Sahara Community Care Services Limited

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Inspection report

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Tel: 01733314800

Date of inspection visit:
11 August 2016

Date of publication:
05 September 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Sahara Community Care Services is a domiciliary care service registered to provide personal care to people in their own homes. It provides personal care to both adults and children from all cultural and ethnic backgrounds. It specialises in providing services to black and minority ethnic groups in Peterborough. There were 48 people being supported with the regulated activity of personal care at the time of our inspection.

We carried out an announced comprehensive inspection on 9, 10, and 11 November 2015. A breach of a legal requirement was found. This was because the provider did not take reasonable steps to make sure that they maintained an accurate record of people's care and treatment needs. This included the accurate completion of people's medication administration records. After the comprehensive inspection, the provider wrote and told us to say what they would do to meet the legal requirements in relation to the breach.

We undertook this announced inspection on 11 August 2016 to check that they had followed their plan and to confirm that they now met legal requirements. We found that the provider had made some of the necessary improvements.

During this inspection we saw that the provider had not displayed their previous inspection rating on the communal notice board within their office nor on their website. We discussed this with the registered manager during the inspection.

There was a registered manager in place during this inspection. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager had an understanding that people being supported by the service who lacked the mental capacity to make day-to-day decisions should have an application to the Court of Protection made on their behalf. Staff were able to demonstrate a basic understanding of the MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible. However, records did not document where care was to be given in people's best interests.

People had care records in place which included information on how they wished to be supported, and what was important to them. These care records also documented people's care and support requirements and any assessed risks. Where appropriate, staff made sure that care and support was delivered in line with people's religious and cultural requirements.

People's health, nutritional and hydration needs were met. Detailed information around people's specific

dietary needs were not always recorded clearly. People were assisted where required, to contact and access a range of external healthcare professionals to maintain their health and well-being.

People and their relatives said that staff respected their choices about how they/their family member would like to be supported. People were supported by staff in a caring and respectful way. Staff promoted people's privacy and dignity.

Plans were in place to minimise people's identified risks and to prompt staff on how to assist them safely whilst maintaining their independence. These records and reviews of these records, documented that people and/or their appropriate relatives had been involved in and agreed their plan of care.

Arrangements were in place to ensure that people's medicines were administered safely. Records regarding the administration of people's prescribed medicines were kept.

There was a sufficient number of staff to provide people with safe support and care. Staff were trained to provide care and support which met people's individual needs. The standard of staff members' work performance was reviewed during supervisions and appraisals to make sure that staff were confident and competent to provide the agreed care and support.

Staff understood their responsibility to report any suspicions of harm or poor care practice. There were pre-employment essential checks in place to ensure that all new staff were deemed safe and suitable to work with the people they supported.

People's complaints were listened to and resolved where possible. The registered manager sought feedback about the quality of the service provided from people who used the service and their relatives. Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had.

Quality monitoring processes to identify areas of improvement required within the service were in place. Improvements identified as required were either completed or were on-going.

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.

People's care and support needs were met by a sufficient number of staff.

People's medicines were managed and administered as prescribed.

Staff were aware of their responsibility to report any concerns about poor care or suspicions of harm that people may experience.

Safety checks were in place to make sure that only staff that were suitable to provide care for people were recruited.

Is the service effective?

Good

The service was effective.

People's health, nutritional and hydration needs were met. Detailed information around people's specific dietary needs were not always recorded clearly. This meant that there was an increased risk.

Staff were aware of the key requirements of the Mental Capacity Act 2005 (MCA). Records did not document where care was to be given in people's best interests.

Staff were trained to support people to meet their needs.

People were assisted with external healthcare appointments and referrals when needed.

Is the service caring?

Good

The service was caring.

Staff were caring and respectful in the way that they supported and engaged people.

Staff respected people's right to privacy and dignity when

delivering their personal care.

Staff encouraged people to make their own choices about things that were important to them. Staff assisted people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

There was a system in place to receive and manage people's concerns and complaints.

People were supported to maintain their links with the local community to promote their social inclusion.

People's care and support needs were planned and reviewed to make sure they met their current needs.

Is the service well-led?

Requires Improvement

There was a registered manager in place.

The provider had failed to display their previous inspection ratings in their office and on their web-site, which meant that there was lack of duty of candour.

Audits were undertaken as part of the on-going quality monitoring process to identify and make improvement. Improvements had been made but were still on-going.

People who used the service and their relatives were able to feedback on the quality of the service provided.

Sahara Community Care Services

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.

We undertook an announced inspection of Sahara Community Care Services on 11 August 2016. We gave the service 24 hours' notice because we needed to be sure that the registered manager and staff would be available. The inspection was completed by an inspector and an expert-by- experience. An expert-by-experience is a person who has personal experience of working with or caring for someone who uses this type of care service.

We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with three people who used the service and six relatives of people using the service. We spoke with the registered manager, a business consultant employed by the service, and four care workers. We also received feedback about the quality of the service provided from a representative of the Cambridgeshire and Peterborough Clinical Commissioning Group.

We looked at four people's care records, two staff recruitment files and the systems for monitoring staff training and development. We looked at other documentation such as quality monitoring, feedback surveys, compliments, complaints, and medicine administration records.
Start this section with the following sentence:

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe using the service. This was because of the quality of the care and support that was provided to them. One person said, "Oh yes, I'm safe." A relative told us, "Yes, [family member] said she feels safe."

Staff told us that they had completed safeguarding training and records we looked at confirmed this. Staff demonstrated to us their knowledge on how to identify the different types of harm and report any suspicions of this or poor care practice. One person told us, "I've never had anybody [staff] burst in on me, or be rude to me." A relative said, "[Staff] don't do anything that worries me." Staff told us what action they would take in protecting people and reporting such occurrences. This included external agencies they could contact, such as the local authority or the Care Quality Commission to report suspicions of poor care practice. This showed us that there were procedures in place to reduce people's risk of harm.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew procedure to follow if they had any concerns to raise and said that they were confident to do so. This meant that staff understood their roles and responsibility in protecting the people they assisted.

Staff said and records confirmed that essential pre-employment safety checks were carried out prior to them starting work and providing care. Checks included references from previous employments. A criminal record check that had been undertaken with the disclosure and barring service and staff's proof of identity was in place. Any gaps in a staff members' previous employment history had been documented. These checks were in place to make sure that staff were of a good character and that they were deemed suitable to work with people who used the service.

On review of people's care records we saw that people's care and support needs had been assessed. People's risks had been identified and assessed to reduce the risk of harm. Risks included a health assessment. Under these assessments people's assessed risks included, but were not limited to; neglect of personal care; mental health needs; movement; poor skin integrity; continence; eating and drinking support; and medication. We noted that risk assessments and care plans gave individual prompts to staff to help assist people to live as independent and safe a life as possible. However, we saw that these prompts were not always detailed. We spoke to the registered manager during the inspection who said that they would take action to address this deficiency.

We found that people had risk assessments in place which detailed the internal and external environment of people's homes, including access to the property, as guidance for staff. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Care records documented whether the person, their family or staff were responsible for administering people's medication. The majority of people we spoke with either managed their medication themselves or had a relative support them with this. People who were supported by staff with their prescribed medication told us that they had no concerns. One person said, "[Staff] put cream on my feet [and] my legs…I have

[medication] patches, but [staff member] doesn't put them on me, my family does, but [staff member] could if I needed [staff member] to." We saw that accurate records of people's medication administration were kept. Staff who administered medication told us that they received training. Records looked at confirmed this. This showed that there were procedures in place to manage people's prescribed medication safely.

People and their relatives said that there were enough staff to safely provide the required care and support and that staff stayed the allocated amount of time. People and their relatives told us that staff were punctual with their timings. One relative told us, "They're [staff] here at a reasonable time." Another relative said, "They [staff] have been coming at 9.30am but are now coming [earlier time given] as [family member] gets up earlier- it's better for us." Another relative said, "They've [staff] never missed [care] calls. They're never late – only once or twice by five minutes. The teatime [care] call is a couple of minutes earlier but not late." The majority of people and their relatives told us that they or their family member had regular staff who supported them and as such they had a positive relationship with staff members. Another person said, "I know the regular carers – they've been coming a long time."

Documented evidence showed us that there were enough staff available to work. One relative said, "We've never had any missed [care] calls…They do ring if they're late. On one occasion [staff member] was late stuck in traffic but was very apologetic." Another relative told us, "They [staff] stay [the agreed time] since when [they] newly started." This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

Good

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that during this inspection no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff and records showed that staff had training on the MCA. One staff member said, "Some people can make decisions but it takes time." They gave an example of how they would support a person to make a wise decision about what food they would like to eat without removing the person's choice. Another staff member told us that, "Decisions [are] made that are right for that person…if a person cannot decide what to eat we use visual prompts [to help] rather than just making a decision for them." Staff were able to demonstrate to us a basic understanding of the MCA and how people could be supported in their best interest and with the least restrictions. This understanding from staff meant that any decisions made on people's behalf by staff would be in their 'best interest' and as least restrictive as possible. However, care records we looked at did not record clearly where care and support was to be given in the person's 'best interest.' We spoke with the registered manager about this during the inspection and they said that they would take action to address this deficiency.

People using the service told us that where needed, they were supported by staff with the preparation of meals and drinks. There was guidance in place in people's records for staff about people's cultural and religious requirements around food. One relative said, "They [staff] feed [family member]…she has halal and vegetarian food which [staff] know about." There was information for staff on how to support people at risk of poor swallowing. However, we saw that this information for staff to 'cut up meals into small pieces', was not in the main areas of the person's care and support plans. This meant that there was an increased risk that this guidance may be missed by staff members.

People supported by staff with their meals gave positive feedback on this assistance. One person said, "They [staff] just put it [food] into the microwave, and they make sure I've got my water." Another person told us, "It's always frozen food and they do it in15 minutes – it's only the lunch needing heating up." A third person said, "They [staff] just get my breakfast and I get my own meals. They [staff] leave drinks and everything is quite smooth going. I can ask for tea. I like to get my own food ready- I like to be independent." This showed us that people were supported to maintain their nutrition and hydration needs.

When staff first joined the team, they had an induction period which included mandatory training and shadowing a more experienced member of staff. This was until they were deemed competent and confident

by the registered manager to deliver safe and effective care and support. One staff member told us, "I built up my confident by working alongside senior carers."

Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to; moving and handling; safeguarding adults; safeguarding children; the application of the MCA and DoLS; dementia; first aid; health and safety; medicines administration; infection control and food hygiene. Staff talked us through the development of their skills and knowledge as they were being supported to complete national vocational qualifications in health and social care. This indicated to us that staff were trained to assist the people they were supporting.

Staff members told us they enjoyed their work and felt supported. Staff said they attended staff meetings. Another staff member told us that staff meeting were, "Useful, you can discuss your working, wages and any problems. You can also have five minutes for a personal chat." Staff said that they received formal supervision, competency spot checks and appraisals to review their skills and develop their knowledge. This showed us that staff were supported to develop and maintain their skills.

The people we spoke with did not require support from the service to attend external health care appointments. Records we looked at showed that staff supported people to contact or visit external healthcare professionals if needed. This showed us that staff supported people where required.

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the care provided by the service. One person said, "I'm quite happy." A relative told us, "[Family member] seems to smile at them [staff]. We think [family member] still understands, so we know everything is okay...and we see how they [staff] care." Another relative said, "The staff came once to introduce themselves. . .[staff member] gets on quite well with [family member]." A third relative said, "Yes they're kind."

People and their relatives who expressed an opinion did not have any concerns about the gender of the staff member who supported them/their family member with personal care. They confirmed that their preference for a gender specific staff member was respected by the service. One relative said, "They asked if we wanted a male or female carer and we wanted a male." They told us that this had been supported. This showed us that people's wishes for a gender specific staff member were respected.

Staff told us how they respected people's choice about how they wished to be assisted. This was confirmed by the people and their relatives we spoke with. One relative told us, "Respect they [staff] do. They even take their shoes off when they come into the house." A person said that, "They [staff] are kind and respect you." Another relative told us, "When they [staff] come in they greet [family member], ask how [they] are doing, feeling – they [staff] actually talk to [family member] and make them feel comfortable. They say 'let's do this' and make [family member] feel valued."

People's care records showed that people wanted to maintain their independence as appropriate and continue living in their own home with support from staff. These wishes were then taken into consideration when planning all aspects of their care. Care reviews took place to make sure that people's care and support plans were up-to-date and met people's current needs and wishes. One person said, "They are very good at assessing my needs, listening to me and doing it." Records we looked at documented that people, and/or their appropriate relatives were involved in the reviews of their care.

We were told that staff supported people in a caring and respectful manner. One person said, "[Member of staff] does what I want to do. They come on time, is very caring. [Staff member] talks to you, is sympathetic with how I feel." Another person told us, "Some [staff] talk more than others, but that's alright, because they're all quite respectful."

Staff told us how they promoted people's privacy and dignity when supporting them. Staff were able to demonstrate their knowledge of the different ways they would support a person with their personal care whilst maintaining their privacy and dignity. This was confirmed by the people we spoke with. One person said, "When I have a shower, I pull the curtain and they [staff] only come when I say I'm ready." A relative confirmed that, "[Family member] is changed in their own room – nobody see's anything. The door is very slightly ajar but not open and they [staff] put a towel around [family member] in the wet room."

Advocacy information was made available to people in the service user guide. This document was given to people when new to the service. Advocates are for people who require additional support in making certain

decisions about their care.

Good

Is the service responsive?

Our findings

People's care and support needs were planned and assessed to make sure that their individual needs were met. A relative said, "Yes, [staff member] coming back on [named date] to see if everything is going alright and if I want anything different." Records we looked at showed that people's care and support plans were reviewed.
Where appropriate people and their relatives explained to us how the staff and the service provided met their religious and cultural requirements. They said that staff were able to cook their food preferences or speak a familiar language and that this was important to them.

Staff told us that they had time to read people's care and support plans before delivering care. They said that these records contained enough information for them to know the person they were supporting to deliver safe care. Staff told us that if they felt that the support and care plans needed updating they would contact the office and this would be actioned. Up-to-date records meant that people received appropriate and safe care and assistance.

Care records we looked at detailed how many care workers should attend each care call and how people wished to be supported as guidance for staff. This helped care staff to be clear about the assistance and care that was to be provided. There were details in place regarding the person's family contacts, and any health care professionals such as doctors who were involved in the persons care and treatment. Individual preferences were recorded and included what was important to people.

Reviews were carried out to make sure that people's current support and care needs were recorded and updated as guidance for the staff that assisted them. An individualised care and support plan was then developed by the service in conjunction with the person, and/or their family to provide information to staff on the care and support the person required.

Support that people received included, but was not limited to; assistance with personal care and with the preparation of meals and drinks, attending health care appointments and managing their prescribed medication. We noted that staff supported some people to access the local community to promote social inclusion. One relative said, "I'll tell [staff member] where to take [family member] and they will say to me where they want to go. Now [staff member] is getting to understand [family member]…[Family member] doesn't always decide with me where they want to go, but [staff member] knows their interest… so they can go to [named shops] as they like browsing around." This showed that staff understood the help and assistance people required to meet their needs.

People and relatives said that that they knew how to raise a concern. They told us that they felt that they were able to talk freely to staff and that their concerns or suggestions were listened to. One relative said, "If I've got any problem I will ring them [service] direct. Somebody always picks up the phone during the day time. They gave me a mobile number out of hours which I have not needed to use." Another relative told us, "They say give us a ring. It's just morning and evening help – and they listen to my suggestions." A relative gave an example of a recent complaint they had raised with the service. They told us, "The [registered]

manager was very concerned and did sort things out quickly."

Staff said that they knew the process for reporting concerns. We noted that the service had received both compliments and complaints since the last inspection. We looked at records of complaints received. Records showed that complaints received had been investigated, responded to in a timely manner, and any actions taken to reduce the risk of reoccurrence as a result of the investigation into the concerns had been documented.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. They were currently being supported by care and office staff.

During the inspection carried out on 9, 10, and 11 November 2015 we found that the provider did not have a robust quality monitoring process in place which took account of the services quality monitoring findings and documented all of the necessary improvements required and taken. This was because accurate records were not kept. This included people's medicine administration records.

At this inspection, we saw that there had been improvements made. This included the maintaining of accurate records including people's medication administration records.

We saw that the provider had not displayed their previous inspection rating on the communal notice board within their office nor on their website. We discussed this with the registered manager during the inspection. They told us that they were aware that they needed to display their rating on their web-site. However, we were told that their web-site was under construction. They said that they were not aware that their rating needed to be displayed in their office. The registered manager said that they would take action to address this deficiency.

There were arrangements in place to monitor and audit the quality of the service provided. These audits included, but were not limited to; people's daily notes and medicine administration records. Where improvements required had been found on audits undertaken, for example, a log of a person's care call, we saw that actions to be taken were recorded and had been taken. These actions included, all staff being reminded of the importance of the completion of people's daily notes at a staff meeting.

We saw that the registered manager sought feedback about the quality of the service provided from people using the service and their relatives. This was feedback to the service via the completion of surveys and/or a telephone monitoring service. Feedback received was positive.

People and their relatives had positive opinions about the quality of communications. One relative said, "[The registered manager] was approachable." Another relative told us, "If I've ever had an issue, they're very good like that. I'd ring the [registered] manager and they deal with things quite quickly – it's good." All staff spoken with confirmed that their role and the values of the service were to give people the best care they could. One staff member said, "The [person] is your responsibility. It is important to get there on time and stay the full amount of time. If you finish early – you stay for a chat."

Staff said how they could make suggestions to the registered manager and feel listened to. They gave examples of this and how their suggestions had been implemented or how they had been supported. One staff member said, "It has been very enjoyable working here. The [registered] manager is very helpful." Another staff member told us, "The [registered] manager would listen [to any concerns]." Records we looked and staff confirmed that staff meetings were held. We saw that these meetings were also used as opportunities to update staff on the service provided, service development, and people's care and support

needs.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.