

Smethwick Asra Limited

# ASRA - Smethwick

## Inspection report

Health & Social Care Centre  
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Date of inspection visit:  
13 July 2016

Date of publication:  
31 August 2016

## 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

The inspection took place on 13 July 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides a domiciliary service and we wanted to make sure that staff would be available. We made telephone calls to people who receive care from the service to obtain their views on 15 July 2016. The last inspection of the service took place on 5 December 2013 and the provider was complaint in all areas inspected.

ASRA – Smethwick is a domiciliary care service registered to provide personal care to people living in their own homes. The service currently provides care to 19 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood how to report abuse and manage risks to keep people safe.

People had access to regular carers who had undergone appropriate recruitment checks to ensure they were safe to work. Staff had access to regular training and supervision to support them in their role.

People were supported with their medication in a safe way by staff who had been appropriately trained.

Staff were aware of how to ensure people had their rights upheld in line with the Mental Capacity Act 2005. Staff supported people with meals where required and supported people to access healthcare services when needed.

Staff had a kind and caring approach and treated people with dignity. Where possible, staff supported people to maintain their independence.

People were involved in the assessment and review of their care. Staff knew people well and understood their preferences with regards to their care.

There were appropriate complaints procedures in place and where complaints were made, these were resolved to the satisfaction of the person making the complaint.

People and staff spoke positively about the leadership of the agency and felt the service was well led. Staff felt supported in their role and were comfortable in raising concerns where needed.

There were systems in place to monitor the quality of the service. People were supported to provide feedback on their experience of the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to manage risks to keep people safe and were aware of how to report concerns of abuse.

There were effective recruitment procedures in place to prevent unsuitable people being employed by the service.

People were supported with their medication in a safe way.

### Is the service effective?

Good ●

The service was effective.

Staff had access to training and supervision to ensure they have the knowledge and skills to support people.

People were supported to make their own decisions in line with the Mental Capacity Act (2005).

People were supported with meals and to access healthcare services where required.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in their approach and ensured people were treated with dignity.

People were given choices and supported to be involved in their care.

People were supported to maintain their independence where possible.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and review of their care.

Staff knew people's likes, dislikes and preferences with regards to their care.

Complaints made were investigated fully by the registered manager.

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

The service was well led.

People and staff spoke positively about the management and felt supported.

People were supported to provide feedback on the service through questionnaires.

There were systems in place to monitor the quality of the service.

**Good** ●

# ASRA - Smethwick

## 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.

This inspection took place on 13 July 2016 and was announced. We gave the provider 48 hours' notice as the service provides a domiciliary care service and we needed to ensure that someone would be available at the office. On 15 July 2016, we made telephone calls to people who receive care from the service to obtain their views. The inspection was carried out by one inspector and an interpreter. The interpreter supported us to gather feedback from people who did not speak English as their first language.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with four people who receive support from the service, four relatives, three members of care staff and the registered manager. We looked at four people's care records, staff recruitment and training files, medication records for three people and quality assurance audits completed.

## Is the service safe?

### Our findings

People told us they felt safe with staff in their home. One person told us, "So far I do feel safe". Another person said, "Yes, I feel safe".

Care staff understood how to recognise signs of abuse and how to report any concerns they have. One member of care staff told us, "I would tell my manager definitely". Staff confirmed and records we looked at showed that they had received training how to safeguard people from abuse.

Care staff had a good understanding of the risks posed to people and how to manage these to keep people safe. One member of care staff we spoke with told us, "I manage risks by talking to people, explaining what is happening and being careful". Other care staff gave examples of managing risk that included ensuring equipment is used correctly and ensuring that they follow the guidance given in the person's care records. Risk assessments were in place for people. The risk assessments were individual to the person and we saw from these that risks had been assessed and that information was provided to staff about how to ensure people's safety. There had been no accidents or incidents recorded at the service. However we spoke with the registered manager who informed us of the process they would follow if an accident occurred. This included the registered manager investigating the accident and ensuring action was taken to reduce the risk of re-occurrence. This demonstrated that the registered manager had systems they would put in place to learn from accidents and incidents to keep people safe.

The provider told us in their PIR that they had robust systems in place to make sure all staff are recruited safely. Staff we spoke with confirmed this and told us that prior to commencing work, they were required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would identify if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks were completed. We saw that staff who had been employed by the service for a number of years had updated their DBS check to ensure they remained safe to work. This meant that systems were in place to ensure that unsuitable staff were not employed by the service.

People told us that care staff were usually on time to provide their support. One person told us, "Staff are always on time, they never miss a call". We asked a relative if care staff ever missed calls and the relative responded, "No, never". People told us that if care staff were going to be late, they would be informed. One person said, "If staff were ever going to be late, they would always inform me". This was confirmed by a relative who told us, "Carers will call if they are running late". Staff we spoke with felt there were sufficient numbers of staff to meet people's needs and that they had enough time to support people. One member of care staff said, "There is more than enough time to get everything done. It is always relaxed. If I thought there wasn't enough time, I would raise it with the manager".

People told us that they did not always have regular care staff visit their home. One person said, "I have the same carers each morning but I do not always know who is coming". Records we looked at showed that each person had a small team of staff to provide their support. The registered manager informed us that their rota system ensured that staff attended the same home visits regularly so that people could have

access to the same care staff where possible.

Some people we spoke with were supported to have their medication by care staff. A relative we spoke with confirmed that care staff ensured their family member received their medication on time. We saw that where people were supported with their medication, Medication Administration Records (MARs) were completed fully. Staff we spoke with and records we looked at confirmed that care staff had been given training in how to support people with their medication. We saw that where care staff were required to support people with medication, they were provided with information about the medication they were supporting them with and any potential side effects to look out for. Care Staff had signed these to confirm they understood what each medication was for. The registered manager completed monthly checks on the medication records completed by care staff to ensure that medication had been given and recorded correctly.

## Is the service effective?

### Our findings

People and their relatives told us they felt staff were well trained and had the knowledge required to support them. One person told us, "They [care staff] are excellent at everything. I am very happy". A relative said, "I feel the staff have the skills needed to deal with [person's name] needs".

A person told us, "I get introduced to new staff before they come. They send new staff with an old staff to show them what to do". Care staff we spoke with told us that prior to starting work, they completed an induction to introduce them to the role. This induction included completing training and shadowing a more experienced member of staff. One member of care staff told us, "I was shadowing for two weeks and read through care plans. I also had an induction with the manager going through policies and procedures". Records we looked at confirmed that new staff received an induction. We saw that recently employed care staff had been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. Staff confirmed that the induction equipped them to begin supporting people effectively. One care staff member told us, "It helped a lot as it showed me what to do".

Staff spoke positively about the training they were provided with. One member of care staff told us, "The training is fantastic, it is tweaked to what different people need so you get a better understanding". Another member of care staff said, "We get our training refreshed. That's useful and the updates are good as it refreshes everything in your mind". We looked at the training records and saw that people had received training and that where an update was due, this had been booked for the care staff member to attend. We saw that the registered manager completed a 'skills match' exercise to ensure that staff had received training specific to the needs of the person they would be supporting.

The provider told us in their PIR that staff received supervision with management every three months. Staff we spoke with confirmed they received regular supervisions with their manager so that they can discuss their performance and development needs. One member of care staff said, "Any extra training I would like, they [the registered manager] will sort it out for you".

There were effective communication systems in place to ensure that staff had the information they needed to support people. One member of care staff told us, "If there are any changes to people's needs, then the manager will call or bring me in to the office to let me know". Another member of care staff told us that they always had the information they needed about people before going to their home. The care staff member said, "Before we start, we read the care plan and speak with the person and their family". All staff we spoke with felt they always received the information they required to support people effectively.

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.



We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before providing support. One person told us, "They [care staff] always ask before doing anything. The staff ask my permission before doing things". We saw that staff had received training in the MCA and demonstrated a good understanding of how they should support people to make their own decisions. One member of care staff told us, "I gain people's permission by telling them what I would like to do and waiting for their response, whether that is them telling us or giving us a sign like a nod". Another member of care staff said, "If someone refused care, I would come away, let them calm down and then try again but no is no. I would never force".

We saw that some people did have support with meals. Where people had specific dietary requirements, this had been recorded in their care records and staff we spoke with were aware of these dietary needs. One member of staff told us, "We help [person's name] with meals but they tell us what they would like to eat".

People and their relatives told us that care staff support them to access healthcare services where required. One relative told us, "ASRA contacts us and once they took [person's name] to the hospital for us". This was confirmed by a person who informed us that staff will go to their home and help them when the community nurses visit. The person told us that this was in addition to their usual support and that they only had to call the office and say that the nurse was visiting and they would send staff over to support. The person added, "They do those extra little things for me". Staff we spoke with confirmed the actions they would take if someone became unwell. One member of care staff said, "If someone was unwell, I would tell the manager and the persons family and call the GP for them if needed".

## Is the service caring?

### Our findings

People told us that staff were kind and caring in their approach. One person told us, "I am very happy. I appreciate that they [care staff] help me and I am so grateful for them". Another person said, "If they [care staff] were not nice, I would soon say. I have friends visit and staff are always polite to them as well". Relatives we spoke with were also positive about the caring nature of staff. One relative told us, "They [care staff] are very kind to my father". Staff we spoke with displayed warmth when discussing the people they support and spoke about people in a caring way.

People told us they were involved in their care. One person told us, "They [care staff] get told what I like and they always do what I want". Staff we spoke with confirmed they ensured people were given choices and gave examples of how they did this. One member of care staff told us, "We do as people ask. We always ask what people would like us to do". The staff member went on to explain how one person they support does not like showers so they always ensure they involve them by asking how they would like their personal care each time they provide this support. Relatives we spoke with told us they also felt involved in their family members care. One relative told us, "They [the care staff] plan things and discuss them with us present". Relatives confirmed that staff kept them informed if there are ever any changes to their family member's needs and support. One relative said, "If there are any changes in my father's needs, the carers inform us".

People and their relatives confirmed that staff treated them with dignity. One person told us that staff always knocked their door before entering the house and that care staff had always left their home tidy after providing their support. A relative we spoke with said, "They [care staff] are respectful to my mum and call her 'auntie'". The relative explained that this is the name the person wished to be known as. Staff explained how they ensure that people are treated with dignity and gave examples that included; closing doors and covering people with a towel during personal care, talking to people while supporting them and respecting people's wishes. The provider informed us in their PIR that the service had been awarded a dignity award by a local health trust. The registered manager informed us that in order to receive the award, staff had attended dignity training and then undergone observations to ensure that they put the training into practice. We saw a certificate that had been presented as a result of achieving the award.

Staff told us that they encourage people to maintain their independence where possible. One member of care staff told us, "If someone wants to do something for themselves, then we always let them". Records we looked at showed that staff were given information to support them in promoting people's independence. We saw care records that identified that one person should be given opportunity to try to walk each day before being supported in a wheelchair. The aim of this was to encourage the person to remain mobile where possible.

People who received care from the service did not currently require the support of an advocate. We spoke with the registered manager about these services. The registered manager told us that they had supported people to access advocacy services in the past and knew the procedure to follow to access these services for people if required in future.

## Is the service responsive?

### Our findings

People and their relatives told us that prior to them receiving support; an assessment took place so that they could discuss their needs. One person told us, "Yes there was an assessment; it was all arranged for me from the hospital". Records we looked at showed that people had been involved in the planning of their care. People had also been involved to review and make changes to the support they received when required. A person told us, "They [care staff] come quite regular to do reviews, if there is something that needs changing, they come and see me about it first". Another person said, "They [care staff] come and see if everything is ok". Records we looked at confirmed that people were involved in reviews of their care alongside their relatives. A relative we spoke with told us, "We are invited to reviews of our mums care".

People told us that staff knew their needs well. One person said, "I don't have to ask for anything as they [care staff] know what they are doing". A relative we spoke with told us, "Yes, the carers know [person's name] history and care needs". Staff we spoke with displayed a good understanding of people's likes, dislikes and preferences with regards to their care. One staff member told us about a person they support and discussed the person's life history and how they like staff to deliver their care. Records we looked at held personalised information about people's preferences with regards to their care and we saw that staff knowledge reflected this information.

People told us and staff confirmed that people were supported by staff who were able to communicate in their preferred way. Some people who received support did not speak English as their first language. The registered manager had ensured that wherever possible, people were supported by staff who spoke their first language. One relative told us, "The staff speak Punjabi with my husband".

People we spoke with had been informed on how they could make a complaint if they wished. One person told us, "I would complain to [provider's name] but I have never had to". Another person said, "I have got a file at home with all of the contacts on so I could get hold of them [if I wanted to complain]". One relative we spoke with informed us they had previously made complaints and that they were satisfied with how these were managed. The relative said, "I have complained twice and it was dealt with in a proper way". Staff we spoke with were aware of the complaints procedure and knew the action to take to support people to make complaints. One member of staff said, "If someone wanted to complain, I would help them to speak with the manager". We looked at records held on complaints and saw that where complaints had been made, the registered manager had investigated these fully and spoke with the person following this to ensure they were happy with the outcome. The registered manager told us they ensured that they learnt from complaints made by resolving the complaint and then monitoring the service provided to people to ensure that the issue does not re-occur.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the leadership of the service and told us that they felt the service was well led. One person told us, "I have met [registered manager's name] many times. She is very approachable". Another person said, "They are very good, the manager even comes to visit me". A relative told us, "Yes, I know the manager, she is very nice".

Staff we spoke with had a clear understanding of their role and responsibilities and told us they felt supported in their role. One member of care staff told us, "I do feel supported. We are always kept up to date on what is happening and if there are any issues, I highlight it and they follow it up". Another member of care staff said, "I do feel supported. If anything goes wrong, they do support us". Staff confirmed that a manager was always available outside of office hours should they require support. One staff member told us, "There is an emergency phone available 24 hours a day if we need support". Staff told us and records confirmed that regular staff meetings were held to discuss the service and give staff opportunity to provide feedback. We saw that the meetings covered topics that included; concerns regarding care, how to ensure confidentiality and ensuring that people receive their care as agreed.

We saw evidence of an open culture at the service. Staff we spoke with were aware of how to whistle blow and were comfortable in raising concerns with the registered manager. The registered manager told us that they encourage staff to raise concerns at any time but also within staff meetings. The registered manager also felt that she had built positive relationships with the staff team so that staff felt able to approach her with concerns. Staff confirmed this and member of care staff told us, "I can raise concerns and [registered manager's name] will act on it". Although she had not needed to do this, the registered manager was aware of her legal responsibility to notify us of incidents that occur at the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned their PIR to us within the timescale we gave and our findings reflected the information given to us as part of the PIR.

There were systems in place to monitor the quality of the service. The registered manager told us that a monthly audit was completed on each person's records. This included looking at whether records had been completed correctly, whether any concerns noted were acted on and if there was evidence that people were given choices by staff. The registered manager also told us that they completed spot checks on staff to ensure they remained competent in their role. The spot checks involved the registered manager attending people's houses with staff and observing them providing support to people. Records we looked at confirmed these checks took place.

We saw that people were provided with questionnaires to gather feedback on their experience of the service. These had been sent out every six months. The responses given had been analysed by the registered manager to identify any areas for improvement. We saw that all of the responses given in the most recent questionnaire were positive. For example, one person commented, 'I am very happy with the service', and another person responded 'Everything is perfect.'

