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

Summary of findings

Overall summary

The inspection of Red Sea Community Programme took place on the 16 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. 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 prompting people to take their medicines. At the time of this inspection, the nominated individual informed us that there were 30 people who used the service. Nine of the people who used the service were of Somali origin.

The registered manager informed us that they were a community resource and provided an advisory and interpreting service for people from Somalia and the Middle East. The service had translated important documents for Somali service users. In addition, they sometimes spoke on behalf of people in meetings with the statutory bodies such as the local authority, health authority and the Police.

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.

The last comprehensive inspection we carried out in November 2016 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance. During this inspection, we found that the service had taken action to comply with the requirement. The service had a system of checks to ensure people received the care they needed. Audits had been carried out since the last inspection. In addition, the service had also been subject to inspections by the local authority's commissioning and quality monitoring department. Following these audits, the service had taken action to improve areas identified. We however, noted that further improvements were needed to ensure that checks and audits covered all important areas such as risk assessments and care documentation. This would ensure the service could better identify and promptly rectify deficiencies. We have made a recommendation in respect of this.

We received positive feedback from people and relatives of people who used the service. They spoke highly of care workers and 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 care workers were aware of the procedure to follow if they suspected people were being abused.

The service had a policy and procedure for the administration of medicines. The nominated individual told us that care workers did not administer medicines but only prompted people to take their medicines.

Risk assessments were seen in the care records of people. However, they were not sufficiently comprehensive as they did not inform care workers of what specific risks or problems may be experienced

by people concerned and how to keep people safe. For example, there was no mention of risks of hypoglycaemia or hyperglycaemia for someone with diabetes. In the case of epilepsy, there was no guidance regarding ensuring people were kept safe when having a seizure. One person who needed to be hoisted did not have a risk assessment. The risk assessment for hoisting was provided after the inspection. We have made a requirement in respect of this. The nominated individual stated that they would ensure that other risk assessments were more comprehensive.

The service had a recruitment procedure. Essential checks had been undertaken prior to them starting work. We however, noted that two care workers had issues related to their criminal records checks. Risk assessments related to these issues had not been documented in their records. We also noted that five previous employers' references of five care workers appeared similar and the service had not re-checked to verify they were accurate. The nominated individual stated that the five care workers had worked at the same place. We have made a recommendation in respect of this.

The service had a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. They had the necessary support, supervision and appraisals from management staff. Teamwork and communication within the service was good. New care workers had been started on a comprehensive induction called The Care Certificate.

Care workers were caring in their approach and able to form positive relationships with people. 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. Individual assessments and care plans had been prepared for people. However, the care documentation was not structured and information was not always easily accessible. The nominated individual informed us after the inspection that they had started to structure the care records. 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. Two complaints recorded had been promptly responded to. People and their representatives expressed confidence in the management of the service.

Overall, we noted that the service had made some improvements since our last inspection in November 2016. However, further improvements are needed to ensure the safety of people and that deficiencies are promptly noted and rectified.

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?

Requires Improvement

Some aspects of the service were not safe.

Risk assessments for people who needed them were not sufficiently comprehensive. The recruitment of staff needed to be closely monitored to ensure that care workers were suitable to work with vulnerable people. These arrangements are need to ensure the safety of people.

The service had arrangements in place for prompting people to take their medicines.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

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?

Good

The service was effective. Care workers had received support from management and been provided with induction, training, supervision and appraisals.

People's care needs and choices were assessed and responded to.

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. Complaints recorded had been promptly responded to.

Is the service well-led?

Requires Improvement

Some aspect of the service were not well led. Audits and checks of the service had been carried out. However, these were not sufficiently comprehensive. They did not promptly identify and rectify deficiencies noted.

There is a need to review the management structure to ensure that the service can be better managed.

Care workers worked well as a team and they informed us that they were well managed.

A satisfaction survey had been carried out. People and their relatives expressed confidence in the management of the service.

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 16 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. Two inspectors carried out this inspection. At the time of this inspection the service had 30 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 one person who used the service and six relatives of people who used the service. We also spoke with the nominated individual, the registered manager, the deputy manager, one accounts staff and six care workers. We also obtained feedback from two social care professionals.

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, six staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service were not safe. The service had a recruitment procedure in place. Essential checks had been undertaken prior to care workers starting work. The records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. We however, noted that five previous employers' references of five care workers appeared similar and the service had not re-checked to verify they were accurate. The nominated individual stated that the five care workers had worked at the same place so he had not thought it necessary to check. As the references appeared similar, there was a need to ensure that there was no error.

We recommend that the service review its recruitment procedures so that documentation received are carefully checked and their authenticity carefully checked or verified where there may be any uncertainty. This is to ensure that all staff recruited are suitable for working with people.

We further noted that the records of two care workers indicated that there were issues related to their criminal record checks. Risk assessments related to these issues had not been documented in their records and no special supervision arrangements had been documented. The nominated individual explained that one of the care workers with issues related to their criminal record checks had not been given work and the second care worker only had a minor issue. Soon after the inspection, he informed us that both workers were no longer employed by the service. We discussed with the nominated individual the importance of ensuring that risk assessments were in place for people who may present a risk because of issues related to their criminal records checks. He agreed that this would be done in the future.

The care records of people contained a section for risk assessments. Identified risks included risks associated with falling, people's living environment and medical conditions. However, some of the risk assessments were not sufficiently comprehensive. They did not inform care workers of what specific risks or problems may be experienced by people concerned and how to keep people safe. For example, there was no mention of risks of hypoglycaemia or hyperglycaemia for someone with diabetes. In the case of a person with epilepsy, there was no guidance regarding ensuring people were kept safe when having a seizure. One person who needed to be hoisted did not have a risk assessment to ensure that they were not at risk when being hoisted.

Failure to provide adequate risk assessments which include guidance to care workers for managing risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The risk assessment for people associated with hoisting, diabetes and epileptic seizures were provided soon after the inspection.

People who used the service and their relatives told us that people were well treated by care workers. A person who used the service said, "My carer does a good job. They wash their hands and they use hand gel.

They are punctual." One relative said, "My relative feel safe with the carers. My relative is very safe and in fact is spoilt by them. My relative said they treat her with dignity."

The service had a safeguarding adults policy. 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 contact details of the local safeguarding team were available in the office.

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 punctuality of care workers was monitored via their time sheets. The nominated individual stated that the service was in the process of purchasing an electronic call monitoring system in January 2018.

The service had a medicines policy. However, the nominated individual stated that care workers did not administer medicines but only prompted people to take their medicines. During our last inspection in November 2016 we noted that some medicine prompt charts were not properly completed and some had numerous gaps. We examined the medicines prompt charts and noted that they had been fully completed and no gaps were noted. We however, noted that the names of the medicines were not included in the charts. The nominated individual stated that he would ensure that the names were included. During our telephone interviews, with one exception, all people said that care workers did not administer their medicines.

One relative, stated that care workers sometimes administered medicines to their relative. The nominated individual stated that this was a misunderstanding as care workers had been given strict instructions not to administer medicines. The registered manager agreed to clarify the matter with the relative concerned.

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 service kept 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.

No accidents had been recorded. The nominated individual stated that there had been no accidents. He was aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

Good

Is the service effective?

Our findings

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One relative said, "Absolutely! I am very, very happy with the staff. They check consent with me when needed. The carers are usually on time and professional in their behaviour." A second relative stated, "The carers do their job very well. I have been consulted regarding my relative's care? They always tell me what's happening. They do check consent if needed."

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 care workers on the dietary needs of people. However, care workers we spoke with said they rarely prepared food for people. They stated that they sometimes warmed up food for people.

Care workers were aware that some people had healthcare needs. One care worker stated that they were involved in changing a person's position in bed in order to prevent pressure sores. Another care worker stated that if they were concerned that a person was unwell or had deteriorated, they would inform their managers, relatives or medical staff involved. They were also aware that they could contact the emergency services if needed. The nominated individual informed us that the service assisted some people by interpreting for them when they had healthcare appointments.

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 moving and handling. Care workers confirmed that they had received the appropriate training for their role.

At the last inspection we recommended that full details of the contents of induction topics covered were documented. This is necessary to provide evidence that care workers had received a comprehensive induction. At this inspection, we noted that this had been done. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and covered important topics such as Person Centred Care, Effective Communication, Handling & Administering Medication, Safeguarding, First Aid, Sensory Impairment, Moving and Handling, Managing Challenging Behaviour, Loss and Bereavement and Mental Capacity. Since the last inspection 16 care workers had started on the "Care Certificate". The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles.

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 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 advocates or representatives would be consulted if people lacked capacity. He was aware that where needed, best interest decisions would need to be recorded. Information regarding people's mental state was documented in the care records. Details of people's next of kin were also recorded.

The nominated individual stated that most of the care workers had received MCA training. Care workers had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin can be consulted.

The deputy manager informed us that they aimed to deliver care in line with up to date guidance and legislation. He stated that they had checked the National Institute for Clinical Excellence website for information on best practice. He also stated that the service was a member of a national organisation providing advice and guidance for domiciliary care agencies regarding legislation and new requirements. This ensured that they received regular updates on care issues relevant to the service which could help improve the care provided for people.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of their care workers. They told us that care workers listened to them and were pleasant and caring towards people. They made positive comments about their care workers. One person said, "They are wonderful. They talk nicely to me. They are always on time. Yes the senior staff have been to do a check to see if things are alright." One relative said, "The carers treated us with dignity. My relative's privacy was respected when they give personal care – definitely! " Another relative said, "The carers do their job very well. I have been consulted regarding my relative's care? They always tell me what's happening. They do check consent if needed."

The service had provided training for care workers on person centred care. 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 service had a policy on ensuring equality and valuing diversity. 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 a good understanding of people's culture and what was expected when entering the homes of people from other cultures. One relative informed us that their carer got on very well as the care worker understood their culture and spoke the same language. Another relative stated that they could understand their care worker and no language problems were experienced.

The deputy manager stated that the service aimed to match care workers with people they could get along with. Some carers were matched with people from the same cultural background. Care workers could also be matched with people who had similar interests as them.

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. The registered manager informed us that they were a community resource and provided an advisory and interpreting service for people from Somalia and the Middle East.

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. A relative said, "I am satisfied with the care. One of the managers from the office came some weeks ago to check on the care. The carer has been taking care of my relative for a long time and knows my relatives preferences." Another relative said, "I am aware of the complaints procedure. I made a complaint and it was promptly responded to." A third relative said, "They provide personal care and do what is in the care plan. They are now writing in the care records. They are more or less punctual within 30 minutes. The senior staff do call round to discuss if everything is alright. I have no complaints about them." A social care professional informed us that staff at the service were always very respectful, helpful and responded to any enquires in a timely manner.

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 ensured that people received care that was appropriate. We noted that the care records were not structured and information was not always easy to find. This was discussed with the nominated individual who agreed that the records would be organised so that assessments, care plans and reviews done could be easily identified.

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 managers 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 the care needs of people. Some relatives stated that they had the same care workers for many years.

We discussed the care of people who had specific needs such as those with pressure sores, A care worker told us that people need to have changes in their positions to relieve pressure on their skin. They said that whenever they visited they would move people's position in bed. We discussed the care of a person with diabetes. One care worker stated that people with diabetes needed a sugar free diet and they needed to give their meals on time and take their medicines promptly. The service maintained a "critical list" of people who needed to be visited on time because of their medical conditions. This included people with diabetes and heart conditions.

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. One relative however, said that their relative had not been visited by senior staff since the beginning of the year. The service did not have a spreadsheet to provide an overview of people who had already been reviewed and others pending. This was discussed with the nominated individual who agreed

that they would have a spreadsheet in place.

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. Two complaints made had been promptly responded to.

Requires Improvement

Is the service well-led?

Our findings

The last comprehensive inspection we carried out in November 2016 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to 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

During this inspection in October 2017, we found that the service had taken action to comply with the requirement. The service had a system of audits and 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. These were also confirmed by relatives of people we spoke with. We noted that two audits had been carried out by outside professionals since the last inspection.
The deputy manager stated that additional audits had also been done, but we did not see documented evidence of this. In addition, the service had also been subject to inspections by the local authority's commissioning and quality monitoring department. Following the audits carried out by the local authority, the service had taken action to improve areas identified and this was confirmed by the local authority.

We however, noted that further improvements were needed to ensure that checks and audits covered all important areas such as risk assessments, staff training, recruitment records and care documentation. We had identified in the SAFE section that two risk assessments of people were not sufficiently comprehensive and there was no risk assessment for a third person who needed the use of a hoist. The records of two care workers who had criminal convictions did not contain risk assessments either. The care documentation was not structured and information was not easily accessed. Prompt action was taken only after we pointed them out during the inspection. The nominated individual also stated that they would ensure that care documentation was placed under specific headings such as assessments, care plans and reviews.

We recommend that the service review its system of checks and audits to cover all important areas such as risk assessments, staff records and care documentation. This is needed to ensure that the system is reliable, consistent and that deficiencies are promptly noted and appropriate action taken.

The service had sent out satisfaction survey forms to people and their representatives since the last inspection in November 2016. We saw that the feedback received was positive and indicated that people were satisfied with the services provided.

The service had a range of policies and procedures which had been updated to reflect changes in legislation. These included the safeguarding procedure, infection control policy and complaints procedure.

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 managers were supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. There were meetings where care workers were kept updated regarding the care of people

and the management of the service. These minutes were available for inspection. In addition, we were informed by the deputy manager that the service helped to interpret for Somali people and for those of Middle Eastern origin. The service also organised social outings for them.

The service had a management structure with a registered manager supported by a deputy manager, the nominated individual and an accounts staff. We however, noted that the registered manager only worked part time and the only full time management staff was the deputy manager. The registered manager and deputy manager were both not present during the inspection as they were on holidays. This meant that the nominated individual was running the service when they were absent. We spoke with both managers on the phone after the inspection and discussed our findings. As there is only one full time management staff, it is necessary for the service to review its management arrangements so that there is adequate management support. This is because we have noted that there were deficiencies and these were only rectified after we pointed them out.

We recommend that the service review the management structure so that there is adequate support and the service can be better managed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The service failed to provide adequate risk assessments which included guidance to care workers for managing risks to people.