

Satash Community Care Project Limited

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Inspection report

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Essex
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06 November 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Satash Community Care Project is a residential care home providing the regulated activity of accommodation and personal care to up to 8 people. The service provides support to people with learning disabilities and autism. At the time of our inspection 7 people were using the service.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. However, improvements were needed to the systems and governance of the service to ensure people received safe care. We found concerns with the providers lack of oversight and poor recruitment practice.

Right Support:

Care and support were provided in a safe, homely, well equipped, well-furnished environment which met people's physical and sensory needs. People living at the service had adapted their bedrooms to their likings. People's independence was promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so and assessed as competent

Right Culture:

Support focused on quality of life and followed best practice. Staff involved people, their family and other professionals as appropriate to evaluate the quality of support given and obtain feedback to improve people's day to day quality of life. People living at the service made choices and took part in meaningful

activities which were part of their planned care and support. Staff supported them to achieve their aspiration and goals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection was good (published 15 June 2021).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Enforcement and Recommendations

We have identified breaches in relation to recruitment practices, quality assurance and the notification of incidents. We have made a recommendation about the management of when required (PRN) medicines and end of life wishes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we inspect next

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 ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Satash Community Care Project Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Satash Community Care Project is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Satash Community Care Project is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 03 November 2023 and ended on 09 November 2023. We visited the location's service on 06 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 relatives and 4 people about their experience of the care provided. We spoke with 2 members of staff, the registered manager and the 2 directors.

We reviewed a range of records. This included 2 care records and plans. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager had not always ensured staff were safely recruited. Relevant recruitment checks were not always completed before staff started work. This meant people were at risk of receiving unsafe care.
- Staff were subject to Disclosure and Barings checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager told us, "Staff shadow with others until their DBS comes through." However, it was unclear from staff files if staff had started working before their DBS check.
- There were concerns with staff start dates and dates references were verified. It was unclear from the start dates in staff recruitment files if staff worked independently prior to references being verified. For example, some staff had references verified a month after their start date.

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had processes in place to ensure all staff received an induction and staff we spoke with told us they had an induction.
- There were enough staff at the service to support people. The registered manager told us they had consistent staffing levels and did not need to use agency staff. One person said, "The staff here are good and there's always enough of them."

Using medicines safely

- We found where people were prescribed medicines when required (PRN), they did not always have a PRN protocol in place. This gives guidance to staff to on the appropriate administration of PRN medicines.
- Medicines checks were carried out daily and a monthly audit of medicines was in place. However, the monthly audit lacked detail and did not prompt for checks of people's PRN medicines or protocols.

We recommend the provider review people's current prescribed when required PRN medicines and take action to update their practice accordingly.

- We were assured staff knew people well. We found information relating to people's PRN medicines had been documented in their health action plan folders. This reduced the risk to people to ensure safe and appropriate use of PRN medicines was being followed.

- Staff had received training in safe medicines management and were assessed as competent before administering medicines and knew how to report errors.
- We carried out checks of boxed medicines held in the medicine cupboard in the main office and the amount in the boxes reconciled with the total amount recorded on the Medicines Administration Records (MAR).

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Systems and processes in place supported this.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member told us, "If I have any concern of abuse, I will escalate this to the manager and if nothing is done about it, I will escalate to CQC."
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [relative] is safe and we have never seen [relative] in distress."

Assessing risk, safety monitoring and management

- People had risk assessments in place which met their care requirements. We saw positive behaviour support plans in place for people as guidance for staff on how to de-escalate certain situations. These included identifying any triggers or early warning signs enabling staff members to support people safely.
- The registered manager assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. There were regular checks and services of all equipment and the building.
- Each person had a personal emergency evacuation plan in place. This is used to document how people can be evacuated safely when they may have difficulty responding to a fire alarm or exiting a building unaided in the event of an emergency.

Preventing and controlling infection

- Staff had received training in infection prevention and control and supported people to minimise the risk of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks could be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The registered manager carried out regular checks of infection control and cleanliness. The management team met to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.
- Staff had cleaning rotas in place and supported people to keep their rooms clean and tidy. We saw 1 person helping staff clean the kitchen during lunch.
- Risk assessments were in place for people to mitigate risks from infections.

Visiting in care homes

- People were able to receive visitors at the service and told us they often went out with their relatives as well. A relative told us, "There are absolutely no restrictions on visiting, I can and do visit at any time and I am always made to feel welcome."

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong, to improve the service.
- The registered manager reviewed all accidents, incidents, safeguardings, and any lessons learned were shared with staff during their handovers, team meetings and through the use of a communication book, so improvements to the service and outcomes for people could be made.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS application had been made and legal authorisations were in place when needed.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.
- Staff worked well with external professionals to support people who lacked capacity to manage their own money.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care.
- The registered manager had introduced end of life pictorial care plans. However, we found these were not completed for all of the people using the service.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were fully assessed prior to their admission to the service. This ensured their needs could be met and the service was appropriate for them. People were encouraged to visit the service and meet staff and other people living there before moving in. This transition meant people could get used to the service before they moved there..
- The registered manager ensured their care was planned in a person centred way, this included ensuring people continued to attend any groups or activities to cause the least disruption to their routine.
- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. People's care plans contained in depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff are extremely patient and always speak to my [relative] with respect. They are so attentive to all my [relative's] needs, they are just amazing."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amended or updated the care plans with families as and when required. A relative told us, "They always call me if there's ever any concerns or changes. Their communication is amazing. They always go above and beyond."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans were in place to help people's communication needs. Staff knew people's individual communication styles including key words and their meanings.

- Staff received training to work with people who may have communication difficulties and use tools such as, objects of reference or pictorial guides and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in various activities throughout the day, either independently or with members of staff. People went out for walks during the day and attended appointments. People had access to their own electronic devices to remain in contact with others. We saw people socialising in the communal lounge as well as going to their own rooms to have quiet time or listen to music when they wanted to.
- During our visit, people were using the service's minibus to go out for their activity. We also saw people being taken out for swimming later during the day.
- People enjoyed social trips into the local community together and were supported to visit their relatives. We saw 1 person going out with their relative. The relative told us, "I come often to collect [relative] and we spend the afternoon together."

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- People, and those important to them could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure, "I have never had to raise a complaint, but I know who I would speak to if I did have to."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found an example where a person had raised a complaint to the registered manager and immediate action was taken to resolve the complaint.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection this key question was rated good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service.
- It was unclear if a member of staff had undergone the appropriate recruitment checks before supporting people unsupervised due to the various start dates recorded in staff files.
- Audits were ineffective and lacked detail. We found these to be mostly tick box audits, without action plans attached or with timescales for completion or staff identified responsible for the outcomes.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager had regular contact with health professionals and updated support plans accordingly.
- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place which included a care team leader. The registered manager received support from directors on a regular basis.
- The registered manager had been raising safeguarding alerts with the local authority however, there had been occasions whereby safeguarding notifications had not been sent to CQC as required. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.

The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Following the inspection, the registered manager sent the relevant notifications retrospectively to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The service had sent people and relatives surveys for feedback on the service they received. We saw

residents had also completed surveys. The service used this information to implement action plans and make improvements.

- People's equality and diversity characteristics had been considered and integrated into their care plans.
- Staff received regular supervision to discuss their support needs and any practice issues. There were also daily staff handovers and regular staff meetings. Staff told us, "We use our supervisions to discuss people and their wellbeing, the running of the service and how staff are progressing. I find the supervisions really valuable."
- Staff meetings were held regularly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and directors understood their responsibilities under the duty of candour. We saw evidence that where incidents had occurred, and investigations had taken place the service had acknowledged this.
- The registered manager and the directors had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The registered manager and directors recognised improvements were needed to ensure governance and leadership was more robust and effective in managing the day to day quality assurance of the service.
- The service had received an award for the Best Learning Disabled Adult Social Care Service South East England from Global Health & Pharma (ghp) Social Care Awards 2022 and achieved a Gold award from Investors in People.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care. This included the local authority, speech and language therapists, occupational therapists, district nurses and GPs.

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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.