African Caribbean Care Group

# African Caribbean Care Group

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 29 June 2018 and was announced.

At our last inspection of the service in November 2017 we found the service to be meeting the requirements of the regulations. We were unable to provide a rating at our last inspection, or the inspection prior to this carried out in September 2016. This was because we determined that the service was not fully operational due to supporting few people and intending to expand in size.

At this inspection the service was still providing a limited service. However, as this had been the case since our inspection in September 2016 we considered the service to be fully operational. We considered that we had sufficient evidence to make a ratings judgement for whether the service was effective, caring, responsive and well-led and to provide an overall rating. However, we judged we did not have sufficient evidence to provide a rating for the safe key question.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection, the service was providing home care support to four people. However, only one person using African Caribbean Care Group received a regulated activity. This person received three hours of support per week.

CQC only inspects the service being received by people provided with 'personal care' in a place that they are living. Personal care includes help with tasks related to personal hygiene and eating. Where people receive this support, we also take into account any wider social care provided. The provider also ran other services including a day service for older adults, a meals service and a transport service. CQC do not regulate these services, and this inspection only considered evidence relevant to the provision of the domiciliary care service. We have also referred to this as the 'regulated service' within the inspection report.

There was a registered manager in post. 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.

One staff member provided support to the people receiving a home care service. When they were absent, as was the case at the time of our inspection, the service manager told us day service staff could provide cover, or arrangements would be made with people's families to cover the absence themselves. The relative we spoke with was happy with this arrangement. They told us staff attended calls on time and always stayed for the agreed duration of the call or longer.

The provider ran an advocacy service that was accessible to people using the home care service as well as people from the wider community. This service was able to provide advice and guidance in relation to a range of areas. The relative we spoke with told us staff were good at providing them with information and advice whenever they needed it.

The service supported people primarily, but not exclusively from the African Caribbean community. Staff were clear about the service's values and purpose, which were to provide culturally appropriate support and help prevent social isolation.

Staff assessed risks to people's health and wellbeing, and plans were in place to help minimise the likelihood of people being harmed. There was scope to increase the level of detail recorded in risk assessments.

The provider had systems in place to help ensure any accidents, incidents or safeguarding concerns were identified and reported. However, there had not been any such incidents since our last inspection so we were not able to determine how effective this system was.

The staff member working for the home care service had received a range of training relevant to their job role. This staff member had not received a formal supervision or competency check since they started work. The service manager told us they found feedback from the relatives of people using the service was 'the biggest tell' as to the competence of staff and quality of the service they provided. Given the small scale of the service, this approach was adequate.

The care plan we reviewed evidenced that staff had assessed people's holistic health and social care needs. People's preferences were also reflected in their care plans, although there was little information on social history or specific routines that staff followed during calls. However, as care was provided by just one staff member, this would reduce the likelihood of this having any impact, and would ensure people received consistent support from staff they knew well.

The service had strong links with the local community who were involved in the running of the service. We saw there were frequent community meetings, and staff told us the centre where the service was based acted as a 'community hub'.  The provider arranged a variety of activities that would help support the health and wellbeing of people in the community. This included a dementia café, cancer awareness event and holistic therapy sessions.

There were few formal systems being operated to help the provider monitor the quality and safety of the service. The registered manager and service manager instead relied primarily on feedback received informally through contact with people using the service, family members and the community. We considered this approach to be adequate at this time given the small scale of the service.

The service was not providing support with medicines to anyone using the regulated service at the time of our inspection.

The service had a complaints policy that would help guide people how to make a complaint. The service manager told us no complaints had been received since our last inspection. The relative we spoke with told us they felt staff listened to them and their family member.

## 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**

We were not able to provide a rating for safe due to insufficient evidence.

One member of staff provided support to people using the home care service. When they were absent, the provider was able to send staff from their day service, or families agreed to provide the support themselves.

No safeguarding incidents had been reported by staff. The service had a safeguarding policy that would help ensure staff were clear about procedures for reporting concerns and their responsibilities.

The service was not providing support to people to take their medicines at the time of the inspection.

### Is the service effective?

**Good**

The service was effective.

The staff member working for the home care service had received training in a range of relevant topics.

Staff performance and competence was monitored through frequent contact and feedback received from relatives. However, the home care staff member had not received a formal supervision or competency check.

People's health and social care support needs were assessed, and care planned to meet those needs. Staff had considered how to ensure people accessed the healthcare services required to meet their needs.

### Is the service caring?

**Good**

The service was caring.

The provider also ran an advocacy service. This service was available to people, including those using the home care service, to provide advice and guidance in relation to a range of areas.

Home care support was provided by one staff member, who also worked in the provider's day service. This helped ensure people received consistent care from a member of staff who knew them.

The service had strong links with the local community. The service aimed to meet the needs of members of the community, including reducing the risk of social isolation.

## Is the service responsive?

Good

The service was responsive.

The service was responsive.

The care plan we reviewed considered the person's needs and preferences.

The service had not received any complaints. However, the relative we spoke with told us they felt staff listened to both them and their family member.

The day service provided people the opportunity to interact with other people socially, and to take part in a range of activities.

## Is the service well-led?

Good

The service was well-led.

The service was accountable to both people using it, and more widely, to the local community.

There were few systems operated to monitor the quality and safety of the service. However, the approach taken by the provider was adequate given the small scale of the service.

Staff were clear about the aims and values of the service. This included supporting people to remain as independent as possible, and providing culturally appropriate care.

# African Caribbean Care Group

## 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 29 June 2018 and was announced. We gave the service two days' notice of our inspection. This was because this is a small service, and we needed to make sure someone would be available to help us access records and to facilitate the inspection. All inspection site visit activity took place on 29 July 2018. It included a phone-call to the relative of a person using the service and a visit to the office location.

The inspection team consisted of one adult social care inspector. Prior to the inspection we reviewed previous inspection reports, and the provider information return (PIR) that the service had submitted to us in March 2015. 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 had not requested an update PIR since our last inspection.

At the time of our inspection, one person was using the homecare service and receiving support with a regulated activity. We were able to speak with one of their family members to get feedback about the service. The one member of staff who provided support to people receiving a homecare was on leave at the time of our inspection. However, we spoke with one member of staff who worked in the provider's day service to get feedback about shared aspects of the two services such as the leadership, training and organisation's values. The registered manager was also on leave during the site visit, though we spoke with them by phone both before and shortly after the inspection.

We reviewed the care plan and risk assessments for the one person the service was providing support with personal care to. We also looked at recruitment records for the one member of care staff, training records and policies.

Inspected but not rated

# Is the service safe?

## Our findings

At the time of our inspection, the homecare service was providing support to four people, although only one person received support with the regulated activity 'personal care'. One member of staff was allocated to provide support to these four people, and they also worked at the provider's day service. At the time of our inspection, this staff member was on leave. The service manager told us that when this happened, the person's family took back over responsibility for providing their relative's care. We spoke with the family member who confirmed this was the case, and said, "It's not a problem as long as I know in advance." The family member told us care staff always stayed for the agreed call length or longer.

The service manager told us there had been one instance when staff had not attended one of this person's scheduled calls. They told us when this happened, they would speak with the family and would either send a member of staff from the day service, or the family may prefer to provide the support themselves. The service manager confirmed that day service staff were recruited and trained to the same standards as those providing home care.

The provider had not notified CQC of any safeguarding concerns since our last inspection. The service manager confirmed there had not been any concerns reported to the local authority safeguarding team in relation to the homecare service. The provider had a safeguarding policy that set out important information such as lines of reporting, definitions of abuse and the responsibilities of staff in particular roles.

There had been no notifications to CQC of serious injuries to people using the service. The service manager told us staff would record any accidents or incidents in an accident book held at the centre. They told us there had been no accidents or incidents in relation to the homecare service.

Staff had assessed hazards that could pose a risk to the health, safety and wellbeing of the person using the service. This included any potential risks arising from the person's home environment and their mobility. Whilst we considered this person's risk assessment to be sufficient, we noted that the environmental risk assessment in this person's file was not been fully complete, and the mobility risk assessment did not record all relevant history. This would not have posed any significant risk due to the high level of staff consistency within the service. However, we drew this to the service manager's attention so they could take action to address this.

The service manager told us there was no formal monitoring of accidents or incidents in relation to the homecare service. They told us they would be made aware of any issues or trends in relation to accidents or incidents through close and regular contact with people using the service, their families and the care staff. This was a reasonable approach, given the small size of the service and limited number of accidents occurring. The service manager told us staff would share information about any risks with other professionals who may have a legitimate need for this. For example, they told us staff could share profile sheets with paramedics that contained key information about people's support needs.

There was a business continuity plan that detailed procedures that staff would follow in the event of incidents such as reduced staffing levels, loss of utilities or systems including IT systems. This would help reduce the risk that such events would prevent the provider from continuing to provide a safe service.

The provider had systems in place to help ensure staff recruited were of suitable character. We saw the staff member providing homecare support had completed an application form, provided a full employment history and identification as required. They had been interviewed, where the provider had asked relevant questions to help work out if they had the required skills and competence for the role. The provider had obtained a disclosure and barring service (DBS) check and had requested references from two previous employers, although only one of these had been returned. A DBS check provides information about any criminal convictions, and depending on the level of the check, information about whether the individual is barred from working with vulnerable adults/children. This helps employers make safer recruitment decisions.

At the time of the inspection, staff were not supporting anyone receiving a regulated service to take medicines. We saw the staff member providing homecare support had received recent training in medicines administration, which would help ensure they were competent to provide this support should anyone using the service require help with their medicines in the future.

Training records showed the staff member had received training in infection prevention and control. The care file we looked contained a prompt to staff to wear personal protective equipment (PPE) such as gloves and aprons as required.

Good

# Is the service effective?

## Our findings

Training certificates showed the staff member had completed a range of training that would help them deliver safe and effective care. This included training in first aid, health and safety, moving and handling, food hygiene, nutrition and equality and diversity. The member of day service staff we spoke with told us, "I think the training is adequate. All staff do mandatory training and there is more specific role relevant training. We do safeguarding, moving and handling and some staff have just done allergy training."

The service manager told us the member of home care staff had not yet received a formal supervision, appraisal or spot-check since they were recruited five months previously. We asked how the service monitored the staff member's performance and checked the quality of the service they were providing. They told us there was regular contact with the family members of the person receiving a regulated service, and the feedback they received from them would be the 'biggest tell'. They also told us there was lots of informal contact with this member of staff, although they did plan to provide them with formal supervision in the future.

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.

The service manager told us the person using the home care service was not subject to any restrictive practices. The care plan we reviewed evidenced that staff had considered this person's capacity to consent to care as part of the assessment process. We saw a consent form had been filled out that had been signed by this person's relative rather than the person themselves, who had capacity to decide whether to provide consent or not. The service manager told us the person had asked their family member to sign on their behalf. We discussed the need to make it clear in what capacity people were signing consent forms if signing on another person's behalf. For example, if they were signing to indicate they had been consulted about a decision, or whether they had a role as a legally authorised decision maker. For example, this could be a relative or other person who held a lasting power of attorney for health and welfare.

At the time of the inspection, the regulated service was not providing support to anyone in relation to the preparation of food or support to eat and drink. However, in the care plan we reviewed, we saw that this person's dietary requirements had been reflected along with information about their preferences and any allergies. The service manager told us the provider also ran a service that prepared culturally appropriate meals, and sourced ingredients from local suppliers. The care plan also provided staff with information about this person's health care needs and actions they could take to support this person to remain in good health. We saw that staff had given consideration to how they could support this person to access the healthcare services they needed.

The person receiving support from the regulated service also accessed the provider's day service. We saw from meeting minutes that a range of events and services were offered. This helped ensure peoples physical, psychological and social support needs were met. For example, we saw staff had set up a holistic therapy service, and the provider also ran a 'dementia café'. There was a diabetes support group and staff had planned a cancer awareness event.

Good

# Is the service caring?

## Our findings

There was only one member of staff regularly providing home care support, which meant people received consistent support from staff they knew. This staff member also worked in the day service, which would help them develop relationships with people using that aspect of the service prior to starting to work with them in their homes. The relative we spoke with told us their family member got on well with staff at the day service and who provided support to them at home. When we asked the day service staff member if they would be happy for a friend or family member to use the home care service, they replied, "definitely."

The service manager told us the service primarily, but not exclusively, supported people from the African, Caribbean community in the Manchester and Trafford areas. They also told us most of the staff and volunteers also came from these communities. The service manager told us the ethos of the service was to, "Treat people with respect and dignity in a way that is appropriate to their culture." The service manager gave an example of providing culturally appropriate foods as a way of meeting people's cultural needs, and they told us this service had been well complemented by those using it.

The local community was involved in the running of the service through regular community meetings, and the service manager told us there were representatives from the local community on the board of directors. The provider had an equality and diversity policy, and we saw a statement of commitment in relation to equal opportunities was included in the staff handbook. This directed staff to raise a grievance if they believed they had been disadvantaged on discriminatory grounds.

The provider ran an advocacy service that was accessible to people using any of their services, including the home care service. The service manager told us the service provided a range of support, including advice and assistance to people in relation to immigration, passports, utility bills and help to people who did not have English as their first language. The relative we spoke with told us, "If I need any advice, I can go to any of them [staff] and they point me in the right direction."

We saw evidence in the care plan we reviewed that staff had assessed both what support the individual needed, as well as highlighting what they were able to do for themselves. The member of day service staff we spoke with told us, "I listen to people and what they want, and follow their wishes. I give people choices, and encourage people to choose meals, or to remain as mobile as they can."

The service was taking steps to ensure people's privacy was respected, and confidential information held securely. They told us all computers were password protected, and paper documents kept locked away. They told us that any confidential information would be encrypted prior to sending it electronically, where there was a legal and legitimate need to share such information. Meeting minutes showed the provider was aware of forthcoming updates in relation to data protection legislation. The relative we spoke with confirmed that they felt staff respected their family member's privacy and dignity.

Good

# Is the service responsive?

## Our findings

The care plan we looked at contained information about that person's support needs and any preferences they had in relation to how staff provided their care. Staff told us people using the service and families were involved in reviews of care plans, which the relative we spoke with confirmed. We noted that the care plan did not contain information such as a social history or detail about specific routines staff followed during each call. Given that this person was receiving support from just one staff member, this would have had little impact on the service they received. However, this information would be useful in the case a new member of staff was required to provide their care.

We saw the care plan format prompted staff to consider any support needs people had in relation to reducing the risk of social isolation. The one person receiving support from the regulated service also attended the provider's day service, which would help them keep in contact with others from their community. The service manager told us the day service acted as a community hub, and there were a range of activities arranged at the centre. For example, we saw there was a 'dementia café' and a trip had been arranged for afternoon tea at a local high-school.

The service manager told us they had not received any complaints. We saw there was a complaints policy in place. This provided details about how to raise any concerns, and set out what people could expect to happen following them raising a complaint. The relative we spoke with told us they felt staff listened to both them and their family member.

At the time of our inspection, no-one using the regulated service required support in relation to their communication due to a sensory loss or disability. We saw the care planning and assessment process prompted staff to consider any support people required in relation to communication. This would enable a plan of care to be developed, and where appropriate shared with others to ensure staff and others were able to communicate effectively with people using the service.

No person using the regulated service was receiving end of life care and support. We saw the care plan format provided opportunity for people to record their preferences in relation to end of life care, where they were happy to discuss this with staff.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post. A service manager supported the registered manager, and had responsibilities in relation to overseeing the day to day operations of the home care service, day service, meal and transport services.

From our discussions with staff, it was apparent the service had a strong sense of accountability to the local communities as well as the people they supported. The service manager talked about the actions of the service being visible and open to challenge from members of the community.

Records showed staff team meetings were held monthly. These were held after the monthly board meetings to allow feedback to be given to staff from these meetings. Minutes showed that topics of discussion included health and safety, developments within the service and complaints procedures. Minutes also showed that staff were given opportunity to respond to the information they were given and raise any concerns they might have. The member of day service staff we spoke with told us they thought the service was well run and told us they 'loved' working for the service.

There were limited systems in place to help the registered manager monitor the quality and safety of the service. The service manager told us the member of care staff kept daily records of the care they provided and that they checked these records monthly. However, there was no record of this check, and staff did not return these records to the office. Most assurances as to the quality and safety of the service came from the registered manager and service manager's frequent contact with staff and people using the service. We considered this approach was adequate given the small scale of the service. However, the provider would need to develop the systems in operation to ensure adequate monitoring was in place should the home care service increase in size.

Staff were clear about the aims of the service and the values of the provider. The day service staff member we spoke with told us the purpose of the service was to, "Provide personalised care, treat people with dignity and respect and help people to remain independent." The service manager told us the provider wished to expand the home care service, and was also considering other types of service they might be able to provide to meet the needs of the people they supported.

The service had a range of policies and procedures in place that would help guide staff to ensure the service provided was safe and consistent. We noted that some of the policies referred to an obsolete version of the regulated activities regulations. We brought this to the registered manager's attention so they could address this.

We had not received any statutory notifications from the service since our last inspection, and found no evidence any notifiable events had occurred. Statutory notifications are notifications about significant events such as serious injuries or allegations of abuse that the provider is required to tell us about when they occur in connection with the provision of a regulated activity.