

Safari Healthcare Plus LTD

Community House

Inspection report

19-21 Eastern Road
Romford
RM1 3NH

Tel: 02031372640

Date of inspection visit:
27 June 2019

Date of publication:
30 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Community House is a domiciliary care agency that currently provides personal care to three people.

People's experience of using this service

Staff at the service were not always safely recruited. People's medicines were recorded correctly but not when administered. There was a system to record accidents and share learning appropriately. There were systems in place to safeguard people from abuse and staff had been trained on safeguarding. Risk assessments and risk management plans were completed to mitigate risks towards people. Staff understood the need to prevent and control infection and wore protective equipment.

People were assessed to ensure the service could meet their needs. Staff received induction, training and supervision. Staff worked with other agencies to ensure people received effective care. People were supported with their healthcare needs. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People told us they thought highly of the care. The service sought to protect people's human rights. People were able to express their views and make decisions about their care. People's privacy and dignity were respected and their independence encouraged.

People's care plans were personalised. The service was able to provide information to people in different ways. People and their relatives knew how to make complaints. The service wasn't working with anyone at end of life but would be able to do so.

We have made a recommendation about quality assurance. The registered manager was open and responsive when we highlighted concerns. People, relatives and staff thought highly of the registered manager. There were systems and processes in place to monitor and assure quality in care. Staff attended meetings where people's care and other topics were discussed. The service had links with other agencies to benefit people who used the service.

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

Rating at last inspection

This service was registered with us on 05 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection that was part of our inspection schedule. We inspected the service because it was under a new registration.

Enforcement

We have identified a breach in relation to staff recruitment at this inspection. 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Community House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

There was one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and physically disabled adults. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity started on 27 June 2019 and ended on the same day. We visited the office location to see the manager and to review care records and policies and procedures.

What we did

Before inspection we looked at:

We reviewed the information we already held about this service. This included details of its registration, feedback from those who had contact with the service and notifications that had been sent to us. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We also looked at the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the host local authority to seek their views about the service.

We used all of this information to plan our inspection.

During and after inspection:

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with two staff; one carer and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 service sought to employ people that were suitable to work with vulnerable people. We saw that the provider interviewed prospective candidates, checked employment references, sought proof of the right to work in the UK and completed standard Disclosure Barring Service (DBS) checks. DBS verify people's criminal record and can also see whether people are on lists that should prevent their working with vulnerable people. However, whilst the provider had completed standard DBS checks, they had not completed enhanced DBS checks which are used by care services to check whether candidates are barred from working with vulnerable groups. We also noted that provider had not obtained people's full employment history.

The provider had failed to ensure their recruitment procedures were robust and that all staff were of good character and had the skills and experience required for their role. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We told the provider about our concerns and they told us they would rectify these issues immediately.

- People and relatives told us they were happy with the staffing arrangements and that carers were unhurried. One person told us, "No they don't rush me, they always end up by saying is there anything else I can do for you." We saw that staff rota and that there were sufficient staff to meet people's needs.

Using medicines safely

- People's relatives told us people's medicines were managed safely. One relative said, "[relative] takes tablets in the morning - they prompt them to take them." There was a medicines policy in place and staff had completed training. The registered manager completed spot checks on staff where their competency to administer medicines was checked.
- Staff completed Medicine Administration Record (MAR) charts to record when people took their medicines. However, we saw that these charts contained insufficient information about the medicines being prescribed. For example, a person's medicine was not named on the MAR, just that they took whatever was in their dosset packet. We also noted that at the time of the inspection no audits had been completed on MAR charts to check whether any medicine administration had been missed. However, the service had not been administering people's medicines for a long-time so this was understandable. Following the inspection, the registered manager provided us with an audit of the MAR charts which highlighted the

concerns we identified and actions they were taking to improve their medicines administration including their newly designed MAR charts.

Assessing risk, safety monitoring and management

- People and their relatives told us that risk assessments were completed. One relative told us, "they've done a risk assessment and [registered manager] wants to do another one." Records confirmed the service completed risk assessments to monitor the risk of harm to people and identify how to mitigate against those risks. Risk assessments were personalised and focused on risks specific to people including smoking, mobility, falls and people's home environments.
- The service had policies for incidents and 'slips, trips and falls'. For example, if someone fell over in their own home and was found by care staff. These sought to keep people safe through the promotion of hazard reduction and risk assessing and prevention. They also recommended good recording of information and annual auditing of adverse events.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, " Oh golly yes...they know what they're doing." There was a safeguarding policy that staff followed. The policy contained up to date relevant information regarding legislation, local authority procedures and the services process in how to deal with instances of abuse.
- Staff completed training in safeguarding as part of their mandatory training. This training taught staff how to identify the different types of abuse vulnerable people faced and what to do when they thought someone was being abused. Staff told us, "Make sure the service user is well protected and not in danger...I will raise a safeguarding [alert] for them if required."

Preventing and controlling infection

- People told us that staff wore protective equipment that assisted the prevention of infection. One person said, "They bring their own gloves." Staff confirmed their understanding and need to prevent infection. One staff member said, "I wash my hands all the time and wear my gloves." There was an infection control policy in place that staff followed. Staff were trained on basic infection control and they were provided with the personal protective equipment they needed to do their job.

Learning lessons when things go wrong

- The registered manager told us initially there had been no incidents or accidents. The registered manager was able to talk us through how they would deal with an incident or accident which was in line with their policy. They were also able to demonstrate how they discussed issues and concerns at their staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service. Assessments recorded people's physical and welfare needs and what they hoped to gain from receiving care. They were personalised and covered various aspects of people's lives, including their physical health, social lives, risks to them and what was important for them.

Staff support: induction, training, skills and experience

- People told us staff knew how to do their jobs. One person said, "Yes I've never had one of their staff who didn't know what they're doing - they're very professional." Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people. Inductions included shadowing experienced workers, reading policies and procedures and completing tests to assure the provider that employees understood their roles.
- Staff completed training that supported them to do their jobs. One staff member said, "I've done a lot of training - safeguarding, hygiene, medication." The registered manager monitored people's training to make sure they had all completed what the provider considered necessary for the role. Where staff had not completed training the registered manager had arranged for them to do it within a certain timeframe.
- Most staff at the service had recognised qualification in health and social care or were working towards them. The registered manager, who was also a registered nurse, and was supportive of staff development in care settings. All staff received supervision and had ongoing spot checks completed with them to see how they did their jobs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink what they wanted. A relative told us, "[Registered Manager] does breakfast and [staff] do lunch... I do the shopping." Staff prepared food that people wanted to eat and where able gave them a choice of options. Care plan recorded people's preferences around food and drink and there were policies in place to support nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to the benefit of people using the service. Daily notes demonstrated that staff shared relevant information with each other and supported other health and social care professionals with their interactions with people. Information was shared with other agencies where appropriate.
- People were supported with their health care needs. One relative told us, "Absolutely, they already have

[supported person with their healthcare needs]. [Registered manager] said 'I think we need to get the doctor involved' as she thought [person] had pressures sores – [registered manager] highlighted it to me or I wouldn't have known." Care plans recorded people's health care needs and daily notes demonstrated that if needs be they would be supported to contact health care professionals like the GP or pharmacist.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- One person told us staff sought their consent, "Yes they do seek consent." Staff confirmed this. One staff member said, "When I get into their house if I want do anything for them I will seek consent." Staff were trained in mental capacity, care plans contained consent forms and mental capacity assessments and the service had a mental capacity policy. At the time of the inspection no one using the service lacked the capacity to make decisions for themselves and could consent to their own care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us they were happy with their care. One person said, "It's the little things they do. They know I can't move about too much and they are very helpful" A relative told us, "I found them to be perfect." We saw the service had received compliments that mirrored the comments we heard from people and relatives.
- Staff understood people's cultural needs. One staff member told us, "You respect people's cultural identity. You're going into their homes, you respect their customs and wishes." People's care plans recorded whether they had cultural needs and how staff best to meet them. Care plans also contained a 'service user's charter of rights' which highlighted people's rights and what they should expect from staff. These rights were also written into the policies the service used that highlighted the importance of protecting people's human rights around faith, sexuality, diversity and choice. From what people and relatives told staff were meeting these rights.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care planning and had input into the care. One person said, "It [care plan] was done on my behalf but I was asked what I wanted and needed, and we've reviewed it." People views were recorded in their care plans. Care was reviewed regularly providing them with the opportunity to express their views and be involved in making decisions about their care regularly.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. One person said that, "Yes they do [respect my privacy.]" Staff reiterated this. One staff member said, "Show them respect and respect their privacy and whatever it is they believe in...When you treat them with dignity you give them time to do things." We saw that staff had received training on respect and dignity and confidentiality and that people's information was kept on password protected computers or in lockable filing cabinets in locked offices.
- People told us staff promoted their independence. One person told us, "Yes they have [encouraged me]." Staff confirmed the promotion of people's independence. One staff member said they did so, "by allowing them to be able to do stuff for themselves. Sometimes I get there and they tell me they were trying to make a cup a tea, I encourage them to do it and stand there and observe and encourage." Care plans included information about people's wishes and when they could be encouraged.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans recorded their needs and preferences. They were personalised and contained information about people's lives. Information was recorded in assessments, care and support plans and risk assessments. Focus was placed on people's health needs and preferences, but there was also useful information that provided instructions about how to provide care. For example, one care plan we saw stated, "Don't rush them as this increases the struggle in breath" and also noted how much sugar someone takes in their coffee, which was their preference over tea.
- Care plans were 'person centred' and contained background information about people's lives and what was important to them. This provided staff with the opportunity to get to know people. Staff knew the people they worked with, one staff member told us, "[Person] likes to read a lot, they like to chat about the novels they've read. I make sure they have a choice to eat."
- Care plans were reviewed every six months or when changes occurred in people's lives. Copies of care plans were kept in people's home so were available for staff and people to look at when they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection there was no one using the service who needed information to be provided in a specific way and format. The registered manager told us if required they would be able to provide care plans in larger font and would be able to work with some people with certain language needs.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make complaints and who to. One person said, "No reason to make a complaint – but I would take it up with [registered manager]." A relative confirmed this, "[Registered manager] we'd use them - everything is written up in the service user guide though." The service had a complaints policy and procedure that was in the service user guide in people's care plans. The service had not received any complaints at the time of our inspection.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life. The service had a policy that provided guidance and an opportunity to understand the needs and preferences

around the end of life care for people. Some staff had received training on end of life care and the registered manager was in the process of arranging training for the rest of their staff to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; continuous learning and improving care

● In this report we have stated improvement was required to staff recruitment and medicines management. The provider's quality assurance systems were not always effective as they should have been, otherwise they would have picked up the issues we found.

We would recommend the provider seek and implement best practice guidance on quality assurance for all elements of the service.

- Managers and staff were clear about their roles. There were job descriptions in staff files and staff knew what they were supposed to do and what they could expect the registered manager to do. One staff member said, "The registered manager does that," when we asked about an element of care planning.
- The provider had systems in place to monitor their provision of care and support and sought to continuously improve. These included audits, spot checks and supervision. The registered manager was aware of their responsibility with regards to regulatory requirements.
- The registered manager was open and receptive throughout the inspection and was keen to improve the service where possible, implementing positive change where we had highlighted improvements could be made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff thought highly of the registered manager. One relative said, "I do think highly of [registered manager]." A staff member said, "They are a very good manager." The manager met and communicated regularly with people as they completed assessments, reviews and also provided care. In doing so they led by example and people, relatives and staff noted their responsive nature.
- The service had a service user guide that provided guidance about the role of the service and what people could expect from staff and the service and care plans focused on person centred elements so that care provided was holistic and aimed at the individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they felt comfortable providing feedback and suggestions and thereby engaging with the service. One person said, "Yes, the management listen and act on what I say."
- Staff attended monthly team meetings. We saw minutes of meetings which showed topics discussed such as auditing, obtaining consent, complaints and shared learning. Staff also told us the registered manager sought their feedback regularly. One staff member said, "They listen. I have worked with a lot of people and they ask for feedback and what you think."
- The service sought feedback from people and relatives and satisfaction surveys were completed. One survey we read stated, '[Person] wanted to say how well cared for they feel and how the attention to the little details is absolutely excellent - thank you' Similarly feedback was sought from staff. One staff member said, "[Registered manager] asks for feedback."

Working in partnership with others

- The service had links with a variety of other services that benefitted people. The provider had links with local health professionals and with other care providers in the local area. Whilst on inspection we saw that the registered manager had a good rapport with local health professional and was able to obtain a tool that benefitted people using the service.