African Caribbean Care Group

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This announced inspection took place on 13 September 2016. This was the provider's first inspection since their registration on 28 August 2013. African Caribbean Care Group provides personal care for people in their own homes. At the time of our inspection the provider was delivering 11.5 hours of personal care to three people each week. On this occasion we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was because as the service was not fully operational we did not have enough information about the experiences of a sufficient number of people using the service to accurately award a rating for each of the five key questions and therefore could not provide an overall rating for the service.

The service had a registered manager. 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.

The person we spoke with was happy with their care. They said, "I am well looked after. Everything is alright. [Care worker] is quite alright with me. [Care worker] treats me good."

One person said they felt safe. They told us, "[Care worker] makes sure [my home] is locked up." They also said the care worker was reliable. They said, "[Care worker] is on time. She comes at the right time."

The care worker we spoke with demonstrated a good knowledge of safeguarding policy and was aware of the provider's whistle blowing procedure. They said they did not have any concerns about people's care. The safeguarding policy needed updating. There had been no safeguarding concerns received for people using the service.

We found accurate Medicines Administration Records (MARs) had been kept to confirm the support with medicines one person received from the care worker.

A risk assessment was completed for each person to help keep them safe. These identified the measures needed to reduce identified risks.

Effective recruitment checks were carried out to check the care worker was suitable for their caring role. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS).

The care worker confirmed they were well supported. They said, "[Registered manager] is very supportive, we have one to one every two weeks, we sit and chat." The care worker's training records confirmed their training was up to date.

The care worker told us people made their own decisions about the care they received. They told us, "They

[people] will let you know [what they want]."

Some people received support to ensure they had enough to eat in line with their care plan.

People's needs had been assessed to determine their support needs. Where needs had been identified a care plan had been developed to guide the care worker about the support the person required.

There had been no complaints made about the service. The person we spoke with confirmed they knew how to complain and they said they were happy with their care.

Due to the limited number of people using the service the quality assurance process was not fully operational. The registered manager told us they were in regular communication with people and family members to check they were happy with the care.

The care worker told us the registered manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

One person said the service was safe.

The care worker showed a good understanding of safeguarding.

Accurate records were available for the one person supported with medicines.

A risk assessment was completed for each person.

Recruitment checks had been completed before the care worker started their employment.

Is the service effective?

Inspected but not rated

The care worker felt well supported.

Training was up to date and the care workers competency had been assessed.

People were supported to meet their nutritional needs.

Is the service caring?

Inspected but not rated

One person we spoke with said they received good care.

One person told us they were in control of their care.

The care worker understood the importance of treating people with dignity and respect.

Is the service responsive?

Inspected but not rated

People's needs had been assessed.

Care plans had been written for the three people using the service.

The person we spoke with knew how to complain. They did not have any concerns about their care.

Is the service well-led?

Inspected but not rated

The quality assurance process was not fully operational due to the limited nature of the service.

Some policies and procedures needed to be updated.

The care worker told us the registered manager was approachable.

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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 13 September 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of our planning for the inspection.

We spoke with one of the three people who used the service. We also spoke with the registered manager and the care worker on a one to one basis. We looked at the care records for all three people, medicines records for one person receiving a medicines prompt and recruitment records for one care worker.

Inspected but not rated

Is the service safe?

Our findings

The person we spoke with told us they felt safe receiving a care service from the provider. They said the care worker checked their home was secure when they leave. They told us, "[Care worker] makes sure it is locked up."

The provider had a safeguarding policy but as no previous safeguarding concerns had been made the policy had not yet been used. We noted the policy was written in 2012 and needed updating to reflect current legislation. The care worker we spoke with had completed safeguarding training and knew how to raise concerns. They commented they would speak with the registered manager straightaway if they had concerns about a person's safety. The care worker was also aware of the provider's whistle blowing procedure. They said they had not previously needed to use the procedure.

One of the three people receiving personal care required the care worker to prompt them to take their medicines on certain days. From viewing the person's care records we found accurate Medicines Administration Records (MARs) had been kept to confirm the support the person received. The registered manager told us they would be carrying out quality checks of these MARs but as the person had only recently started receiving support this was not yet required.

A risk assessment was completed for each person which identified any measures required to help keep them safe. For example, before leaving the person's home the care worker should ensure the cooker was switched off, front door and back door were locked and windows were shut.

At the time of our inspection the provider was providing 11.5 care hours a week to three people. One care worker provided all of these care hours. The registered manager told us if the care worker was unavailable a care worker from a day service which the provider also ran, who knew the three people well, provided cover. One person told us the care worker was reliable and punctual. They said, "[Care worker] is on time. She comes at the right time."

Effective recruitment checks were in place to confirm new care workers were suitable to work with the people using the service. Records we viewed for the care worker confirmed pre-employment checks had been carried out, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people. The care worker told us they went through a thorough recruitment process. They commented, "[Registered manager] wants to find the best workers."

Inspected but not rated

Is the service effective?

Our findings

The care worker we spoke with told us they were well supported. They said, "[Registered manager] is very supportive, we have one to one every two weeks, we sit and chat." The registered manager confirmed a meeting took place every two weeks with the care worker to check how they were. However, these meetings were not documented.

The care worker told us all of their essential training was up to date. We confirmed this information by looking at the care worker's training records. In addition to completing training courses, a competency assessment had been carried out to check the care worker had understood and applied their learning correctly.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the MCA did not apply to the people using the service as they had capacity. However, the provider had a policy in place to deal with any MCA issues in the future. The care worker told us the three people they cared for were able to communicate their needs well. They said there were no communication or capacity issues. They told us, "They [people] will let you know [what they want]." They told us they worked with family members as a team to provide the care people needed. They commented, "Family are mostly there, I work around the family. We work as a team. I see the family every week, if there are any changes they let me know and I report to [registered manager]."

The care worker supported some people to ensure they had enough to eat. The care worker told us this was usually warming up pre-cooked meals. The support people needed was documented in their care plan. One person said, "[Care worker] makes sure I get my supper."

Inspected but not rated

Is the service caring?

Our findings

One person gave us positive feedback about their care. They said, "I am well looked after. Everything is alright. [Care worker] is quite alright with me. [Care worker] treats me good." They went on to tell us they were in control of how their care was provided. They said, "[Care worker] does everything I ask her to do. She asks me what I want done. She always asks me."

The care worker confirmed they aimed to promote people's independence as much as possible. They said, "They [people] let you know what they want you to do. I let them decide. They advise me about when and how they need help." They went on to tell us they offered encouragement and motivation to people. The care worker understood the importance of treating people with dignity and respect. They described how they would stand outside and wait when a person was using the bathroom and used a big towel to keep them covered up when supporting people with bathing.

Care records showed people were supported to meet their choices and preferences. For example, one person requested a cup of ginger tea. The care records recorded the care worker made this for them. We also found lots of examples of the care worker spending social time chatting with people. Care records contained detailed information about people's likes and dislikes. For instance, favourite foods and bathing preferences. As part of the initial assessment a 'service user compatibility assessment' was carried out which considered any specific preferences people had. For example, one person preferred a female care worker. The outcome from the assessment was that the service was able to meet this request and the person had been introduced to a prospective care worker.

Inspected but not rated

Is the service responsive?

Our findings

People's needs had been assessed both before and after receiving support. The assessment considered people's social and care needs relating to areas such as bathing, washing, dressing, eating, socialising and recreation. Care records recorded the views of the person and their family and background information about the person. This included their medical history and any specific needs they had. For example some people had particular areas of difficulty which they needed support with, such as help with buttons and straps and food preparation. This meant care records contained information to help care workers gain a better understanding of people's needs.

Where needs had been identified, care plans had been written to guide care workers on the care the person needed. Care plans described in sufficient detail the support people required at each care visit. This included help with meal preparation, assisting with bathing, assisting with personal care and a medicine prompt. Although the person we spoke with did not recall having a care plan, they confirmed the care worker recorded what they had done at every visit. We viewed these records and saw they were completed consistently and were detailed.

We noted one care plan had not been evaluated recently. We discussed this with the registered manager who confirmed the support the person received was small and this had not changed since the care plan had been written. They went on to tell us that due to the small number of people currently receiving the service there was regular contact with people and family members. Therefore, any changes were actioned quickly.

The provider had a complaints procedure for people to access should they wish to make a complaint. There had been no previous complaints made about the service. Therefore, we were unable to assess the effectiveness of the procedure. One person we spoke with knew how to make a complaint. However, they told us they had no concerns with their care. They said, "I have no complaints. If I did I would tell the manager, I have had no reason to do that."

Inspected but not rated

Is the service well-led?

Our findings

The service had a registered manager. There had been no statutory notifications submitted to the CQC as there had been no incidents requiring a notification. These are notifications about changes, events or incidents the provider is legally required to let us know about. The care worker told us they could speak with the registered manager openly. They commented, "[Registered manager] is approachable, I could speak to her."

The registered manager was accountable to the board of trustees. We viewed the most recent annual report which identified key priorities for the service focusing on equality, involving people and creating a warm, friendly and welcoming service. The service had identified future plans which included expanding services and greater partnership working. The service's mission was to provide culturally appropriate health and social care.

The registered manager told us the full quality assurance process was not fully operational due to the limited nature of the service. They confirmed regular telephone reviews were carried out to check people and family members were happy with the care provided. The registered manager told us there was regular contact with family members to ensure people received the care and support they needed. At the time of this inspection these reviews and conversations were not routinely recorded. We viewed the notes from a regular service user group meeting which included a section on suggestions and improvements to the service. Previous feedback had included suggestions for future outings.

The provider had a range of policies and procedures covering all essential aspects of care and support. These included safeguarding, whistle blowing, medicines management, advocacy, complaints and consent. We noted most of these policies had been written in 2012 and were now in need of updating. Due to the limited nature of the service a significant number of these policies and procedures had not yet been put into practice.

The provider had received a quality mark from the local authority to show aspects of the service were of a recognised standard. This included areas such as business planning, governance, managing people, policies and procedures and partnership working.