The Asian Health Agency

Dominion Centre

Inspection report

112 The Green
Southall
Middlesex
UB2 4BQ

Date of inspection visit:
14 June 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 June 2016 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The last inspection took place on 04 September 2013 at which time the service was compliant with the regulations we checked.

The Dominion Centre was part of a larger organisation called The Asian Health Agency (TAHA) that provided various types of support to people from the Asian community. We inspected a part of the service called the Ashra Project that provided support to people in their own homes. At the time of the inspection, 10 people used the Ashra Project but only two people received support that came under the Care Quality Commission regulations because they were receiving the regulated activity of personal care.

The service had a registered manger. 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.

We saw that the service was not always safe. People did not have individual risk assessments to identify and manage risk.

There were not always two employment references or up to date Disclosure and Barring Service (DBS) checks which meant people who used the service were not always protected.

The service had not always assessed people's capacity to consent to care and treatment and we saw a care plan where a family member had signed on behalf of the person using the service although there was no indication that the person was unable to sign the care plan for themselves.

Care workers were administering medicines but there was no record of medicine training recorded in the files. The service did not use Medicine Administration Records (MAR) charts, which meant medicine administration was not being recorded in line with relevant guidance.

The service was not undertaking staff appraisals to promote staff development and best practice. This meant the service lacked a formal mechanism for setting staff targets for the year and monitoring the outcomes.

Relevant training such as medicines management and Mental Capacity Act 2005 training were not up to date.

The service was not always well led because it lacked systems to monitor the quality of the service delivered and ensure peoples' needs were being met.

The service had policies for safeguarding people who used the service and care workers were aware of how to respond to safeguarding concerns.

There were an adequate number of staff to meet the needs of the people who used the service.

People who used the service and their families were happy with the level of support they received.

The service was very flexible and accommodated requested changes people made.

The registered manager was accessible.

There was a complaints system and people felt able to raise concerns.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not have individual risk assessments to identify and manage risk.

The service did not always follow safe recruitment procedures which meant they did not ensure only suitable staff were employed.

Care workers administered medicine but there was no record of medicine training recorded in the files. The service did not use Medicine Administration Records (MAR) charts.

The service had policies for safeguarding people who used the service including procedures on how to respond to abuse and whistleblowing.

There were adequate numbers of care workers to provide a good level of support to people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The service had not undertaken staff appraisals in the last two years to review care workers' skills.

The service had not always assessed people's capacity to consent to care and treatment.

Not all staff had undertaken relevant training such as administering medicines or Mental Capacity Act 2005 (MCA) training.

Care workers received support through supervision and team meetings.

Is the service caring?

Good

The service was caring.

People who used the service and their families indicated they had built up positive relationships with the care workers over several years.

People and their families were involved with their care plans and felt listened to.

The service met people's cultural needs successfully.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were met in a person centred way.

People had service user packs that provided information on what to expect from the service, how to make a complaint and who to contact.

People and their families were involved in their care plans so their wishes were known.

People knew how to make a complaint and felt able to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have monitoring and auditing systems in place to ensure effective service delivery.

The registered manager was approachable and responded appropriately to people's concerns.

People who used the service and their families felt listened to and indicated that they had an opportunity to provide feedback.

Dominion 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 14 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection was carried out by one inspector. Prior to the inspection, we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning and Safeguarding Teams.

We spoke with one person who used the service and one family member of a person who used the service. We also spoke with one care worker and the registered manager.

We looked at the care plans for two people who used the service. We saw files for three care workers and the registered manager, which included recruitment records, supervisions and training records. We reviewed medicines management for two people who used the service. We also looked at records for monitoring and auditing the service.

After the inspection we spoke with a professional from the local authority's social work team to gather information on their experience of the service.

Requires Improvement

Is the service safe?

Our findings

There were risk assessments for the care workers regarding the environment but we did not see risk assessments for the people who used the service. For example, the care plan of one person indicated poor mobility but there was no specific risk assessment or guidance for care staff on how the risk might be managed. Consequently the service was not doing all that was reasonably practical to mitigate risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a recruitment policy but did not always follow safe recruitment practices. The service recruited staff locally through application packs left in the library and by word of mouth. The care workers' files had identification checks, application forms, references, medical forms and personal details. The registered manager and a care worker told us there was an induction but we only saw evidence of this in one file. Not all files had two references and not all files had a reference from the person's most recent employer as directed by the service's recruitment policy. The service undertook Disclosure and Barring Service (DBS) checks for some staff. Two staff had checks completed by other agencies and one person had a criminal records check from 2010. When we highlighted this to the registered manager, a new DBS was applied for immediately.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One person said "Of course I feel safe. The people I have are quite understanding." and a relative said they felt their relative was safe with the care workers.

The service had policies for safeguarding people who used the service including procedures on how to respond to abuse and whistleblowing. The files indicated care workers had attended safeguarding training, although one care worker had attended training for safeguarding children through another agency and had not attended adult safeguarding training. Care workers told us they would refer any concerns to the registered manager. The service had not had any safeguarding incidents. The local authority, family and people who used the service confirmed they were not aware of any safeguarding incidents.

Accidents were recorded in an accident book and in the daily log book by the carer, who additionally notified the office. The last recorded accident was 24 August 2015. The care workers we spoke with knew how to record and report incidents and accidents and told us any concerns were forwarded to the registered manager.

The rotas showed the same care workers supported the same people each day, which provided continuity of care and the opportunity for people and the care workers to build a relationship. People told us the service was very flexible and they could change the time of the visits to accommodate other activities, for example, hospital appointments. One person said "They are quite adjustable with me."

The service had a medicines policy which provided guidance to the care workers on how medicines should be administered, including PRN (as required) medicines. Of the two people who used the service, only one person required support with their medicines. Their relative monitored the safe administration of medicines and raised no concerns. The service did not use Medicine Administration Records (MAR) charts, instead they recorded medicines administration in the daily recordings.

Requires Improvement

Is the service effective?

Our findings

The service had not undertaken appraisals in the last two years to review care workers skills and development, which meant the service lacked a formal mechanism for planning staff members' professional development for the year and monitoring the outcomes.

We saw a training matrix but this was incomplete. From the files and speaking with the registered manager, we understood staff had not undertaken Mental Capacity Act 2005 (MCA) training. We also saw not everyone had undertaken relevant training such as administering medicines.

These were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that at the time of inspection, no one was being deprived of his or her liberty.

We saw that the consent of the people who used the service was not always sought. Care agreements and care plan reassessments were in some instances signed for by a family member on behalf of the person who used the service. However, there was no clear indication of why the person who used the service was unable to sign for themselves. Of the two people who used the service, one person had capacity and the service worked well with them. However, for the other person who used the service, the provider had assumed due to a long-standing condition the person lacked the capacity to make any decisions and instead consulted the person's relative, which was not in keeping with the principles of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their families told us they thought the care workers had the knowledge and skills required to carry out their roles. A relative told us, "I feel very confident that the carer is able to do their job. I really rely on them." Another person said, "They are there when I need them. They do their job. Hopefully they will carry on the same way."

The registered manager said there was an induction process that included new staff being given a handbook of the service and spending three days going through policies to prepare them for the role of care

worker.

The service had a supervision policy. We saw evidence that supervision was undertaken about every eight weeks. The registered manager advised staff competency was measured in one to one supervision with staff but this was not evident in the supervision records.

Team meetings were held every eight weeks and there was evidence care workers contributed to the meetings.

Where care workers cooked meals for people, this was written up in the daily recording log, which meant a record was kept of people's food and fluid intake.

People who used the service lived with their families. Consequently, either they made their own health appointments or their family did. However if the family was not present and the person required a medical appointment, the care workers would contact the appropriate medical service. The service did not have contact with any professionals as people or their families did that directly. The service did signpost people to other agencies, such as the local authority, should they need additional support.

We spoke to the local authority who confirmed that the people who used the service had individual budgets for the payment of care workers of their choice and there were no known concerns around the service.

Good

Is the service caring?

Our findings

People and their families told us the service was caring. A relative said, "(Care worker's) attitude and the way they are with (person) is kind and caring – very loyal. (Care worker) has always been gentle. I don't know what I would do without them." A person who used the service said, "They are very caring, kind and punctual."

People who used the service and their families indicated they had built up positive relationships with the care workers over several years. As people lived with their families, the care workers saw the person they were supporting as well as their family daily. This promoted good communication and meant staff knew the people they supported very well and could provide very specific support. For example one person told us the care worker would do a little prayer with their relative which was comforting for them, or paint their nails if they had time.

People and their families were involved in their care plans. People spoke of the flexibility of the service and said the service listened to them.

Everyone we spoke with highlighted the importance of the service being able to meet people's cultural needs and said they did this successfully. One person said "The most important thing is the cultural aspect. They know my background." A relative told us for their relative the best thing about the service was "the cultural context. They speak to (person) in Hindi and they understand that."

The service provided leaflets in different languages including Gujrati, Punjabi, Somalia and English to meet people's different cultural needs.

People who used the service received a service user pack that provided information on what they should expect from the service and who to contact in the service.

The care workers respected people's privacy and dignity and provided choice. People had the same care worker to provide continuity, which contributed to people who used the service feeling comfortable with their care worker. One person told us, "I can choose. That's why I like this agency. They're very, very accommodating."

Good

Is the service responsive?

Our findings

People's individual needs and preferences were met. People and their families told us that they had been involved in the care plans and had a copy of it. They said they were happy with the care they received, knew what care should be provided and by whom. Comments included, "I do have a care plan and they have a copy of that. We're flexible because I'm in and out of hospital." and "They are very helpful in all respects."

People's files contained a support plan from the local authority. The service's assessment included people's preferences such as religion and language. It also recorded people's social history, dietary and sensory needs. The plans provided tasks for the care workers and there was guidance for specific tasks such as providing personal care.

The care plans had a weekly timetable and noted specific needs which were task focused, for example laundry. As there was contact with the people and their families every day, verbal communication was important. Either the person or their family were able to tell the care worker directly how they wanted support and if they had a specific routine or preference.

People and their families told us they had yearly reviews, but this was not clear from the written evidence in the file. There was good communication between the service, people and their families. People told us they discussed their care plan with the service. However this appeared to have been done informally and was not always recorded as a review.

After each visit, care workers completed the daily recording logs kept in people's homes. They noted completed tasks such as the administration of medicines, food prepared and what personal care the person was supported with. The logs showed support was delivered in line with the care plan.

People we spoke with indicated that timekeeping and cover if a care worker was on leave was generally good. A family member said that their relative had a care plan and if the regular care worker was away, the care worker covering was briefed on the care plan. One person told us, "If staff are going on holiday, they arrange someone else and give an introduction."

People who used the service were provided with service user packs which were comprehensive and contained information on confidentiality, the contact details for the registered manager and the head office, a statement of purpose, a code of practice and a complaints procedure which included details of external organisations to contact.

People said they knew how to make a complaint but no one we spoke with had needed to do so. One relative said "'I am aware of the complaints policy but I have very direct contact with (registered manager) and I can phone straight away." A person who used the service told us, "I have information on making a complaint etc. If there is anything I want, I discuss it with (registered manager). If I want anything they review it."

The service had a complaints policy and complaints file for both formal and informal complaints. However there were no complaints recorded, only compliments. The registered manager told us they believed there were no complaints as the service was very small and they spoke regularly to the people who used the service and their families.

We could see from individual files that if any emails from people or their families had been sent to the service with a request, this was followed up and responded to promptly. If there were any concerns, the people who used the service or their family would ring the registered manager directly to resolve it. No one we spoke with had ever made a complaint.

Requires Improvement

Is the service well-led?

Our findings

We did not see any evidence of monthly checks or audits for the service. It therefore lacked systems to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met. Nor did we see evidence of how the service ensured that staff were compliant with current legislation and followed best practice guidance. The registered manager told us as it was a very small service, they received verbal feedback directly from the people who used the service and their families. Feedback from staff was through supervision and team meetings. Consequently, as there was not a formal process for managing staff competencies to ensure they were working within the relevant legislation, the service relied mainly on verbal feedback.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the past, the service had undertaken surveys to provide feedback but the last survey had been carried out in 2014. The registered manager told us the next one was due in September 2016.

Feedback from care workers on the culture of the service was generally positive and they said they could "always speak to the registered manager".

People who used the service and their families felt listened to and indicated that they had an opportunity to provide feedback. People said they had regular communication with staff and the registered manager and could review the care plan when required. However this was mainly in an informal manner and not always recorded.

The service had staff meetings every two months. Staff meetings were a forum to talk about information regarding the larger organisation and individual people who used the service. We saw evidence that care workers participated in the meetings.

The larger Asian Health Agency (TAHA) service had a number of relevant policies dated January 2015 that included safeguarding, whistleblowing, accident reporting, health and safety and lone working.

The registered manager advised they kept up to date with relevant guidance and legislation through information received from TAHA's head office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not always seek consent for care and treatment from the relevant person. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that was reasonably practical to mitigate risk. Regulation 12(2) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always have systems to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not ensure the information specified in Schedule 3 was obtained in relation to each person employed.

Regulation 19(3) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure staff received appraisals and training to enable them to carry out their duties. Regulation 18(2)(a)