African Caribbean Care Group

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Inspection report

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Date of inspection visit:
30 November 2017

Date of publication:
22 December 2017

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 30 November 2017. African Caribbean Care Group provides personal care for people in their own homes. At the time of our inspection the provider was delivering seven hours of personal care to one person each week. This meant the service was still not fully operational and we were unable to rate the service against the characteristics.

At our previous inspection on 13 September 2016 we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was because the service was not fully operational and 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.

There was 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.

Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. They were well supported by the management team and they enjoyed working for the agency.

The principles of the Mental Capacity Act 2005 were being followed to ensure that people's human rights were being upheld and that they were consenting to their care at the service.

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 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's family member said the service was safe.

The care worker showed a good understanding of safeguarding.

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.

The provider was following the principles of the MCA 2005 to ensure people's human rights were upheld.

Staff received training and support to be effective in their roles.

Is the service caring?

Inspected but not rated

One person's family we spoke with said they received good 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.

The care worker told us the registered manager was approachable.

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 30 November 2017 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We asked Manchester local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with one person's family member who used the service. We also spoke with the registered manager, service manager and the care worker who provided care on a one to one basis. We looked at the recruitment file for one member of staff, records for one person, records and the systems the provider had in place to monitor the quality of the service.

Inspected but not rated

Is the service safe?

Our findings

The person's family member we spoke with told us they felt their family member received a safe a caring service from the provider. They told us, "I have no concerns about the care [person's name] receives, it is a safe service."

The provider had a safeguarding policy, but no previous safeguarding concerns had been made and the policy had not yet been needed to follow. At the last inspection in September 2016 we noted the policy was written in 2012 and needed updating to reflect current legislation. At this inspection we found the provider had fully updated this policy, which now reflected current legislation. The care worker we spoke with had completed safeguarding training and knew how to raise concerns. The care worker was also aware of the provider's whistle blowing procedure.

At the time of our inspection nobody was being supported with administration of their medicines. The registered manager told us the service was fully equipped to support people with their medicines and staff undertook annual medicines training. A section within the provider's care plans also assessed people's ability to manage their medicines. This meant the provider had safe systems in place that would highlight the level of support people may require with their medicines.

There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people who used the service. Staff did not start work until satisfactory checks and employment references had been obtained. Records we viewed for the member of staff 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.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Risks to people's safety and wellbeing were assessed and managed. Risk assessments considered risks associated with the person's environment, their care and treatment, and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated once a year or more often if people's needs or circumstances changed.

There was a business continuity plan, which set out plans for the continuity of the service in the event of emergency events such as severe weather.

Inspected but not rated

Is the service effective?

Our findings

The care worker we spoke with told us they were well supported. They said, "I meet with the manager every week, I feel well supported in my role."

New staff employed at the service received an induction which was aligned to the Care Certificate. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff completed an induction period, which was followed by a period of shadowing senior staff and then being monitored by senior staff to ensure they were competent at their role. The induction included training in subjects such as moving and handling, safeguarding, dementia care and infection control. Staff received information a handbook about the provider's mission and values they were expected to work in line with.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS during this inspection.

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves.

The care worker supported commented that they provided minimal support to the one person they supported in respect of their nutrition, as the person lived with their family and they supported with area. The care worker told us at times they did support people with heating up their meals, but this was predominantly for people who did not receive care under the regulated activity of 'personal care'.

We looked at the arrangements in place to plan and deliver people's care. Before a person received a service from the agency a detailed assessments of their needs was undertaken; information was gathered from various sources about all aspects of the person's needs, choices and abilities.

Inspected but not rated

Is the service caring?

Our findings

People were treated with dignity and respect. A relative told us: "[Staff member's name] is very good. They treat [person's name] with dignity at all times."

The care worker we spoke to told us they always tried to match the skills and interest of staff with the people they were supporting. One member of staff said "I know people's needs very well, and I also get to meet the people in the day centre."

The registered manager told us they had regular discussions with people and their families about the support they needed and were always involved in developing their care plans. They manager said their views were listened to and respected. Due to providing the regulated activity of personal care to one person, the provider had one staff member who provided this care on a regular basis which helped them get to know the person and how best to support them. When the staff member wasn't available the registered manager confirmed an additional staff member who also knows the person's needs well would cover any shifts.

No one was receiving support from advocacy services at the time of our inspection and most people had families who they lived with or who visited often.

Inspected but not rated

Is the service responsive?

Our findings

We viewed one care plan for the person receiving seven hours support a week. The care plan which was underpinned by a series of risk assessments, included the person's preferences and details about how they wished their support to be delivered. We found the information identified the person's needs and provided clear guidance for staff on how to respond to them.

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 and assisting with personal care.

The plans were reviewed at least once a year or more frequently if there had been a change in need. The staff member we spoke to was confident the care plan contained accurate and up to date information and told us they were involved in any care plan reviews with the person and their family. The staff member also confirmed there were systems in place to alert the registered manager of any changes in needs in a timely manner.

People were encouraged and supported to maintain and build new social links. The provider managed their own day centre within the local community. The registered manager commented that people who received support could also access the day centre, but this was their choice and people were not pressurised in attending.

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. We spoke with a family member of the person who used the service and they knew how to make a complaint. However, they told us they had no concerns with the care. They said, "We have never needed to complain, but I would speak to the manager if we did."

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 the registered manager was supportive. They commented, "The [Registered manager] is approachable and I can go ask for advice if needed."

The registered manager was accountable to the board of trustees. We viewed the most recent annual report for 2015/2016 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. We discussed these plans with the registered manager who commented that the provider was actively pursuing to register the service on Manchester City Councils commissioners framework. This meant the provider would be in a position to expand their services if they are accepted on to the framework.

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. The service manager provided us with an example of a care review that had been undertaken for one person.

The service had policies and guidance for staff in place regarding safeguarding, whistle blowing, dignity, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.