

S.A.D.A.C.C.A. Limited

Access Support Services - SADACCA Ltd

Inspection report

4 Willey Street
Sheffield
South Yorkshire
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Tel: 0114275692

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Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

About the service:

Access Support Services - SADACCA (Sheffield and District African Caribbean Community Association) Ltd is a domiciliary care agency. It provides personal care to older people living in their own home in the community. At time of the inspection the director was managing the service. The service was providing support to two people.

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

At our last inspection we found the director had outsourced all the staffing to another company. The decision to outsource the staffing at the service was not meeting the registered providers 'Statement of Purpose'. At this inspection we found the staff providing the support at the service were now employed by Access Support Services – SADACCA Ltd.

The person we spoke with did not express any concerns or worries about their safety. They were very satisfied with the quality care provided by the service.

We saw the system in place to manage people's medicines has improved since the last inspection. Medicines were managed safely at the service.

At our last inspection we found people did not have risk assessments in place, to ensure that potential risks to people were managed and minimised. At this inspection we found action had been taken to ensure a risk assessment was undertaken and each person had a care plan in place. However, we saw people's risk assessments needed to be more person centred. This showed further improvement was required.

There were sufficient staff employed by the service to meet people's needs. People were supported by staff who knew them well.

Safeguarding procedures were robust and staff understood how to safeguard people.

Systems were in place to make sure managers and staff learnt from events such as incidents, concerns and investigations.

The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. However, we saw staff recruitment records required improvement to ensure all the relevant information was stored in each staff member's file. We shared this information with the director.

We saw the training provided to staff had improved since the last inspection. We saw staff received a range of training and support relevant to their role. Staff told us they felt fully supported and listened to.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Care workers understood the importance of respecting people's diverse needs and promoting independence.

The person we spoke with told us staff were respectful and treated them in a caring and supportive way.

Since the last inspection the provider's complaints procedure had been updated. A copy had been given to each person using the service. The service had not received any complaints since the last inspection.

At our last inspection we found the quality assurance systems in place to monitor the quality and safety of the service required improvement. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Rating at last inspection:

At our last inspection in July 2018 the service was rated requires improvement (Supplementary report published 4 October 2018) and we found two breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 had improved and was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service had improved and was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service had improved and was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service had improved and was well-led.

Details are in our responsive findings below.

Good ●

Access Support Services - SADACCA Ltd

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:

The inspection was carried out by two inspectors.

Service and service type:

Access Support Services - SADACCA Ltd is a domiciliary care agency. It provides personal care to people living in their own houses.

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. At the time of the inspection, the registered manager was not managing the service and was arranging to cancel their registration. The director was managing the service.

Notice of inspection:

This inspection was announced. We gave a short period notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory

notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people using domiciliary care services. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with one person using the service by telephone. We visited one person, but they were not available to speak with. We spoke with the director and two care staff during our office visit.

We looked at two people's care records. We checked a sample of medication administration records and three staff files, which included recruitment checks. We also looked at other records relating to the management of the service, such as quality assurance documents.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Assessing risk, safety monitoring and management

At our last inspection in July 2018, we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we saw people's risk assessments required further improvement.

- At our last inspection we found people did not have risk assessments in place, to ensure that potential risks to people were managed and minimised.
- At this inspection we found action had been taken to ensure a risk assessment was undertaken and each person had a care plan in place. However, we saw people's risk assessments required further improvement. For example, one person's risk assessment stated they received medication when they didn't. People's risk assessment needed to be more detailed and person centred. We shared this feedback with the director, they assured us that people's risk assessment and care plans would be reviewed.
- An environmental risk assessment was undertaken of people's homes before staff started supported the person.
- The systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service had been improved since the last inspection. The director reviewed and checked people's daily records, financial records each month. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated.

Using medicines safely

At our last inspection in July 2018 we found some concerns relating to the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found the provider did not have adequate systems in place to ensure the safe handling, administration and recording of medicines to keep people safe. We saw action had been taken by the provider to ensure medicines were managed safely at the service.
- People's Medication Administration Records (MARs) were regularly checked by senior staff. This helped to ensure any errors were identified and action taken to reduce the risk of them being repeated. The MARs we looked at had been completed correctly.
- Staff who administered medication had received training and their competency had been checked.

Staffing and recruitment

At our last inspection in July 2018, we found evidence of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection we saw the systems in place to ensure people did not experience late calls or missed calls required improvement. The director told us the service no longer used an electronic system to monitor the delivery of calls and staff entered the call times in the person's daily records. These records were collected each month and checked by the director. The director also regularly visited people using the service.
- The person we spoke with told us they received regular calls from staff who knew them really well.
- There were sufficient staff employed by the service to meet people's needs.
- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. We saw that staff recruitment records required improvement to ensure all the relevant information was kept within the staff member's individual file. The director told us the nominated individual had stored some of the information electronically or within different folders. We shared this feedback with the director. They told us they would ensure staff files would be reviewed.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection one person was being supported to purchase food. There were no systems or processes in place to record these financial transactions. It is important to have a robust system in place to regularly check financial transactions to safeguard people from financial abuse. At this inspection we found there were robust systems in place to safeguard people from financial abuse.
- The person we spoke with did not express any worries or concerns about their safety.
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. Staff told us they would always report any concerns to the senior staff.
- The director understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff had undertaken infection control training.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. The director understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The director explained how they assessed people's needs before the service started supporting them. The assessment considered all aspects of people's needs and the information was used to develop written care plans and risk assessments. Protected characteristics under the Equality Act were considered.
- The person we spoke with was very satisfied with the quality of care they had received. Their comments included, "Very good care" and "Really nice people [staff]."

Staff support: induction, training, skills and experience

- We saw the training provided to staff had improved since our last inspection. Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care.
- We saw a new staff member had completed a range of training, but they had not been enrolled to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life. The director told us they would ensure this was done straight away.
- Staff told us they felt well supported and received supervision. The director had observed them whilst they were delivering care and checked they were supporting people appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their health and dietary needs, where this was part of their plan of care. People's preferences were included in their care plans.
- Staff were able to describe what people liked to eat and drink. One staff member described how they supported one person to cut their food up so it was in bite size pieces.

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

- The service had processes for referring people to other services, where needed. In people's records we found details of people's key contacts such as their doctor.
- Staff told us people's mental and physical wellbeing was monitored and any concerns would share these with the senior staff.

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 with appropriate legal authority. 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.

- The service was working within good practice guidelines. At the time of the inspection none of the people supported by the service had a Court of Protection Order in place.
- We noticed one person had not signed all their consent forms. We shared this information with the director, they told us they would arrange to visit the person straight away.
- Staff described how they asked people they were supporting for their consent before providing care.
- Care staff had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.

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.

At our last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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; respecting equality and diversity

- The person we spoke with made very positive comments about all the care staff. Comments included, "You can have really intelligent chats with [staff member]" and "[Staff member] is an angel."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. The director promoted equality and diversity. Staff received training on equality and diversity.
- People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- The director and staff were very knowledgeable about the people they supported, their preferences and their communication needs. They were also aware of their goals and aspirations.

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

- Staff spoken with described how people were involved in making decisions about their care and support needs. People had been asked their views about the service.
- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.
- The person we spoke with told us they were definitely treated with dignity and respect by all the staff. They told us they were supported to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- The director told us people could ask for changes to their plan of care.
- The person we spoke with told us they had been fully involved in the planning of their care and could ask for changes.
- Each person using the service had a written care plan in place which included details of their life story.
- There was a record of the relatives and representatives who had been involved in the planning of people's care.
- Staff could contact the director if they needed assistance and advice. Care staff described how they would respond if someone became unwell while they were supporting them.

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

- One person told us they were planning to start going out more with the support of staff. For example, going to a local park.

Improving care quality in response to complaints or concerns

- Since the last inspection the provider's complaints policy and process had been updated. Each person had been given a copy of the process. We saw a copy of it had been included in one person's care plan within their home.
- The service had not received any complaints since the last inspection. The person we spoke with told us they had been given a contact number to ring if they had any concerns or complaints.

The provision of accessible information

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.

- People's communication needs were identified, recorded and highlighted in care plans.
- The director told us the service could provide information in different formats to meet peoples or carers needs.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were explored during their initial assessment.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection in July 2018, we found evidence of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the time of the inspection, the director was managing the service. The registered manager was not managing the service and was in the process of cancelling their registration with the CQC. The director told us another member of staff would register with the CQC.
- We found the quality assurance systems to monitor the quality and the safety of the service had been improved since the last inspection. Regular checks were completed by the director to identify any areas for improvements and to ensure it provided high-quality care and support.
- The service had obtained people's and relatives views about the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The person we spoke with told us their views were actively sought and listen to.
- The director regularly visited people using the service to monitor the quality and safety of the service.
- The service had developed strong links within the community. The director was working with other organisations to develop the service further and share best practice.

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

- There was a positive and welcoming atmosphere at the main office.
- The director was available to people and staff to speak with. They told us they were working full time for the provider. The person we spoke made very positive comments about the director and how the service was managed.
- The director was committed to providing person centred, high quality care for people using the service.

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

- We received positive feedback from staff about the way the service was run. They told us the director was approachable and supportive.
- Staff were clear about their roles and responsibilities.
- Staff were committed to providing person-centred care and learning from any concerns or incidents.
- The director was aware of the provider's obligations for submitting notifications in line with the Health and Social Care Act 2008.