs of the person that used the service and how to meet those needs. They said, "Bathing is important, so they always come on time, bathe my [relative], give her breakfast and take her out for a walk. [Person that used the service] easily gets tired when walking. She pauses after walking past, say, five houses along the road. The staff understand." The same relative said, "I am satisfied with their performance as I observe them at work."

The registered manager told us that they met with prospective service users to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The assessment also included speaking with professionals that had previously worked with the person. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. We found assessments were in place which covered people's needs including around mobility, communication and diet and nutrition.

People who were new to the service were provided with information packs about what the service offered and its aims and objectives. We saw that the aims and objectives included providing people with personalised care. The information pack stated, "We aim to provide personal care and support in ways which have positive outcomes for service users and promotes their active participation. We aim to provide for each service user a person centred care package."

We found that care plans were in place based upon the initial assessment and on-going discussion with people. These were subject to regular three monthly reviews which meant they were able to reflect people's needs as they changed over time. Daily care records were maintained by staff which meant it was possible to monitor the person's care was provided in line with their assessed needs.

We found care plans were personalised so that they contained information specific to the individual person. For example, the care plan for one person about their mobility stated, "I need plenty of encouraging and prompting and I like to be praised when I have reached a destination that I have walked to. I need to wear comfortable low heeled shoes or trainers to help me with my walking."

Care plans included information about activities people liked. We saw on the day of our inspection that staff supported a person to attend a day service where they took part in a music session. This was in line with their care plan and the person said they enjoyed it.

The provider had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. Staff were aware of their responsibility for reporting complaints. One staff member said, "I would take a complaint to the manager." The registered manager told us the service had not received any complaints since it was registered with the Care Quality Commission.

People and relatives were aware of how to make a complaint but said they had not needed to do so.

Requires Improvement

Is the service well-led?

Our findings

The service did not have adequate systems in place for seeking and recording the views of people that used the service and others. The registered manager said, "I regularly speak to my staff on the phone. We speak, but never make records about it." Similarly they told us, "I speak to [relative of person that used the service] everyday" but added they did not keep any record of this. A relative confirmed that they had discussions with the registered manager. They said, "The agency manager has spoken to me. She makes enquiries once every three months and asks if help is needed."

The registered manager also told us they did not carry our regular audits of records. They said, "I have not done anything for that here." We noted that if records had been regularly audited they might have picked up that medicines were being administered without their proper recording.

The lack of robust auditing systems and systems for seeking and recording the views of people that used the service and others was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local authority with responsibility for commission care from the service carried out an annual review of the care individuals were receiving. The most recent review for one person was carried out in June 2015. This involved the person that used the service and their relative. Minutes from the review showed that both were happy with the care and support that was been provided.

A staff member told us that the registered manager had done spot checks while they were supporting people at a day service. They said, "I've not had spot checks at the home but they have come here [day centre] and checked what I am doing, if it's cooking lessons or whatever."

A staff member told us the service had team meetings. They said of team meetings, "We talk about service users, any issues that we want to flag up, training, health and safety." Team meetings were held for staff that worked across all the care locations run by the provider. Minutes of meetings showed discussions about people that used the service and relevant legislation. Managers meetings were also held for managers that worked across the organisation. The most recent managers meeting included a discussion about staff training needs and performance issues.

The service had a registered manager in place and there were clear lines of accountability. Staff we spoke with were aware of who their line manager was. The service had a 24-hour on-call service. This meant support from a senior member of staff was always available to staff and people that used the service.

Staff spoke positively about the organisation and about the registered manager. One staff member said of the registered manager, "I think she is fantastic and has supported me well. Whatever support I have needed she has put in place." The same staff member said, "This is a great organisation. The team is fantastic and I can't fault my manager. If there is an issue they would take it up." The staff member told us there had been an issue communicating with a person that used the service and the registered manager had provided

support with that. A professional that worked with the service told us, "I think [registered manager] has high standards."

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 did not take formal enforcement action at this stage. 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 Care and treatment was not always provided in a safe way to service users because there were not adequate systems in place for the proper and safe management and recording of medicines. Regulation 12 (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider must seek and act on feedback from service users and other relevant persons for the purpose of continually evaluating and improving services. Regulation 17 (1) (2) (a) (e)