

Sahara Community Care Services Limited

Sahara Community Care Services

Inspection report

Neighbourhood House
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Tel: 01733314800

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16 April 2019
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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

About the service:

Sahara Community Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, children, people with a learning disability, people with mental health needs, physical disabilities and sensory impairments. It provides personal care to people from all cultural and ethnic backgrounds. It also specialises in providing services to black and minority ethnic groups in Peterborough.

Not everyone using Sahara Community Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection staff were providing personal care to 56 people.

Peoples experience of using this service:

- Risks to people were identified and managed well. Appropriate steps had been taken to safeguard people. Sufficient numbers of staff with the required skills had been recruited safely and deployed to keep people safe. One person said, "[Staff] are very good at making sure I use my walking frame, every time."
- People were supported to take their medicines as prescribed by trained and competent staff. Lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.
- Skilled staff were provided with the necessary support including coaching, shadowing experienced staff and regular supervision, staff maintained their skills.
- People's needs were met. One relative told us that it was purely due to staff that their family member was alive and doing well. People's independence was upheld and promoted with enough to eat and drink. Staff enabled people to access healthcare support by working well with others involved in people's care.
- 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.
- People were cared for by staff with compassion, kindness and dignity. Staff knew people well and they promoted people's privacy, culture needs and independence.
- People had a say and choice in who and how their care was provided. One person told us, "Staff are very kind and compassionate. I have got to know them as a friend."
- People's care was person centred and based on what was important to them. People's concerns were dealt with and acted on before they became a complaint and to the person's satisfaction. Systems were in place to meet people's end of life care needs and help ensure a dignified and pain free death.
- One compliment from a relative stated, "Thank you for making our [family member's] final days so special. We couldn't have managed without you."

- The registered manager promoted and supported an open and honest staff team culture. Staff upheld the provider's values by helping people live a meaningful life.
- Governance and oversight of the quality of the service was effective and helped drive improvements. People had a say in how the service was run and developed. The service and its management team worked well with other organisations including community nursing teams and GPs, People received care that was coordinated.
- Many people complimented the service for the quality of care provided. One relative told us, "I would not hesitate to recommend the service to anyone, whatever their culture or background."

Rating at last inspection: Good (report published 5 September 2016)

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was 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.

Good ●

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. Inspection team: Inspection team.

This announced inspection was undertaken by one inspector and an interpreter. Their area of expertise was speaking with people who spoke Punjabi and Urdu.

Service and service type:

Sahara Community Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to children, people living with dementia, people with a learning disability, people with mental health needs, a physical disability and sensory impairments.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. This was so we could speak with a relative or advocate who was able to tell us about people's care.

The service had a manager registered with the Care Quality Commission (CQC). 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.

Inspection activity started on 16 April 2019 and ended on 23 April 2019. We visited the office location on 23 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Before this inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We used this information to assist with the planning of the inspection.
- We spoke with eight people using the service, seven relatives of people who could not speak with us, the registered manager, two care coordinators, a visiting manager from the provider's other service and four care staff. We also asked for feedback from commissioners of the service and safeguarding teams. No concerns were reported.
- During the inspection we looked at various records, including care records for five people, as well as other records relating to the running of the service. These included files for two new staff, training records, medicine administration records, audits and various meeting minutes.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from potential abuse and they followed the correct local safeguarding protocols from the local authority.
- Staff were trained to recognise and report any potential signs or symptoms of abuse. Additional training was provided to staff for safeguarding children. Staff understood and applied this knowledge well. One staff member said, "I would not hesitate to report any poor care. The [registered] manager would support me. I would contact the local safeguarding team or CQC if need, I have never had to." All staff spoke confidently about reporting any concerns if needed.

- People told us they felt safe. One person said, "I have two [staff] as I need help to be hoisted and there are always two staff who arrive together. It is reassuring for me." A relative told us, "[Staff] treat my [family member] as an equal every single day. They arrive on time and ring us if they are delayed. I trust them implicitly."

Staffing and recruitment

- The registered manager had effective systems in place to deploy staff to safely meet people's needs.
- People and relatives were all complimentary about having reliable, familiar and consistent care staff.
- One person told us how staff always stayed until all their care was completed in a calm and unhurried way.
- A relative said, "I know for definite that staff will arrive on time for [family member]. They are never late and never missed a [care visit]."
- Staff contacted the office to confirm when care visits had been completed. We found people's care visits took place as planned and systems were in place for unplanned events such as staff sickness. The staff rota reflected this. People confirmed if staff were delayed they were kept informed.
- Pre-employment checks continued to ensure new staff were suitable to work at the service. Staff files contained the required evidence for pre-employment checks such as, employment history.

Assessing risk, safety monitoring and management

- Risks to people, such as, skin integrity, moving and handling and people's home environment were managed safely. People were supported to be safe. Staff knew in detail how to safeguard people including the safe use of equipment when hoisting people.
- One person said, "I use a walking aid and staff make sure I am careful using it. They always leave it within easy reach. They respect my independence too in an unhurried way. A relative told us staff were "Always mindful" of their family member's strengths and weaknesses.

Using medicines safely

- Medicines systems were organised. People were receiving their medicines as prescribed. The provider was

following safe protocols for the administration and recording of medicines, including PRN (as required) medicines. Most people administered their own medicines or had relatives help them with this.

- One person told us, "I only need help with my skin creams. [Staff] wear gloves when doing this and dispose of them in the bin safely."
- Medicines were managed safely. One relative said, "I administer the medicines. The staff check if I have done this as the medicines need administering 30 minutes before they arrive."

Preventing and controlling infection

- Staff were trained in good standards of infection control and prevention. Policies and procedures to promote good hygiene standard were adhered to. Staff recalled how they washed their hands before and after providing personal care as well as disposing of any contaminated products.
- One relative told us, "My [family member] has very delicate skin and staff are very good at reporting any concerns. [Staff] use different flannels for various parts of them."

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve safety across the service. Staff were reminded of their responsibilities to uphold people's safety and take effective actions to prevent recurrences such as changing care visits times without authority. Effective actions were taken such as, only management staff being able to agree any changes to staff rosters. Information was cascaded across the staff team either by text message or at a staff team meeting.

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

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 and their care delivered in line with current legislation, standards and evidence based guidance. The management team told us they kept themselves up to date through their regular contact with many health professionals and attendance at local registered managers' forums. This was as well as face to face meetings with other local providers, to share good practice and information.
- One relative told us how staff respected the person's cultures and beliefs and supported the person to successfully partake in all aspects of their faith. One person confirmed how the care they received helped them to have a good-quality of life. They said, "[Staff] always ask if everything is ok for me and if there is anything else I need doing. They do that every day."
- A commissioner was complimentary about the service provision. They said, "Sahara offers flexibility and tries hard to accommodate changes in need as directed either through the social worker or through feedback to us." Any required changes were swiftly acted on.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles including health conditions, dementia care and food hygiene. One person said, "I have got to know [staff] so well they are literally part of the family. They do everything properly."
- A relative told us, "I like to have some input, but from what I have seen, all staff know exactly what they are doing and get it right every time."
- Staff confirmed their induction and ongoing support was tailored to their needs and experience. One staff member told us how they had been gradually given more autonomy but with the support they needed until they were confident.
- Specific information had been developed to support staff with understanding people's needs. For instance, people living with diabetes or dementia. Staff understood people's communication skills and upheld these.
- Staff were provided with additional support to carry out their roles and responsibilities including staff meetings, observed practise sessions and ongoing supervision.

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet. They told us that this was done well by staff, with preferred drinks and food prepared to their liking.
- One person told us how staff respected the time they ate and also during periods of fasting. A relative said, "It works well, [staff] provide meals at the right time so we can respect Ramadan." Another relative told us how staff joined in with making family meals and this helped the person eat better.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to provide consistent, effective, timely care; and supported people to live healthier lives, access healthcare services and support.
- One relative told us that without staff's prompt recognition and action for their family member's serious health condition and said, "They wouldn't be here today. I can't thank [staff] enough. I wouldn't have known how serious it was. We got to the hospital in time."
- Staff told us that they liaised with community nurses, speech and language therapists and GPs when people needed this. Staff gave us many similar examples where they had sought advice and guidance or referred people to health professionals such as the community nursing team.
- People confirmed that staff followed advice from relevant healthcare professionals to ensure that they received appropriate care. One person said, "I have diet-controlled diabetes. Staff always support me to eat properly so I stay healthy."

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. We checked whether the service was working within the principles of the MCA.
- All staff and the registered manager put the principles of the MCA code of practise into good effect and gave people choice in all areas of their care. They explained if someone using the service lacked capacity, then either a relative or advocate with power of attorney could make decisions that were in the person's best interest.
- One person said, "[Staff] always ask what I want. I choose what to wear and they prompt me if I can't always remember things. They are very respectful of my choices."
- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make certain decisions when required.
- People or their legal representative confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people were asked to consent to their care and support in advance.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans gave staff relevant and informative guidance. All staff we spoke with were able to tell us in detail what people's needs and support involved including promoting dignity and independence.
- The management team understood their responsibilities in terms of general data protection regulation.
- One person told us that staff respected their personal information and said, "[Staff] only ever discuss my care needs. I trust them with my personal information." Staff upheld the provider's policies and procedures supported for keeping records secure. This helped ensure people's records were kept confidential.
- We were told that people's privacy and dignity was respected and upheld.
- One person told us how careful and attentive staff were and always ensured their water to wash with was "lovely and warm but not hot with my favourite bar of soap". A relative told us, "[Staff] keep the care private and give my loved one privacy. They use towels and close the door. I appreciate that."

Ensuring people are well treated and supported; equality and diversity

- People unanimously told us that staff treated them with kindness and compassion and enjoyed staff's companionship. They were also positive about staff's friendliness too. One person said how likeable staff were. A relative told us, "[Family member] is a bit deaf but the staff speak slowly, clearly and respectfully. They soon pick up facial expressions of happiness."
- All the staff we spoke with, enjoyed working at the service. They were motivated and spoke with passion and warmth about the people they provided care and support to.

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as what people liked to do during the day including, having a lovely chat with staff talking about pastimes or accessing community day centres for doing art work.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.
- One person told us, "I don't think there is anything staff won't do for me. It is my care and I decided what I needed. [Staff] are always respectful of this and help keep me living at home. They are so kind and caring. They love doing what they do."

Is the service responsive?

Our findings

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

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 confirmed they had contributed to the planning of their care and support. Relatives told us that staff kept them informed about family members' progress and how equipment was assisting people to become more independent.
- Care plans were developed over time and individual preferences such as specific care visit times were aligned with other activities the person took part in such as, going to a day centre. One person told us, "I like to chat with [staff]. They show great interest in what I like. We love to have a laugh. It cheers me up." A relative said, "I am kept fully informed about my loved one's care."
- A commissioner fed back to us that parents and where able their children were positive about how much difference the service made to their lives including, attending education.
- Staff supported people to achieve their goals for independent living. One relative told us, "I see a huge difference in my [family member]. They are able to now eat food of a normal consistency and regaining some speech, this has all been down to staff's perseverance, patience and skills." Another relative said how "lovely it is to see how much pleasure" their family member got each time staff provided care and support.
- Staff knew people's likes, dislikes and preferences well. They used this detail to care for people in the way they wanted. For instance, one person living with autism had been helped to live their dream and draw their perfect wedding partner which they were very proud of. They had visited the office where their art work was displayed with the person's agreement. Other records and monitoring charts were kept, demonstrating the care provided to people daily.

Improving care quality in response to complaints or concerns

- Information was provided to people how to raise concerns or make a complaint, if needed. The provider followed their complaints process in successfully resolving formal complaints and feeding back to people to check actions were effective.
- Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person said, "I had some initial niggles with communication but the [registered] manager sorted them. We get regular phone calls and staff ask us if everything remains okay. It certainly is"
- A relative told us, "I have never had any concerns over the years. We get the same consistent and reliable staff who make sure the care is provided as planned."
- We saw people had taken the time to compliment staff for the service provided to them or their relative. One comment praised staff for all the support they had provided during a difficult time and another for staff understanding the practicalities of enabling a person to access the community safely.

End of life care and support

- The registered manager told us that the service was not currently supporting anyone receiving end of life care. When it had, people were supported by staff who respected cultural and religious needs.

- Staff received advanced care planning training and had the skills to respond appropriately at a sensitive time for people and their families. One compliment had praised staff for making a huge difference to their family member's quality of life and being able to be at home with family.
- The registered manager facilitated access to palliative care nursing teams, GP services. This was to help people have a comfortable, dignified and pain free death.

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

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

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

- The registered manager fully understood their responsibilities. They and the provider were displaying their inspection rating in the office and prominently on their web site. We had been notified about events we needed to be such as safeguarding incidents.
- Effective actions were taken to prevent recurrences such as reminding staff through formal processes of their responsibilities to accurately record medicines.
- One person told us they, "Could not praise the service enough for all the staff and the quality of care provided. The person said, "It is all exceptional. I would recommend the service to anyone whatever their values and beliefs."

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

- The management team were efficient and open to change when needed. All staff we spoke with had a shared passion for working at the service and changing people's lives for the better. One staff praised the registered manager by saying, "I get the support I need all the time. The [registered] manager even answers the phone out of hours which saves any delays."
- Staff confirmed they felt well supported and they always felt listened to. One staff member said, "The [registered] manager is always there when you need their advice. I can ask for specialist training on subjects including various health conditions to aid my understanding and it is always sourced."
- People confirmed the service was well organised and responded to their needs as required. One person said, "I have never needed to contact the office staff as everything is going so well."
- Everyone we spoke had nothing but praise for the quality of care provision. One person said, "I can't fault them. I would recommend them to anyone." Another person told us that the service and its staff team never discriminated about people or beliefs.

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

- People, their relatives or representatives had a say in how the service was run. Where actions from the recent quality assurance survey had been identified, they had been acted on. For example, additional spot checks had been undertaken to make sure all staff upheld the provider's values for good quality care and record keeping.
- The visiting manager told us that the way the service was managed included people from all cultures and that these were always respected. The registered manager shared good practice with the staff team.

Continuous learning and improving care

- The registered manager attended the local registered managers' forum where good practice was identified and shared. This helped them keep up to date with information from national organisations including those for medicines' administration in the community. One example included the use of various assistive technologies for promoting independence such as monitoring devices.
- The registered manager fostered and promoted an open and honest staff team culture. One staff member said, "We are always talking with the [registered] manager. We have daily catch up to make sure people's care is as good as it possibly can be."
- Other learning opportunities included providing more face to face meetings for people where this was needed. The provider's latest quality survey found that majority of people were very satisfied with having choices about who and how their care was provided.

Working in partnership with others

- The registered manager worked well including with the local authority quality improvement team on subjects such as pressure ulcer prevention, care planning and risk assessments.
- Guidance and involvement from health professionals, social workers and service commissioners was sought. The service and its staff team always strived to meet people's needs. They also were open in reporting and responding to safeguarding concerns in a positive way. For example, by not allowing any changes to staff rosters without their permission and putting electronic care visit monitoring in place for people at an increased risk. If a care visit was late, prompt action could be taken to deploy alternative staff.