Astha Limited

Astha Limited - Leeds

Inspection report

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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 16, 18 and 23 November 2016 and was announced. At the last inspection we rated the service as requires improvement. The provider was not in breach of regulation, however, we identified there were areas to improve. At this inspection we found they had made some improvements but not all areas had been addressed.

Astha Limited- Leeds is registered to provide personal care to people in their own home. Eight people were receiving personal care at the time of the inspection. The service had a registered manager. 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 we spoke with and their relatives said the service was safe. They were happy with the care provided and felt the staff were competent and caring. The service successfully met people's cultural needs; several people commented that this was something the service did very well. People said they were involved in making decisions about their care and were supported to make decisions when they needed help. The provider agreed to introduce documentation to make sure people's capacity was appropriately assessed. CQC sent out questionnaires to people who used the service, family and friends, and staff; the responses were positive.

People told us they received care from familiar and consistent care workers; they said they arrived on time and stayed for the agreed length of time. Checks were carried out before staff started work although these were not always done thoroughly.

Staff we spoke with were proud to work for Astha Limited- Leeds. They felt well supported and said they had received enough training that ensured they knew how to do their job well. However records did not always support this and the induction training programme for new staff was not completed within specified timescales.

The staff team had received safeguarding training and understood that any concerns should be reported. Staff we spoke with were confident the management team would deal with any concerns appropriately. Environmental risk was assessed and managed. The provider had assessed risks to individuals where relevant, for example, risk of developing pressure sores, however, they had not used a recognised risk assessment tool or validated score to assess the risk. Medicines were not managed safely; staff did not always follow the prescriber's instruction.

Care plans had information that helped staff get to know the person such as their life history, their preferences and what was important to them. People were confident the care plans reflected the care that was delivered. Each person had a care schedule that outlined what staff must do during each visit. These

contained a good level of detail.

People we spoke with did not have any concerns about their care and said they would feel comfortable raising any issues with the care workers, office staff or manager. The provider had not received any formal complaints in the last 12 months. They had received several compliments. People said they were comfortable sharing their views and were encouraged to do this through questionnaires and when the management team visited them at home.

People who used the service and their relatives told us they would recommend the service to others. Staff told us the service was well managed. The provider had a number of quality assurance systems which were implemented effectively. However, there were some gaps which resulted in some areas not being monitored and managed. At the inspection discussions took place around how the service could develop; these were well received.

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 consistently safe.

Systems for managing medicines were not robust and did not ensure people received their medicines safely.

People felt safe and staff understood their responsibilities to ensure people were safeguarded from abuse.

People said they received care from familiar and consistent care workers; they arrived on time and stayed for the agreed length of time. Checks were carried out before staff started work although these were not always done thoroughly.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People we spoke with were confident that staff knew how to support them appropriately and said they could make decisions. Staff understood how to support people who were unable to make certain decisions about their care although the documentation in place did not clearly identify this.

Staff told us they felt well supported and received appropriate training although the records we reviewed did not confirm this for everyone.

Where required people received appropriate support to make sure their nutritional needs and health care needs were met.

Is the service caring?

Good

The service was caring.

People told us the service was caring.

The service successfully met people's cultural needs.

Staff told us the service was caring and focused on making sure people received person centred care. They told us they were proud to work for Astha Limited- Leeds.

Is the service responsive?

Good

The service was responsive.

People who used the service and their relatives said the care they received was person centred.

People were familiar with their care plans which clearly identified how care should be delivered.

Systems were in place to deal with complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The management team were accessible and approachable.

Everyone was given opportunity to share their views about the service.

The provider had a number of quality assurance systems which were implemented effectively. However, there were some gaps which resulted in some areas not being monitored and managed.

Astha Limited - Leeds

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.

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 also sent out surveys to people who used the service, relatives and friends, and staff; we have included their responses in this report. We reviewed all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Both organisations told us they did not hold any information about the service.

The inspection took place on 16, 18 and 23 November 2016 and was announced. We gave the provider 48hrs notice because we needed to be sure that someone would be in the office. On 16 November we visited the provider's office, on 18 November we telephoned people and on 23 November we visited one person who used the service at home. One adult social care inspector carried out the inspection. At the time of the inspection eight people were receiving personal care from Astha Limited and ten care workers assisted people with their personal care. A manager and care co-ordinator were based in the office, and they received support from the provider who was based in London.

When we visited the provider's office we spoke with a director of the organisation who we have referred to in the report as the nominated individual, and the care co-ordinator. We also spoke with a relative who was visiting the office. The manager was on annual leave although they contacted us on return and provided some additional information. In the report we have referred to the manager and care coordinator as the 'management team'. In addition to people we spoke with in the office we visited one person at home, and telephoned two people who used the service, two relatives and eight staff. We looked at documents and records that related to care and support and the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we rated this key question as requires improvement. The provider was not in breach of regulation, however, we identified they were not assessing environmental risks and there were some gaps in the recruitment process. The provider was not following their own medication policy. At this inspection we found they had introduced environmental risks but they still had gaps in the recruitment process and were not always following their medicine policy.

The provider's medicine policy stated that staff must receive medication refresher training annually, 'and for care workers it must encompass all the practical tasks staff maybe required to undertake. Following training staff must have their competency assessed and be signed off as competent by the registered manager before administering medicines unsupervised. Care workers who are responsible for the administration of medicines have their competency assessed at least annually'. We looked at staff files and training records and found staff had not received annual medication refresher training and medication competency had not been formally assessed. Some staff had attended medication administration awareness training in August 2016, and others had attended the same training in October 2015.There was no evidence to show staff competency was assessed and then they were signed off as competent.

After the inspection the manager sent additional information via email and stated they 'monitor staff competency, especially for medication administration and management through our spot checks, spot check analysis, feedback and its analysis, staff surveys, supervisions, care log auditing and staff training sessions'. During the visit to the provider's office we saw staff records which included spot checks; however none of these contained evidence that staff had been assessed as competent in relation to medicine administration. After the inspection the manager sent an email and confirmed competency checks were now in place.

When we visited one person at home, we observed a care worker assisting them appropriately with their medicines. The care worker waited until the person said they were ready to take their medicines, and placed the medicines and a drink in front of the person. The care worker checked they had taken their medicines before signing the record. We looked at the person's medication administration record (MAR) which was completed correctly.

When we visited the provider's office we looked at three other people's medicine administration records and found some discrepancies with the records. We looked at one person's MAR which showed staff were administering medicine three times a day. One of the medicines had a warning not to 'take anything else containing paracetamol'. However, we saw staff were administering paracetamol so the prescriber's instructions were not being followed. There was no information on the MAR or within the person's care plan to show the administration of both medicines had been checked out to make sure it was safe. Another person was prescribed medicine that should be taken 30- 60 minutes before food. However, the daily notes stated the person had received their medicine at the same time as food.

One person's daily notes stated that staff were prescribing a medicated gel on a very regular basis. We

looked at the support plan which said staff did not administer medicines. The nominated individual and care co-ordinator looked at the records and confirmed staff should not be applying any medicated gel because this had not been assessed and agreed through the care planning process.

We saw that the manager or care co-ordinator signed the MARs when they were returned to the office, indicating they had been completed correctly. They had not picked up any of the issues we identified during the inspection. We asked to look at medication audits but were told these were not available. The nominated individual was arranging an urgent meeting with care workers to make sure staff understood safe administration practice must be followed at all times, which included following prescriber's instruction and care plan guidance. We concluded the registered person was not managing medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People who used the service and their relatives told us they felt safe. People who completed a CQC survey were asked if they felt safe from abuse and or harm from their care workers; everyone agreed. The nominated individual told us there had been no safeguarding incidents since the last inspection. We saw in the office information around safeguarding was displayed; this included the types of abuse people may experience and how to report any safeguarding concerns.

Staff we spoke with said they had received training around safeguarding people from abuse and felt confident that if they raised any concerns with the management team at Astha Limited appropriate action would be taken. Staff who completed a CQC survey said people who used the service were safe from abuse and or harm from the staff of this service, and they knew what to do if they suspected one of the people they supported was being abused or at risk of harm.

We reviewed people's risk assessments which identified levels of risk and action to help minimise the risk of harm. Environmental risks were assessed such as fire safety, access to the home, electrical appliances, telecare and safe kitchen area. Risks to people who used the service were also assessed, however, it was not clear how the level of some risks was decided. For example, it was recorded in one person's file that the risk of pressure sores was 'likely'. The provider did not use a recognised risk assessment tool or validated score to assess the risk or indicate if any health professional was involved. They did not have any information in the support plan about how the risk should be managed, for example, the use of barrier creams, equipment to redistribute pressure or checks that care workers should carry out. The nominated individual said they would introduce a more robust system for assessing risk and ensure actions to minimise the risk of harm were identified.

Discussions with people who used the service and their relatives, and CQC survey responses told us there were enough staff to keep people safe and meet their needs. People said they received care from familiar and consistent care workers, care workers arrived on time and stayed for the agreed length of time. One person said, "The same carers visit. They sign their timesheet when they arrive and leave and then I agree and sign the sheet." A relative said, "Timing is never an issue and we get the same workers."

The provider had recently introduced an electronic staffing rota system, where staff used their telephone to record visits when they arrived and left. This enabled the provider to monitor the timing and length of call. We reviewed one week's electronic rota which showed there were enough staff to meet the agreed home visits.

Staff we spoke with told us the staffing arrangements worked well. The care co-ordinator was responsible for planning the rotas and said they employed enough staff to meet people's needs. They told us they

usually allocated the same care workers and it was only when staff were absent that they had to allocate a different worker, and any changes to the rota were telephoned through to the person with an explanation as to why the change had occurred.

Staff told us checks had been carried out to make sure they were suitable before they started working for Astha Limited. We looked at records that were obtained during the recruitment process for three staff and saw checks had been carried out, however, we saw that for two staff there had been gaps in their recruitment process. All three files contained application forms, proof of identify, medical declarations, two references and DBS checks. The DBS is a national agency that holds information about criminal records. The provider had obtained two character references for one member of staff but as they were employed at the time of their application an employment reference should have been requested. In another file there was no documentation confirming the person was eligible to work in the UK. The nominated individual confirmed the employment reference and documentation for eligibility to work in the UK checks were included in the provider's recruitment procedure and agreed to follow these up. They told us they would ensure any future recruitment followed the provider's recruitment procedure in full.

Requires Improvement

Is the service effective?

Our findings

People we spoke with were confident that staff knew how to support them appropriately. They were complimentary about staff and management. One relative said, "They must have been given training about how to look after people properly."

Staff we spoke with said they felt well supported and had received training to help them understand how to do their job. They said they attended the office for training, meetings and supervision. Some staff we spoke with said they had attended a three day training course at the office in August 2016 others said they had attended a similar course in October 2015. The manager confirmed the August 2016 training 'was mainly focused for those who were new to the organisation' and others would be attending refresher training which was planned for December 2016. The manager sent us certificates which showed the training course covered risk assessment, food hygiene, infection control, fire safety, dementia awareness, mental capacity, safeguarding adults, equality and diversity, medication awareness, first aid, legislation and values.

Staff who are new to the health and social care field should undertake the 'Care Certificate' which is an identified set of standards that workers adhere to in their daily working life. In the PIR the provider told us they had commenced this training. There was no information available at the office to show staff had completed the Care Certificate but towards the end of the day information was sent to the nominated individual via email from the person who carried some of the training and supervision with staff. We saw records of observations linked to the Care Certificate and a certificate of completion for one member of staff, however the dates did not correspond because the certificate was issued before the observations were carried out. The nominated individual acknowledged the dates were incorrect and agreed this follow up. Other staff who started in May and June 2016 had not completed their Care Certificate; there was no information available to explain why or what was being done to support the members of staff. The manager wrote to us after the inspection and said plans were in place for all to complete the Care Certificate course.

Staff told us they had met with a supervisor where they talked about their role and responsibilities at the office and sometimes they were observed when they provided support to people who used the service; these were called spot checks. We saw the spot checks were recorded; including how staff had interacted with the person they supported. There was no information available to show how often staff had met with their supervisor at the office to discuss their role; the nominated individual said they were confident staff had received supervision every two months but could not show this because the records had been taken to the London office by mistake.

Although staff told us they received good support we could not confirm this from the records made available to us. The nominated individual said they would review their records and recording systems to make sure training and supervision was appropriately recorded.

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.

It was evident from discussions and reviewing care records people were encouraged to make decisions including those relating to their care. One person who used the service told us they were asked about their care and said, "They listen to what I have to say." We observed one person being supported with their care and saw they made decisions, and their wishes and preferences were clearly respected by the care worker. People who completed a CQC survey told us they were involved in decision-making about their care.

Staff told us they had completed training around mental capacity and were confident people made their own decisions as far as possible. Staff who completed a CQC survey told us they got the training they needed to enable them to meet people's needs, choices and preferences, and they had training in and understood their responsibilities under the MCA.

Each person had a care management and support plan which had a section titled capacity status. This section did not clearly identify if a person could make decisions. The nominated individual said before people used their service a social worker would identify where a person lacked capacity and included this in their assessment, and any changes to a person's capacity would be referred to the local authority adult social care team. At the time of the inspection the provider did not have a formal capacity assessment although soon after the inspection the nominated individual informed us they were introducing one.

In the PIR the provider told us, 'We support people who use our service to maintain good health and access GP and hospital appointments when needed. We provide transport to the people who use our service to attend the appointment, if required. Our staff seek advice from management, other professionals such as dietitians, speech and language therapists, GPs and social workers to meet the needs of the people.'

People we spoke with said they were happy with the assistance they received with drinks and meals, and healthcare. Most people received some support from their family or friends, and where Astha Limited was required to assist they told us it was appropriate. People's care management and support plan covered their medical history and nutrition. They also had a care schedule which outlined the support provided at each visit. For example, one person's schedule stated the care worker served breakfast that had been prepared by the family member. A reminder to put perishable foods back in the fridge was included. Staff told us before they left their visit they made sure people had access to food and drink.

Good

Is the service caring?

Our findings

People who used the service and their relatives said they were happy with the service. They told us it was caring. Comments included, "They are very nice and help with everything", "I expect 100% and they try hard to get it right; if they don't do anything right I tell them", "We're very happy. They always ask if we want anything else", "They are very respectful". People told us and everyone who returned the provider's questionnaire said their care workers respected privacy and dignity. Everyone who completed a CQC survey said people were treated with respect by staff.

In the PIR the provider told us what they did to ensure the service was caring, and this included, 'We use person centred planning (PCP) approach to work with people who use our service, to help understand them, their life history and what is important to them. We also use a PCP approach to establish relationship preferences. Our assessment forms (needs, risk, care plan) have recently been changed to care and support management plans. This takes into account the things that define people who use our service i.e. their cultural background, likes and dislikes, gender and religious preferences, abilities, environment etc.' We reviewed people's care plans and found they contained information about people's life history, their preferences and what was important to them.

One person invited us to visit them at home when they were receiving care. We observed the care delivered was caring; the care worker knew the person well and their personal routine. The care worker ensured the person made decisions about their care, for example, what they wanted to eat and drink, and throughout checked they were satisfied with everything. The person was clearly comfortable with the care worker and confirmed this when we talked about their experience after the care worker had left.

The service successfully met people's cultural needs. A member of staff told us, "We have service users whose first language is Punjabi and care workers have the same cultural background. This makes a difference because service users can speak comfortably when they are receiving personal care. Staff will make sure the dress is right because they are used to the Indian suits." In one of the provider's questionnaire results we saw one person had written 'The carers speak Punjabi/Urdu so I can communicate and this helps a great deal.' A relative told us, "The carers that come are Indian so they understand the culture and Indian dress. This makes a big difference to my wife." Another relative said, "There used to be a language barrier when we used a different care company but this company is working really well. They can speak mum's language and cook traditional meals from fresh."

Staff we spoke with told us they were proud to work for Astha Limited- Leeds. Everyone told us the service was caring and focused on making sure people received person centred care. One member of staff said, "It's a really good company. They make sure we get to know people." Another member of staff said, "I wouldn't want to work for another agency. Astha is small and doesn't do any short visits. We have time to care for people properly and if ever they have any concerns about timing they go back to the social worker and push for more." One person who used the service said, "I've had my visit times increased because they were too short. We all tried together for the increase and now it works well."

The provider told us in their PIR they planned improvements that would make their service more caring. They said, 'The key principles of a caring service will become key performance indicators of staff performance. These will be assessed once every three months via formal supervision sessions. Any member of staff whose performance (as rated by people who use our service) falls below an acceptable level will have their performance managed via: mentoring, training and supervision.'

Good

Is the service responsive?

Our findings

People told us they were happy with their care, and the care they received was person centred. One person said, "Whatever is in the care plan is what they do." Another person said, "Every time they visit they write exactly what they do. They always do what they should and deliver what it says in the care plan."

Everyone who returned the provider's questionnaire said they had been given a written care plan and this met their specific needs. When we visited one person at home we saw the care delivered reflected what was recorded in their care plan.

People who completed a CQC survey said their care workers completed all of the tasks that they should do during each visit, received support that helped them to be as independent as they could be, were always introduced to their care workers before they provided care or support, and were happy with the care and support they received from Astha Limited- Leeds.

Care plans contained specific information to guide staff during care delivery. Each person also had a care schedule that outlined what staff must do during each visit. These contained a good level of detail. For example, one person's schedule outlined how staff must support the person to walk, and where they prefer to sit in the bathroom including the type of chair. They had statements such as, '[Name of person] should have a good grip on zimmer frame and carers must supervise to avoid any potential falls or trips. Please maintain the pace and timing of [name of person] and continue prompting in a respectful and polite manner.' We saw care plans had been reviewed.

People we spoke with said they did not have any concerns but would feel comfortable raising any issues with the care workers, office staff or manager. One person said, "I will always say if something is not right and they listen. Things get resolved." Another person said, "I tell them straight but politely and they sort it out." Everyone who returned the provider's questionnaire said they knew how to make a complaint.

In the PIR the provider told us they had not received any formal complaints in the last 12 months and the nominated individual confirmed this on the day of the inspection.

We looked at the complaints and compliments file. There were no formal complaints; three concerns which were recorded as informal complaints had been logged. We saw the provider had responded to the concerns which ensured the issues were addressed. For example, one person had raised a concern about how staff had made the bed. The provider had discussed this at a team meeting and issued guidance to staff.

The provider had received several compliments in their questionnaire responses. Comments included, 'carer is always willing to do whatever I ask', 'carers are always cheerful and create a good atmosphere when they visit', 'carers are very happy', 'being consistent with care provided' and 'never a missed call'.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we rated this key question as requires improvement. The provider was not in breach of regulation, however, we identified although the provider had systems to monitor the service these were not implemented effectively. Some records were not dated so we did not know if they were historic or current. Some were completed on incorrect forms. At this inspection we found they had implemented some of the systems more effectively and records were dated and completed on the correct form.

People who used the service and their relatives told us they would recommend the service to others. Two people told us they had received a 'better service' since Astha Limited- Leeds started providing their care. People told us a member of the management team had visited them at home and checked if they were happy with the service. One person who used the service said, [Name of manager] promised me he would come to visit and he did." One relative said, "I feel comfortable talking to [name of manager]. He's been to the house to find out how things are going." In the CQC survey responses people said they knew who to contact in the care agency if they needed to, had been asked what they thought about the service, and information from the service was clear and easy to understand.

At the time of this inspection there was a change of management in progress. The manager had applied to be registered with the CQC and their application was being processed. The nominated individual said an application to cancel the registration of the previous manager was being submitted. The manager worked alongside the care co-ordinator who had commenced in March 2016; they were based in the Leeds office. The provider was based in London and provided support to the team in Leeds.

Staff told us the service was well managed. They said the management team were accessible, and provided appropriate advice and support. One member of staff said, "I ring the office and they are always helpful." Another member of staff said, "It is well organised. We always know what we are doing and they check we are ok." Staff who completed a CQC survey told us their managers were accessible and approachable and dealt effectively with any concerns raised, and managers asked what they thought about the service and took their views into account. They said staff in the office gave them important information as soon as they needed it.

The provider had sent out questionnaires to people who use the service, relatives and friends, staff and health professionals throughout 2016. They had analysed the results from people who used the service and relatives, and concluded the responses were overall positive. We looked at the individual questionnaires and saw people had clearly indicated they were happy with the service, and had recorded additional comments when asked 'what care workers do well'. Staff questionnaires indicated staff were happy working at the service and felt well supported. Only one professional questionnaire was returned; this complimented the service.

We looked at 'spot check' records which were carried out at people's homes to make sure staff were conducting themselves in line with care plans and the provider's policies and procedures. We saw the supervisor had checked staff were wearing identify badges, uniform, PPE (e.g. gloves and aprons), and spoke

with people appropriately.

Although we received positive feedback about the service and the management team carried out some checks, we found some systems were not managed effectively which could result in the appropriate care not being delivered. For example, we asked to look at audits such as care plan and medication audits but were told these were not available. Effective audits would have picked up the issues we identified at the inspection. Most records to evidence staff were appropriately supervised and had completed training that equipped them with the skills to do their job well were not available in staff files and the provider did not keep a main record or matrix to capture training and supervision received by all. Some records were sent to the nominated individual on the day and the manager sent us some certificates after the inspection, however these did not demonstrate that everyone was appropriately supported. The nominated individual said they had implemented more monitoring systems at their other branch and would introduce these to the Leeds branch. Throughout the inspection the nominated individual was receptive when areas for improvement were identified; they said they were keen to develop the service and were aiming to achieve an outstanding service.

Providers have a responsibility to notify CQC about certain significant events such as serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. The nominated individual told us no notifiable incidents had taken place since the last inspection. They also told us there had been no accidents or incidents.

In the PIR the provider told us what they did to ensure the service they provided was well-led. They said, 'We deliver high quality person centred care. We encourage care workers and management to deliver an open, fair, transparent, supporting and challenging culture at all levels. We support staff with understanding of principles of the service and our passion.' They also said, 'There is an effective measure in place to assess the quality of our service (use of spot checks, feedback forms). The management of service promotes strong values and a person-centred culture.' They told us how they planned to improve the service in the next 12 months and said, 'We wish to build upon our ethos that without the people who use our service we have no service. Even though we have made good progress in embedding this we recognise that it is always going to be a work in progress. Our plans are to build upon the work so far (training, supervision) and embed person centred care into every aspect of our service delivery. We are developing a PERSON (Preferences, Empowerment, Respect, Support, Outcome, Needs) test for every: policy, procedure, form.'

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person was not managing medicines safely