

# Satash Community Care Project Limited

# Trinity Community Centre

## Inspection report

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Date of inspection visit:  
13 October 2017

Date of publication:  
16 November 2017

### 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?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 October 2017 and was announced. The service was last inspected in February 2016 when breaches of two regulations regarding the safety of medicines management and governance of the service were identified. The provider had taken effective action to address these concerns and was no longer in breach.

Trinity Community Centre is a domiciliary care service providing personal care to people living in their own homes. The organisation also provides day opportunities to people with learning disabilities. At the time of our inspection one person was receiving personal care.

The service had a registered manager in post. 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.

A person and their relative told us they felt staff supported them safely. There were clear policies and procedures in place to ensure staff had information about how to escalate any concerns about abuse, and staff had received training about safeguarding adults from harm. There were clear plans in place to ensure risks to people were mitigated. People were supported to take medicines and this was managed safely.

The service's recruitment practices were effective in ensuring that only suitable staff were employed to support people. Staff received the training and support they needed to perform their roles and relatives told us they were confident staff were trained.

People were supported to prepare and eat their meals in line with their cultural and health needs. People were supported to attend healthcare appointments and the provider followed the advice of healthcare professionals.

People were offered choices during their care and their decisions were respected. The service applied the principles of the Mental Capacity Act 2005 and ensured people were given information in formats that facilitated their ability to make decisions.

People's care plans were detailed and personalised. People's religious and cultural needs were considered and sensitively supported by staff. Care was reviewed regularly and relatives told us it was easy to make changes if needed.

People and relatives told us staff were caring. People had developed strong, trusting relationships with their care workers and other staff at the service.

People and relatives spoke highly of the registered manager. The registered manager completed audits and

surveys to monitor and improve the quality of the service.

The service held regular meetings for staff who were involved in planning the future of the service.

## 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 and relatives told us they felt people were safe with staff.

The provider had robust systems in place to safeguard people from avoidable harm and abuse.

There were clear plans in place to mitigate risks faced by people receiving care.

People's medicines were managed safely.

Good ●

### Is the service effective?

The service was effective. Staff were supported to ensure they had the knowledge and skills they needed to perform their roles.

People were offered choices and their decisions were respected.

The service applied the principles of the Mental Capacity Act 2005.

People were supported to eat and drink a balanced diet that met their cultural needs and preferences.

People were supported to access healthcare services when required and their healthcare needs were met.

Good ●

### Is the service caring?

The service was caring. People and relatives had developed strong, trusting relationships with staff.

People were supported to have their religious and cultural needs met.

People were supported with their significant relationships.

The service ensured staff were able to communicate with people and their relatives in their preferred languages.

Good ●

### Is the service responsive?

Good ●

The service was responsive. People's care plans were highly personalised and contained detailed descriptions of the support they needed.

People's care plans were goal focussed. Plans were reviewed regularly and progress was celebrated.

People were supported with a range of activities of their choosing.

The service had a clear policy about complaints.

### **Is the service well-led?**

The service was well led. People and relatives spoke highly of the registered manager.

The registered manager completed observations and audits of the quality of the service.

The provider sought the feedback and involvement of people, relatives and staff to develop the service.

The culture of the service was positive and person-centred.

**Good** ●

# Trinity Community Centre

## 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.

The inspection took place on 13 September 2017 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was last inspected in February 2016 when it was rated Requires Improvement.

The inspection team consisted of one inspector and an interpreter who carried out telephone interviews with relatives of people who used the 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. We reviewed this information and other information we held about the service. We sought feedback from the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with one person who used the service and one relative. We spoke with four members of staff including the registered manager, the nominated individual, the service manager and a care worker. We reviewed one care file including care plans, risk assessments and medicines records. We reviewed three staff files including recruitment, supervision and training records. We also reviewed various other policies and documents relevant to the management of the service.

## Is the service safe?

### Our findings

At the last inspection in February 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed in a safe way. The provider had taken action to address this and medicines were now managed safely.

Care files contained a detailed medicines plan including details of the medicines the person was taking, including topical creams, their purpose, any potential side effects and how to support the person to take them. Staff recorded where they had supported the person to take their medicines and where family members supported people with specific doses this was clearly captured in the records.

We noted the medicines administration records (MAR) had the medicines written in by hand and this introduced a risk that medicines were not always accurately recorded. The registered manager explained to us they were working with the person and their family to change their pharmacist to one who would print MAR charts for them to reduce this risk.

A relative told us they were confident their family member was safe with staff, both in their home and when accessing the community. They said, "At the beginning, I ensured I was also with the care worker and my relative whenever they went out. Gradually, with the building up of trust, I began to feel my relative was safe with their care worker. Now I have no worry at all."

The provider had clear policies in place to guide staff in identifying and escalating safeguarding concerns. Records showed staff were in regular communication with the registered manager and office based staff and were confident in raising any concerns. A relative told us they were confident staff would raise any concerns about people's safety. The service had systems in place to ensure the risk of financial abuse was minimised when staff supported people to spend their money.

Incident records and correspondence viewed showed there had not been any safeguarding concerns since our last inspection. The correspondence showed the registered manager had raised other concerns about people's safety and taken action to ensure they were protected from the risk of harm.

A relative told us they were confident the staff would act quickly if there were any incidents. They said, "I feel confident that the care workers will let me know at once if something bad has happened. Nothing bad or dangerous has happened before anyway."

Care files contained a range of risk assessments to mitigate risks faced by people during care and while supported in the community. These were clear and contained specific instructions for staff on how to mitigate risks. For example, there was clear guidance on how to ensure the shower temperature was safe and to ensure the person's independence with their mobility was maintained. The person had a specific health condition that placed them at risk of harm. There were clear guidelines for staff about how to ensure their safety. We saw the person trusted their care worker to support them with their mobility while accessing the community.

Staffing levels continued to be determined by the local authority that commissioned care together with the person using the service. The registered manager told us they had a team of staff who were able to support the person, with regular care workers during the week and on the weekend. There were additional staff who the person was familiar with who provided cover when regular staff were on holiday or unavailable. A relative told us they were introduced to staff before they started working with their family member. They said, "The new worker is introduced to us a week ahead. In our presence the new worker is briefed by the current worker about what she needs to do. The plan is agreed by all."

The provider continued to operate a robust recruitment process which assessed potential staff skills, experience and values. The provider involved people who used the service and their linked day service provision, in the recruitment process by including people on the interview panel. People asked specific questions to ensure applicants displayed an appropriate attitude to supporting people with learning disabilities. The provider carried out checks on staff to ensure they were suitable to work in a care setting. This meant the provider had ensured there were sufficient numbers of suitable staff within the service.

## Is the service effective?

### Our findings

Staff undertook regular training to ensure they had the knowledge and skills required to perform their roles. A relative told us they were confident in the skills and knowledge of staff supporting their family member. Records showed staff had received training in areas including safeguarding adults, various aspects of health and safety and moving and handling. In addition, the provider was supporting staff to complete additional qualifications relevant to their role. The entire staff team, including the registered manager, had recently completed a training module in supporting people on the autistic spectrum. Records showed the provider was consulting with staff about which course they should complete next.

Staff continued to receive regular supervision where they were encouraged to consider the individuals they supported and their needs. Records showed discussions included staff wellbeing. The provider was sensitive to the religious and cultural needs of the staff.

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 interest and as least restrictive as possible.

Records demonstrated the staff worked within the principles of the MCA. The person had required medical interventions and staff had ensured the information about the procedure was made available to the person in a format they could understand. The registered manager explained how they had found videos online of the procedure being explained in the person's mother tongue to ensure they understood what was happening and were able to provide informed consent to the procedure.

A relative told us staff encouraged their family member to make choices, and respected the decisions they made. They said, "They certainly do [offer choices]. An example would be their desire to go and see a film. The care workers have taken them to film shows." The care plan contained detailed information on how to support the person to make choices and how they expressed their choices both verbally and non-verbally.

Staff supported the person with meal preparation and when eating meals in the community. There was detailed information about their dietary needs and preferences which ensured staff were aware of both health and cultural dietary requirements. The care plan included details of which aspects of meal preparation the person could do independently, which aspects they required support to learn to do and which aspects staff needed to complete for them. The care plan included details of how to encourage the person to eat a healthy diet and occasions when they were more flexible about their dietary restrictions.

A relative told us staff supported their family member with health appointments and in following the advice of healthcare professionals. They said, "My relative had surgery recently and prior to that they had to attend three clinics. The care workers were kind enough to take them to the clinics. Staff were also with them at the hospital on the day of the surgery. Staff also ensure that they keep their appointments with the GP; staff help

explain the issues to the GP. They keep me informed. I have no worries at all." Staff maintained clear and detailed records of health appointments and any advice arising to ensure this was shared across the staff team.

## Is the service caring?

### Our findings

We saw the interactions between the person who used the service and staff were positive, supportive and caring in their nature. We saw the person communicated clearly and in a relaxed tone with their care worker and the registered manager and they offered reassurances to them regarding the inspection process.

A relative told us they and their family member had developed a trusting bond with staff. They said, "Both of us like the staff and have complete trust in them. The respect I have for them grew over the years. My relative relies on them completely. It's the way they understand my relative's every need and go all out to help them deal with their situation that has created this bond." The provider ensured care workers were able to communicate easily with the person and their relative by making sure staff could speak the same language as them.

The person's care plan included detailed information for staff about how to ensure their dignity was maintained during personal care, and to ensure their privacy was respected. Records showed the provider had raised concerns about risks to the person's privacy and had dealt with these appropriately.

The provider continued to promote people's independence. This was shown by the goal focussed nature of support plans. The emphasis was placed on the aspects of tasks the person needed support to learn to do independently and clear information about what staff should, and should not, be doing for the person.

The care plan contained details regarding the person's religious and cultural beliefs. There was detailed information for staff to ensure the person was supported with all aspects of their care in a way that was consistent with their beliefs. Care workers supported the person to attend their place of worship when they wished. A relative told us, "We are very religious and we like to go to the [place of worship] regularly. The care workers respect our beliefs and they willingly take my relative to the [place of worship], whenever they express a desire to do so. The care workers help them dress appropriately."

The person's care plan contained details of their significant relationships and the support they needed to maintain them. The person's home folder contained various photographs of the person with people who were important to them and included a list of significant dates so the person was supported to remember people's birthdays and anniversaries. Records showed the person was supported with their current relationships, and to make new friendships as they were supported to access community activities. There were clear details about the person's level of understanding about the different types of relationship and the support they may need to maintain them.

## Is the service responsive?

### Our findings

A relative told us they were confident the care provided to their relative met their needs. The person's individual needs were captured in records available to staff. They said, "The care workers seem to have such a plan. They always explain to us about what they are going to do or change. We have never had an occasion to disagree with them."

Records showed the person and their relative were involved in regular reviews of their care and changes were made to reflect changes in their needs. The registered manager told us they offered a flexible service and would make adjustments to timings and schedules if these were requested. A relative confirmed this when they said, "It's very easy [to make changes]. There has never been any problem."

The service had not taken on any new people or referrals for personal care since our last inspection in February 2016. There were clear policies and procedures in place to guide the assessment of need to ensure care plans would be developed in line with people's needs and preferences. The provider also supported people with an outreach day service and so was experienced in completing needs assessments of people who required support.

The care plan reviewed was highly detailed and personalised. Each area of care and support was broken down into clear steps with instructions for care workers about the level of support to be provided. The care plan ensured all care workers had information about how to ensure support was provided in a culturally sensitive manner. The person had goals for each area of care which focussed on developing their skills and independence. These were reviewed regularly and the person's progress was celebrated. This meant the person was receiving a personalised service.

The person was supported to attend a range of activities as part of their care package. Records showed they were offered choices of which activities to attend and their decisions were respected. The person had been disappointed when a particular activity was no longer available. Records showed the provider had sought a similar alternative to ensure they were able to continue doing the things they enjoyed.

Care workers maintained daily records of care. These were clear and showed the person received support as directed in their care plan. Any changes to the person's needs were clearly recorded and escalated so their support could be adjusted.

The provider had a complaints procedure in place. This contained clear information about how to make complaints and expected timescales for response. The policy included information on how to escalate complaints if people were not happy with the response from the provider. The provider had not received any complaints. A relative told us they would not need to complain about the service as they were very supportive and helpful to them.

## Is the service well-led?

### Our findings

At the last inspection in February 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were no audits of records and no systems for collecting the views of people that used the service. The provider had taken action to address this and was no longer in breach of the regulations.

The registered manager maintained an 'observations book' where they made notes of their observations of the care provided to people and how staff were supporting them. Records showed they completed observations on a monthly basis. They were now checking the records of care and medicines. Where issues were identified staff files showed these had been addressed with staff. This meant they were now monitoring the quality of support.

The provider had conducted a feedback survey with people and their relatives about the quality of the service. The results of the survey were universally positive about the quality of the support provided both to people receiving personal care, and people using the outreach service. Comments included, "[Registered manager] is my hero" and, "I'm happy with the service they give me and they never let me down. They are all excellent at their jobs and I like all my carers. I really enjoy [activity] with [care worker]. It is fun and I love doing it. [Care worker] is great and [registered manager] bring good service to me. They are all excellent in their jobs."

We saw people were relaxed and confident in the presence of the registered manager. A relative told us they were helpful and approachable. They said, "[Registered manager] is very caring, approachable and helpful. One can see her and speak with her. She is always available to help people if they have worries. She helped me with [issue not related to support commissioned] which was a big relief." After the inspection, the relatives of two people who used the outreach service contacted us to emphasise their view that the service provided high quality support to their relatives with clear leadership from the registered manager.

The registered manager completed annual appraisals with staff. Records showed these considered staff performance and supported staff to consider their development and future goals. The provider had completed a staff survey which had shown staff felt valued in their roles and enjoyed their work. The provider held regular staff meetings. Records showed these were used to talk about the people receiving a service, staff training, upholding people's dignity, and to plan future activities for the service. The records of these meetings were shared with staff who were unable to attend in person. This supported the positive culture of the service.