Red Sea Community Programme

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook this announced inspection on 28 November 2016. Red Sea Community Programme is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines. A high proportion of the people who used the service were of Somali origin. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their representatives informed us that they were satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and some potential risks to them were assessed and guidance provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives.

The service had a policy and procedure for the administration of medicines. The nominated individual stated that care workers did not administer medicines but only prompted people to take their medicines. We noted that some medicines prompt forms had not been properly completed to indicate that people had been prompted to take their medicines. We have made a recommendation in respect of this.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them starting work. The service had a training programme to ensure care workers were competent and able to care effectively for people. They had the necessary support, supervision and appraisals from management staff. Teamwork and communication within the service was good. New care workers had been provided with a period of induction. However, full details of the content of induction topics covered were not available. These are needed to provide documented evidence that care workers had received a comprehensive induction. We have made a recommendation in respect of this.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints were recorded. The nominated individual stated that none had been received.

People and their representatives expressed confidence in the management of the service. They stated that

care workers communicated well with them and kept them informed if they were held up or running late. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing a high quality care and promoting people's independence where appropriate.

The service had a system of checks to ensure people received the care they needed. We were provided with evidence of spot checks on care workers, reviews of care and evidence of telephone monitoring. The deputy manager stated that audits of the service had been carried out regularly by nominated individual and visiting professionals. He stated that these professionals visited at intervals and provided feedback on the service. We however, noted that there was no evidence of regular and comprehensive audits being carried out. There was no written evidence of regular audits in areas such as the quality of care documentation, complaints, policies and procedures and staff training. Such audits are needed so that the service can identify and promptly rectify deficiencies. We have made a requirement in respect of this.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the 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?

Good

The service was safe. The service had a policy and procedure for the administration of medicines. Most medicines prompt forms had been properly completed to indicate that people had been prompted to take their medicines. Two prompt forms were not properly completed and we have made a recommendation accordingly.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse. There was a whistleblowing policy. This was updated following the inspection.

Care workers were carefully recruited and the required criminal records checks were in place. There were sufficient care workers to meet people's needs. Infection control measures were in place and care workers observed hygienic practices.

Is the service effective?

Requires Improvement

One aspect of the service was not effective. Care workers said they received support from management. They had been provided with training, supervision and appraisals. However, there were no details of what the induction programme consisted of and some care workers were not familiar with the implications of The Mental Capacity Act in their area of work.

Care workers had been provided with essential training and supported to do their work. Care workers were aware of their roles and responsibilities and understood people's care needs. Supervision and appraisals were provided

Is the service caring?

Good

The service was caring. The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and

their representatives were involved in decisions regarding the care.

Is the service responsive?

Good

The service was responsive. Office based staff and care workers listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain. No complaints were recorded. The nominated individual stated that none had been received.

Is the service well-led?

Requires Improvement

One aspect of the service was not well led. Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided. Telephone monitoring had been carried out to obtain feedback from people who used the service. However, there was no documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

A satisfaction survey had been carried out. People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

Red Sea Community Programme

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 checked 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.

The inspection took place on 28 November 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. The inspector was assisted by a Somali interpreter. At the time of this inspection the service had thirty five people who used their service.

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. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with two people who used the service, five relatives of people who used the service. We also spoke with the nominated individual of the service, six staff including the deputy manager and five care workers. We also obtained feedback from one social care professional. The registered manager was unwell and not present.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people using the service, five staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Good

Is the service safe?

Our findings

The service had a medicines policy. This included arrangements to ensure that people received their medicines as prescribed and arrangements for the reporting of any errors made. However, the nominated individual informed us that care workers only prompted people and currently did not administer medicines to people. This was confirmed by people and relatives we spoke with.

We examined four medicines prompt forms. One prompt form was not fully completed and contained gaps on five days in September of this year. This was brought to the attention of the nominated individual and deputy manager. The nominated individual explained that the representative for this person had taken over this responsibility and requested that they stopped prompting the person concerned. However, there was no information on the form to indicate this. We noted that a second medicine prompt form had not been properly completed to indicate that people had been prompted to take their medicines. Instead of the care worker's signature or initials, on some days the care worker concerned had used just a single line or a double dash to indicate they had prompted people. Action taken by individual carers should be properly signed to identify the carer concerned. We have made a recommendation in respect of this. The nominated individual indicated that care workers would be asked to do that in the future.

The care records of people contained a range of risk assessments for minimising potential risk which may occur. These included risks associated with people's living environment, their medicines and moving and handling. However, one person with a neurological condition did not have a risk assessment which addressed this. The nominated individual explained that this person's condition had stabilised. He stated that they had consulted with the person's family and were informed that the person concerned did not present a risk during the day time when carers visited.

People who used the service and their representatives informed us that people were safe in the care of the service. One person who used the service said, "I am happy with the service. I feel safe with the carer. "A second person said, "My carer does a good job. They wash their hands and they use hand gel. They are punctual. "A third person said, "My carer knows how to use the hoist. There have been no accidents." A relative of a person who used the service said, "My relative is safe with the carer. We are satisfied with the care, so far so good. The carer is hygienic and wears gloves and aprons when needed."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office.

The service had a whistleblowing policy. However, it did not contain guidance for care workers on alerting

statutory organisations such as the Police, CQC or the local safeguarding team when needed. We were provided with the revised policy soon after the inspection.

We examined a sample of four records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people. The service had sufficient staff to meet the needs of people and this was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people. None of them complained of any missed visits by care workers. Care workers we spoke with stated that they had enough travel time and could attend to people as agreed.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The office had a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices when attending to them.

We recommend that medicines prompt forms be properly completed and signed by the care worker to indicate that people had been prompted to take their medicines. This is to provide clear evidence that the required task had been completed by the carer responsible for it.

Requires Improvement

Is the service effective?

Our findings

We found one aspect of the service was not effective. We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). 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. The nominated individual informed us that most people using the service had close relatives such as people's spouses or their next of kin. He stated that people's representatives would be consulted if people lacked capacity or as part of the best interest decision making process.

The nominated individual stated that all care workers had received MCA training. The deputy manager and two care workers had a basic understanding of the MCA. They were aware of the importance of obtaining people's consent regarding their care and support. They knew that if people did not have the capacity to make decisions then they should refer matters to their registered manager so that professionals involved and people's next of kin can be consulted. They also stated that they explained what needed to be done prior to providing personal care or assisting people. However, two care workers said they had not received training and were not aware of the implications of the MCA. The nominated individual sent us some documented evidence of training and stated that all care workers had been provided with information during their induction on the MCA. He stated that some of them may have forgotten about it due to lack of engagement. He agreed to provide care workers with refresher training. He informed us soon after the inspection that training had been booked for care workers.

We noted that in one of the five care records examined, the capacity of the person concerned to make decisions for themselves was not documented. This was discussed with the nominated individual who stated that this person did not have capacity and their parents advocated on their behalf. He also stated that this lack of capacity was indicated elsewhere in the records. The nominated individual agreed to ensure that this was clearly documented in the care records.

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person said, "They ask for my consent and check things with me before giving me care. They also prepare my food sometimes. They prepare my food properly." A relative stated, "We are satisfied with the carer. They do ask for our consent when needed- they always do." Another relative said "We are very satisfied with the service. The carer does a very good job. They go out of way to do extra work. They are always on time maybe sometimes a little later."

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. However, care staff we spoke with said they rarely prepared food for people.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, communicating and engaging people with dementia and Reablement. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles. There was documented evidence that they had signed their records to indicate they had received an induction. The induction programme covered important topics such as policies and procedures, purpose of the service, recording and protection. However, there were no details of what the induction programme consisted of. The induction documents we saw merely provided information on the topics covered. Full details of the induction topics covered are necessary to provide documented evidence that care workers had received a comprehensive induction. We have made a recommendation in respect of this.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

We recommend that full details of the contents of induction topics covered are documented. This is necessary to provide evidence that care workers had received a comprehensive induction.

Good

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. They made positive comments about their care workers. One person said, "Yes, I am happy with my carer. My carer shows me respect." Another person said, "I am treated with respect and dignity. My carers talk to me and communicate fairly well. They are very good carers." One relative said, "We are very satisfied with the carers. We trust them. They understand our culture and communicate in our language." Another relative said, "My relative has formed a good relationship with the carers and like them very much. When they provide personal care, they are discreet; they draw the curtain to protect my relative's privacy."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and their representatives and noted in feedback forms we examined. There was evidence of meetings and discussions with people either face to face or via the telephone. Discussions with people and their relatives had been logged.

Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed assistance with. We saw information in people's care plans about their background, language spoken and their choice regarding the type of care workers they would like. The nominated individual stated that where possible, care workers would be matched to people best suited to care for them. For example care workers would be matched with those of the same culture or religion. This enabled carer workers to get on well with people who used the service. This enabled the service to provide suitable care workers who met the preferences and needs of people.

Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They had been provided with training on cultural awareness. To promote understanding of people's culture, the service had guidance on entering the homes of people, respecting the dietary preferences and choice of clothing of people.

We saw documented evidence in the care records examined that people's care had been reviewed with the senior staff of the service. The views of people and their relatives were reported.

The service had translated important documents for Somali service users. In addition, the service sometimes spoke on behalf of people in meetings with the statutory bodies such as the local authority, health authority and the Police.

Good

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "I am satisfied. I have nothing to complain about. I got their telephone number if I need to complain." Another person said, "I am happy with the service. They are punctual. There have been no missed calls." A relative stated, "I am aware of the complaints procedure. I have the telephone number of the office. I have no complaints." Another relative said, "If the carers spot anything wrong they inform me. We are satisfied with the carers. They are aware of my relative's mental condition. They understand her behaviour and they encourage her to co-operate with the care. "Another relative said," The carers know how to encourage my relative. They are really good. My relative said she feels very comfortable with the carers."

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical, religious and cultural needs. People's preferences, choice of visit times and the type of care worker they wanted were also documented. Care plans were then prepared and agreed with people or their representatives. This was confirmed by those we spoke with. This ensured that people received care that was appropriate.

Care workers had been informed by the registered manager or senior staff in advance of care being provided to any new person. Care workers told us that this happened in practice and communication with their office based staff and registered manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. People and their relatives stated that care workers were competent and knew how to meet their care needs and deal with behavioural problems which may occur,

We discussed the care of people who had specific needs such as those with dementia with some care workers. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, one care worker stated that they would repeat what they said if needed since people's memory were impaired. They said they would give people time and be patient with them.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had been involved.

The service had a complaints procedure and this was included in the service user guide. People and relatives informed us that they knew how to complain but they had not made any complaints. No complaints were recorded. The nominated individual stated that none had been received.

Requires Improvement

Is the service well-led?

Our findings

One aspect of the service was not well led. The nominated individual stated that audits of the service had been carried out regularly by the registered manager and visiting professionals. He stated that these professionals came at intervals and provided feedback on the service. We however, noted that there was no documented evidence of these or any other regular audits. We saw no written evidence of regular audits in areas such as complaints made, punctuality, policies and procedures, quality of care documentation, risk assessments and staff training. We had noted a number of deficiencies. For example, deficiencies in the medicine prompt forms as they were not properly completed and full details of the induction provided to new staff were not available when we asked for it.

Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies. The lack of regular and comprehensive audits for monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 Good Governance.

The nominated individual stated that the service had ensured that people received a good quality service. He stated that senior staff had visited people in their homes to review their care with them. We saw evidence of these reviews with comments made by people or their relatives. In addition, the nominated individual said senior staff carried out telephone monitoring and spoke with people or their relatives to obtain their views of the services provided. Documented evidence was provided. This was also confirmed by people we spoke with. The service had also sent out satisfaction survey forms to people and their representatives recently. We saw that the feedback received was positive and indicated that people were satisfied with the services provided.

The nominated individual stated that checks on care workers and service provided had been carried out by senior staff. These included spot checks on care workers, reviews of care and risk assessments. He stated that the time sheets of care workers were checked to ensure that care workers attended to people at the agreed times or close to it. However, he was unable to tell us what proportion of calls were within the agreed times.

We received positive feedback regarding the service from people we spoke with. The feedback indicated that people were pleased with the services provided. One person who used the service and relatives we spoke with expressed confidence in the management of the service. One person said, "Yes, the service is well managed. They carry out spot checks and the supervisor has been to visit me. I have also completed a survey form." A relative said, "The service is well managed - they are quite good. The supervisor has done spot checks recently." A second relative stated that communication with the service was good. A social care professional however, indicated that there were areas where improvements were needed. This professional did not specify the areas for improvement.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and

health and safety. We however, noted the whistle blowing policy and the infection control policy did not contain sufficient information regarding infectious diseases. The nominated individual sent us their revised whistleblowing policy and stated that the infection control policy would be updated.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service which met the needs of people and treat people with respect and dignity. They told us that they were well treated by management. Care workers stated that their registered manager and senior staff were supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. The service had a management structure with a registered manager supported by a deputy manager and the nominated individual. There were meetings where care workers were kept updated regarding the care of people and the management of the service. This was confirmed by care workers we spoke with.

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 17 HSCA RA Regulations 2014 Good governance The service did not have a system of regular and comprehensive audits for monitoring and improving the quality of the service. This is needed to identify and promptly rectify deficiencies..