Sahara Community Care Services Limited

Sahara Community Care Services

Inspection report

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Date of inspection visit: 09, 10 and 11 November 2015
Date of publication: 21/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This announced comprehensive inspection was carried out on 09, 10 and 11 November 2015. We gave the service 48 hours' notice of our inspection.

Sahara Community Care Services is a domiciliary care agency registered to provide personal care to people including children in their own homes. It specialises in providing services to black and minority ethnic groups in Peterborough. They are also registered to provide the service type of supported living, but this part of the service is currently dormant. There were 43 people being supported with the regulated activity of personal care in their own homes at the time of our inspection.

There was a registered manager in place during this inspection. A registered manager is a person who has

Summary of findings

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 the Deprivation of Liberty Safeguards (DoLS) and report on what we find. The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. There had been no requirements to make applications to the authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA and DoLS to ensure that people did not have their freedom restricted. The lack of understanding increased the risk that staff would not identify and report back to the management that people were having their freedom restricted in an unlawful manner.

Plans were put in place to reduce people's identified risks, to enable people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication. Accurate records of people's medication administration and corresponding records were not kept.

People, where needed, were assisted to access a range of external health care professionals and were assisted to maintain their health. Staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met.

People who used the service were supported by staff in a caring and respectful way. Where appropriate staff made sure that care and support was delivered in line with people's religious and cultural requirements. Individualised care and support plans were in place which recorded people's care and support needs. These plans prompted staff on any assistance a person may have required.

People and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they were supporting. There were enough staff available to work the service's number of contracted work hours. Staff understood their responsibility to report any poor care practice.

Staff were trained to provide care which met people's individual care and support needs. Staff were assisted by the registered manager to maintain and develop their skills through training. The standard of staff members' work performance was reviewed by the registered manager through supervisions and observations. This was to make sure that staff were confident and competent to deliver this care.

The registered manager sought feedback about the quality of the service provided from people who used the service. 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 not formally documented with recorded action taken.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported with their medication as prescribed.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely.

Good

Is the service effective?
The service was not always effective.

Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

Staff were trained to support people. Supervisions of staff were carried out to make sure that staff provided effective support and care to people.

People's health and nutritional needs were met.

Requires improvement

Is the service caring?
The service was caring.

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

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

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were able to continue to live independently with assistance from staff. Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's cultural and religious needs were met.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

Notifications were not always submitted to the Care Quality Commission in a timely manner. Accurate records of people's care and treatment were not always kept.

Actions taken to improve the service were not always identified or formally documented.

People and their relatives were asked to feedback on the quality of the service provided through questionnaires and meetings held.

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.

This inspection took place on 09, 10 and 11 November 2015, and was announced. We gave the service 48 hours' notice because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. We also received feedback on the service from a family nurse partnership supervisor.

We spoke with six people and seven relatives of people who used the service by telephone. We also spoke with the registered manager, a business consultant employed by the service, and three care workers.

We looked at three people's care records, the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as questionnaires, accidents, incidents and safeguarding records and a business contingency plan for winter weather. We saw records of weekly contracted work hours, compliments and complaints records and three medication administration records.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe. One relative said, "They're [staff] very, very good. I'm lucky. If I'm worried, yes I will talk. Yes, I have talked to them [staff] and they've been really helpful…. They [staff] advised me [because] I didn't even know what to do – they directed me.

Staff told us that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. This showed us that there were processes in place to reduce the risk of harm.

During this inspection we saw that people's care and support needs had been assessed. We saw that risks had been identified and assessed to reduce the risk of harm. Risks included but were not limited to; neglect of personal care, moving and handling, skin integrity, eating and drinking, mood and medication. We noted that risk assessments and support plans gave individual prompts to staff to help assist people to live as independent and safe a life as possible.

Care records we looked documented whether the person, their family or staff were responsible for administering people's medication. People who were supported by staff with their prescribed medication told us that they had no concerns. One person said, "Yes [staff] give me medicine in the morning and in the evening."

Staff who administered medication told us that they received training. The registered manager told us that peoples medication administration records (MAR) were looked at as part of the providers quality monitoring. However, we found that any action taken as a result of any improvement required was not always formally documented.

Staff said that they had time to read people's care and support plans. They said that they 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. The care and support plans were up-to-date and this helped to ensure that people received appropriate and safe care and assistance.

Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a disclosure and barring service check, photo identification, gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. This showed us that there were measures in place to help ensure that only suitable staff were employed at the service.

People and their relatives said that there were always 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 mostly punctual. One relative told us, "Yes, they arrive within 15 minutes or there's always a notification as [family member] is elderly and she's not sitting left waiting. They always ring." Another relative said, "They [staff] are on time. They usually phone through if they're late. They always come." However, one relative said, "Sometimes they [staff] do get here late. Sometimes they finish very quickly." People and their relatives told us that they or their family member had a core of regular staff and as such they had a positive relationship with staff members who supported them. A relative said, "If there's going to be a change of carer, they [staff] always let us know."

We looked at two recent weeks of the overall contracted hours of care work the provider had to provide staff for. We then checked the overall hours of staff scheduled availability for that time period. This documented evidence showed us that there were enough staff available to work, to meet the number of care hours commissioned. This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

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. We saw that there was an overall business

Good

Is the service safe?

contingency plan in case of an emergency during the winter months. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). 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 no one being supported by the service lacked the mental capacity to make day-to-day decisions. There had been no requirements to make applications to the authorising agencies.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA and DoLS to ensure that people did not have their freedom restricted. However, on speaking to staff we noted that their knowledge about MCA 2005 and DoLS was not always embedded. The lack of understanding increased the risk that staff would not identify and report back to the management that people were having their freedom restricted in an unlawful manner.

People and their relatives said that staff respected them/ their family member's choices. One relative said, "They [staff] respect and follow all [family members] choices, most definitely." Staff we spoke with had a clear understanding about including and involving each person in decisions about all aspects of their lives. One staff member said, "It is all about encouraging people to make good choices, you can't force [them] only encourage. Don't take away people's choice."

People and their relatives, told us that where appropriate, they or their family member was supported by staff with their meal and drinks preparation. People were supported to help them remain independent in their own homes, which was their goal. A person said, "My [family member] leaves me something in the fridge and they [staff] get it out for me and make my tea and my [family member] makes sure that I've got fresh juice in and they [staff] give that to me." Another person told us, "The care workers put food on the plate and they get enough drinks for me. I'm quite happy with everything." A relative said that staff assisted their family member with their meals in a nice way and that, "They [staff] do a better job than me."

Staff told us that they were supported with regular supervisions and observations were undertaken by the registered manager of staff whilst working. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the manager to provide safe and effective care and support to people.

A relative we spoke with said, "They [staff] have expertise of a very high standard, professional." However, one person talked us through how they felt that the staff member that supported them could be trained better in health and safety. This was because of some concerns they had around the support they were given by staff when they helped with the washing up. Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Training was a mixture of on-line training, watching videos and practical training. Training included, but was not limited to, food hygiene, dementia care, infection control, person centred care, safeguarding adults, safeguarding children, health and safety, safe handling of medication, first aid and moving and handling. Staff had also undertaken training for specific health care conditions. Staff told us how the service had supported them to undertake additional national qualifications in health and social care. This showed us that staff were enabled to provide effective care and support.

The records showed that staff involved external healthcare professionals to provide assistance if there were any concerns about the health of people using the service. A

Requires improvement

Is the service effective?

person told us, “They do what I need. I do the same every day. [Staff] help me with going out, going to the doctor’s surgery. I’ve got a dentist appointment, staff] go with me.” One relative said, “If [family member] needs the doctor, sometimes they [staff] go to the surgery and tell them the problem. They [staff] phone me as well sometimes.”

Good

Is the service caring?

Our findings

People and their relatives had positive comments about the service provided. We were told that staff supported people in a caring and respectful manner. One person said, "Caring, very much so. My carer looks after me very well." Another person told us, "Caring, of course they are. They [staff] wouldn't be here if they weren't kind to me." A relative said, "They're [staff] very kind. They're never rude. They listen, sit down after they've done the work and talk to [family member]. When they [staff] come they greet [family member] nicely and ask how she is…They [staff] do wash her hair and do her bath, there's always dignity and respect."

Care records we looked at included information about the person being supported. This included people's individual wishes on how they wanted to be assisted. People and their relatives told us that they were involved in decisions about their or their family member's care. A relative said, "They [staff] have adapted to [family members] needs… we let Sahara do everything as they are very accommodating." Information that was documented about a person in their care and support plans gave staff a greater understanding of the needs of the person they would be supporting.

People told us that staff showed them both privacy and dignity when supporting them. A relative said, "They [staff] do any personal care, put cream on [family member], bathe, shower and do [their] hair. With dignity and respect most definitely." A relative told us, "They [staff] always knock, as there is that element of respect. They [staff] say through the door, 'I'm here'." One other relative said, "Dignity and respect, well, they lock the door when they take [family member] in to the toilet so we don't see anything, and they don't let just anyone into the house." A fourth relative told us, "The only one issue and it's a cultural issue is language is a slight barrier and [family member] has a struggle with accents as they are hard to decipher, when they're [staff members] together they're speaking in a non- English language which is not respectful….. [family member] can have a conversation [with staff]….but when they [staff] are together it gets a little bit awkward because sometimes they speak their language."

People who had a preference told us that their request for either all male or female care workers was facilitated by the service. One person said, "I prefer female staff. I only have female staff – I've never seen male staff." A relative told us, "Oh yes, [family member] gets female carers. We always get females."

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 the service could meet their individual needs. A relative said, "There is a care plan and [staff] write it down. Sahara [staff] did it with us so I'm aware of everything. I've told them my plan. [Staff] came round, sat with me and wrote it down." A person told us, "A [staff member] came to find out what time I need the calls. [They] said what times calls were available. I said I accept that." Records we looked at showed that people's care and support plans were reviewed. A relative told us, "A review, yes, I think we have that every six months."

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. One relative told us how the registered manager had spoken to their family member in their own language and that this had, "Made [family member] very happy."

We looked at three people's care and support plans during our inspection. Records 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 care and support that was to be provided. We noted details in place regarding the person's family contacts, and health care professionals such as doctors. Individual preferences were recorded and included how people wished their care to be provided and what was important to them. Reviews were carried out to ensure that people's current support and care needs were recorded as information for the staff that supported them. An individualised care and support plan was developed by the service in conjunction with the person, and/or their family to provide guidance to staff on the care and support the person needed.

The support that people received included assistance with personal care and with the preparation of meals and drinks, attending health care appointments and their prescribed medication. We noted that staff supported some people to access the local community to promote social inclusion. One person said, "In good weather we [staff] go out." Another person told us how staff tried to encourage them to venture out, "They [staff] say, 'do you want to go out?' They do try but I don't bother." A relative talked us through how staff supported their family with their interests in bad weather, "[Staff] will sit with [family member] and watch [favourite TV programmes] at home and not go out." A third relative said, "Today they [staff] are taking [family member] out in the fresh air in the wheelchair. If I hadn't had this, I don't know what I would do because [family member] is entertained by the care workers and [family member] doesn't even get angry anymore." Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. 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, "No complaints, believe me, I'd complain. I know how." One person talked us through an example of a recent complaint they had raised with the service. They told us, "If I've got a complaint I tell my relative and [they] deal with it…..It's been sorted out." Another relative told us, "Yes, of course I know how to make a complaint or discuss a concern. I've just not had to. I can talk to the manager at any time or day. I'll always talk straight and directly. They're [staff] very welcoming always." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. We noted that the service had received both compliments and complaints about the service provided. 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 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 who was supported by care staff and non-care staff. People we spoke with had positive comments to make about the staff and the service. One relative said, "I think it's [the service] really good and they're [staff] very approachable." One other relative told us, "They [staff] get back to me if I ask them anything. I've met the [registered] manager on many occasions; she's been to the house." A third relative said, "It's [the service] well organised and it's professional. Anytime, they're approachable."

During this inspection, we found that there were inaccurate records held within people's care records. One relative said, "The only problem is [staff] writing everything down because they struggle with writing and I can't write everything for them. Sometimes they haven't written down what they have done – but they say we need to get evidence. If one of them [staff] could write it would be fine." We saw that people's medication administration records (MAR) were not always recorded accurately and people's daily notes that corresponded were conflicting. We found that the time recorded by staff as the time they gave people their medication did not correspond with the time documented as the care call time. For example medication gave at 07:30am but the care call was documented as 08:00am until 09:00am. We also saw that a date on a MAR sheet was crossed through as 'not given' but the corresponding daily notes for the same date/time recorded 'gave meds' (medication). This evidence was shown to the registered manager at during the inspection. These inaccurate records meant that there was a risk of miss-interpretation by other care staff.

This meant that the provider did not maintain accurate records of people's care and treatment in respect of each person using the service. This was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality monitoring systems in place had not yet identified that there were inaccurate records held. We spoke with the registered manager about this during the inspection and they told us that actions taken as part of their monitoring of the service were not always formally recorded. This meant that there was a lack of robust documented evidence of any actions taken to improve the service provided to people.

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. However, we found that there was a delay in reporting a serious injury to the CQC. This meant that notifications were not always sent through in a timely manner.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. Staff told us that the registered manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. They also told us that staff meetings happened where they were able to raise any suggestions that they may have. Staff said that they felt supported.

The registered manager sought feedback about the quality of the service provided from people and their relatives by asking them to complete questionnaires. One relative said, "They [staff] ask how to make the service better, then write it down." Another relative told us that they received a, "Questionnaire about six months ago. The service is good it just ticks along." A third relative said, "They [staff] send me a questionnaire and I fill it in and send it back to the office with the carers." We saw that feedback on the service was mainly positive.

A new meeting forum had been set up by the registered manager to try to involve people and their relatives in driving forward improvements in the service. We saw that two meetings had taken place and although attendance was low, the registered manager and business consultant was looking at ways to encourage attendance.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulations were not being met: The provider did not maintain accurate records of people's care and treatment in respect of each person using the service. Regulation 17 (1) (2) (c).