Mushkil Aasaan Limited

Mushkil Aasaan

Inspection report

1st Floor, 220-222 Upper Tooting Road
Wandsworth
London
SW17 7EW

Tel: 02086726581

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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

We inspected Mushkil Aasaan on 14 January 2019. This was an announced inspection. The provider was given 48 hours' notice because this is a domiciliary care service. The registered manager and staff are often out in the community during the day; we needed to be sure that someone would be in.

Mushkil Aasaan is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were approximately 140 people using the service.

At the last comprehensive inspection which took place on 04 May 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at the service. 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.

The service continued to provide a good service that met the diverse needs of people using the service. People said their cultural needs were met by the provider and there was a matching process that was based on geographical, appropriate skills set, language and cultural needs. This matching process helped to build trusting relationships between people and their care workers. The close relationships that people had with their care workers was continuously highlighted as a positive aspect of the service.

Care workers demonstrated that they understood people's support needs well. They were also aware of people's individual preferences and how they liked their care to be delivered. People told us that they were treated well and personal care was delivered to them in a sensitive manner that promoted their dignity and privacy.

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 confident that they would be listened to if they raised any concerns or formal complaints. The provider maintained a complaints record which showed that when complaints were made, they took action to try and resolve it to the satisfaction of the complainant.

Staff told us they enjoyed working at the service. They said that all their training needs were met and they felt empowered to do their jobs. They said the office staff, including the care co-ordinator and the registered manager were always open to feedback and they felt well supported. Records showed that staff received

regular training, including a comprehensive inspection.

Care co-ordinators carried out regular supervision, both office based and 'in the field' which helped to ensure that people continued to receive a good service.

Thorough assessments were completed which helped to ensure that care plans were appropriate for the needs of people using the service. These included an assessment of risk to people and identifying their support needs. Care plans reflected the assessments that were in place. Care plans were reviewed on a regular basis which helped to ensure they were fit for purpose.

People's needs in relation to their personal care, medicines, general health and nutrition were being met by the provider.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Mushkil Aasaan

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 comprehensive inspection took place on 14 January 2019. This was an announced inspection. The provider was given 48 hours' notice because this is a domiciliary care service. The registered manager and staff are often out in the community during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An inspector visited the registered location on 14 January 2019 and an expert by experience contacted people and next of kin over the phone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection, their area of expertise was care in the community.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service such as the Provider Information Return (PIR). Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with seven people using the service and seven next of kin. We spoke with seven staff including the registered manager, the care coordinator and five care workers. We contacted four health and social care professionals after the inspection to hear their feedback; we received a response from two of them.

We reviewed a range of documents and records including; 12 care records for people who used the service, four staff records, as well as other records related to the management of the service such as complaints and audits.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe and that care workers looked after them. Comments included, "Yes I do (feel safe), the care workers are always welcoming", "The care workers are very nice indeed, I have no problem about safety", "I certainly feel safe", "They always make me feel comfortable and safe" and "They always make me keep safe, no threats at all of harm or abuse."

The provider had policies and procedures regarding protecting people from abuse and harm. Staff talked about their understanding of abuse and what action they would take if they were made aware of any concerns. There were no current safeguarding concerns and previous issues had been reported to the relevant authorities. The registered manager said that they often spoke with people and their relatives about the meaning of abuse, and categories of safeguarding in their preferred language which helped to de-stigmatise sensitivities and opened up discussion.

A record of any incidents and accidents that occurred was maintained by the provider, clearly showing the action taken in response and identifying any further action to prevent similar incidents from occurring in future.

Risks to people were identified during the initial assessment and subsequently during care plan reviews or when people's needs changed. These included risks in relation to the support they received for example, risk of falls, mobility and risk in relation to dietary needs. Where people needed help transferring, moving and handling risk assessments were in place. These included details of moving and handling support needed, what the task involved and the person's level of independence. The assessment also included the home environment and its impact on moving and handling. A care worker said, "It's very important to keep clients safe, be careful when using a hoist. Make sure they are safe using it, I have had training in it."

It was the provider's policy to support people to take their medicines only if they were in a dosett boxes. The medicines that people were prescribed were documented in their records and care workers completed records confirming people had taken their medicines. People said care workers helped them to take their medicines on time. Comments included, "They support me with tablets, they are given on time", "I have a box with all my medication in, they check I have taken it" and "The care workers always give me my medication on time, I am happy with the support they give."

Safe recruitment procedures were in place. Staff files included a completed application form, medical declaration, Disclosure and Barring service (DBS) checks, evidence of identity and references and an induction checklist. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

People did not raise any concerns about timekeeping. They said care workers always attended on time and if they were running late they were always informed. Comments included, "Never not turned up, they are pretty good", "They always turn up, I do not recall they have ever missed a call" and "Any changes they will always ring me." We looked at a number of records from the electronic call monitoring system in place

which showed the times that care workers stayed for the allocated time and sometimes even went over.

Care workers told us they followed infection control guidelines such as wearing gloves and aprons when supporting people. They said they were able to come into the office and pick up supplies whenever needed. One care worker said, "They give us gloves and sanitiser, mouth mask and apron." People did not raise any issues with care worker's hygiene. They said care workers all wore appropriate gloves and aprons when they came to visit them.

Good

Is the service effective?

Our findings

People told us that care workers supported them with meals, whether this was through shopping for them, preparing meals or heating up food that had been prepared by families. They said, "They support me well with meals, I get what I want to eat", "The care workers make my meals, go shopping for me and buy exactly what I need. Marvellous." A care worker said, "I give breakfast, I make her an egg and she drinks a lot of tea. Her [relative] prepares her lunch, I just need to heat it up."

People said they received adequate support in relation to their health. Comments included, "They always let my family know if there any issues at all with my health. They have in the past contacted my GP for me", "They keep an eye on all my health" and "We talk all the time. If they see I am not well, they will speak to my relatives and tell them what to do."

Care records included details of people's key diagnosis and their medical history, for example if they had an underlying medical condition such as heart disease, diabetes and details of any health professionals involved in their care. We saw evidence in care records that care workers looked out for any changes in people's health and where it was felt that the person receiving support was not well, then the GP had been contacted.
New employees completed a full induction which included an introduction to the organisation, policies and procedures, care planning, shadowing opportunities and work protocols such as timesheets, expectations and a training needs audit. An external training provider delivered the induction training for new staff which was based on the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers. This was completed over 12 weeks and observations of practice was done by the care coordinator. We saw some examples of workbooks that had been completed by care workers which demonstrated that they understood their learning.

Ongoing training was delivered in house and included topics considered mandatory and relevant to the needs of people using the service. Recent training that had been arranged for care workers included falls prevention and care planning. Care workers were also supported to obtain The QCF (Qualifications and Credit Framework) Level 3 Diploma in Health and Social Care.

The provider carried out regular supervisions and appraisals. The provider acted proactively and held individual supervisions with care workers when issues were bought to their attention, either through complaints from clients or in relation to care workers themselves raising concerns in appraisal meetings, care workers were asked to complete a section about what they have enjoyed about their role and any issues encountered. Supervisors were invited to comment on care worker's performance over the past year, including how they supported people, their relationships with the staff team, their verbal and written communication skills and any training needs.

Assessments were completed by the care co-ordinator when referrals were received. These took place in people's homes often in the presence of relatives. The assessments were comprehensive in scope and

included all the relevant information needed to provide the appropriate level of care and support to people. For example, any risks to people, their support needs and their level of dependency and support in relation to mobility, personal care, medicines and meal preparation.

Assessments were completed with the agreement of people and their relatives, if appropriate and were signed by relevant parties with an agreed start date.

We saw correspondence with relevant stakeholders such as social workers and discharge co-ordinators and the expected level of support. The care plans that the provider produced reflected the needs identified by the referring agencies.

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's consent to the care and support they received was sought during the initial assessment. Details of people's mental ability, their comprehension and their communication needs were considered during the assessment process and if there were doubts about people's capacity, then relatives were involved in best interests' decisions in agreeing to their care.

Good

Is the service caring?

Our findings

The provider provided a service that catered mainly for the south Asian community and delivered a service that was responsive to the diverse needs of people in the local borough. People told us their cultural needs were met by the provider. People and their relatives told us, "They appreciate the cultural aspect of respect", "We feel very fortunate we have an agency like this. They are culturally sensitive. They know what my relative's religious needs are. They provide care workers who speak the same language as well" and "They are excellent. They speak to him in the same language, they are so respectful for my relative's culture and religious needs."

The provider had a matching process to ensure people who did not speak English as their first language were matched with appropriate carer workers. The matching process was based on geographical, appropriate skills set, language and cultural needs. The registered manager said that matching care workers who conversed in the same language as the people they supported helped to build trusting relationships. The close relationships that people had with their care workers was continuously highlighted as a positive aspect of the service. One relative said, "We have had the same care worker for over 16 years, excellent consistency which is a god send for us. They facilitate care practices for our religion, they have a mutual understanding with us and are sensitive to our needs. They speak the same language, make food which my relative enjoys, this adds value to the quality of life my relative has."

Care workers demonstrated that they understood people's support needs well. They were also aware of people's individual preferences and how they liked their care to be delivered. This was in line with their wishes as stated on their care plans. People told us they were treated with respect. Comments included, "I am very fortunate that the care workers I have are very caring towards me. They speak and act to me with respect", "They are brilliant, I look forward to seeing them", "They are so caring, just like having your own family" and "They are so kind and caring, we have a wonderful relationship."

Care workers respected people's privacy and dignity and were sensitive when delivering personal care. People said, "They keep me covered, they respectfully do my personal care", "They cover me up when I come out of the shower, they make sure I am not left too long without clothes" and "It is clear they are trained, they always promote dignity and respect towards me."

People said that care workers respected their choices and gave them freedom to decide the care they wanted. Comments included, "They have never forced us to do anything. They allow me to suggest and act upon what I want", "They always respect what I would like, I would not certainly stay quiet if they did not", "They are brilliant. They never force me, they always speak to me about what I want and know my likes and dislikes" and "They always give me choices as each day is different for me."

People and their relatives said they were involved in planning their care and the provider consulted them when developing their care plans. Comments included, "Yes we drew up the care plan together, with my relative and the office", "At the beginning we discussed the care plan, the likes and dislikes. This is reviewed during the year", "We have been involved in his care. We have a copy of the plan", "If there are any changes I

speak with my care worker, my care has not really changed" and "The office have discussed the care plan with us as a family, we do have a copy."

Good

Is the service responsive?

Our findings

People told us they were confident that they would be listened to if they raised any concerns or complaints. They said, "Never needed to make a complaint, but I am sure they would deal with it correctly", "I have not made a complaint but I raised issues which I need changing. They have always listened to me", "I cannot say I have had any concerns, but if I did I am sure they would listen" and "I do not have any concerns at all."

The provider recorded all complaints and concerns that were received in a complaints log which included a summary of the complaint and action taken. More thorough individual complaint investigation records were kept with more detail about the complaint, including any related correspondence or records. We saw that complaints made were proactively investigated and resolved to the satisfaction of the complainant within good timescales. The provider demonstrated that they were open to feedback, acknowledged when things went wrong and took action to try and fix things in future.

Care plans contained enough information for care workers to provide the appropriate level of care. They included a breakdown of the support tasks for each visit, including access to the property and emergency contact details. Care plans were printed off the electronic monitoring system. Care workers completed hand written daily reports at each visit. The care co-ordinator completed periodic 'casework records', a summary of the care provided to a person over a period of time.

Peoples care was regularly reviewed to ensure that the care provided was up to date. Comments included, "It is reviewed regularly with us", "The office are always keeping in touch with us during the year to ask us for feedback" and "Both with me and my relatives we look at the plan. The office staff come to visit me as well." Care plan reviews looked at the equipment in place, a review of risks and medication and a review of the tasks completed. We saw records of contact made with people or any important updates from care workers such as refusal of personal care support tasks. These included details of action taken, for example, where a person had refused breakfast then their relative had been informed.

The provider was able to cater for people on an End of Life Care Pathway. This was delivered through specialist care plans for people that were on palliative care. The registered manager said they had established relationships with the local Hospice, Macmillan Nursing, faith organisations and external professionals to provide a multi-team approach to end of life care. The care planning incorporated the additional needs to be considered during the end of life period such as pain management, DNAR (do not attempt resuscitation), personal wishes and religious rituals.

Good

Is the service well-led?

Our findings

The feedback from people and their relatives was that the service was well-led and they would have no hesitation in recommending it. "They are very good indeed", "I can recommend the service", "I feel personally it is a good service. They are reliable and very trusting organisation", "The service is excellent", "It is an excellent service. They are culturally respectful, they understand the family dynamics" and "Brilliant service. I can recommend this service to friends and family."

One professional said, "We were satisfied with the quality of the service provided by Mushkil Aasaan" and "We've also had very few service concerns for this provider."

The registered manager was aware of her responsibilities of the role. She understood her legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 but also of her role of being a mentor to the staff team. Staff told us she was approachable and they were able to come into the office at any time to seek advice from her or any of the office staff. Tasks were delegated to the office staff team and they were clear on their roles and responsibilities. Care workers spoke positively about the service and felt it was a good organisation to work for. Comments included, "I enjoy working here very much, the training is good and the managers are good" and "The office team are very good, excellent. They are very helpful. If there are any issues then I can always call the office."

People and their relatives were invited to complete feedback surveys about the service and how it could be improved. They were asked about the quality of care, if they were involved in their care panning, if they felt listened to, how they found the office staff, if their concerns were acted upon and if they would recommend the service. Although no formal analysis of the results was carried out, we reviewed comments and saw they were positive and people were satisfied with the provider. People liked the fact that the service was culturally appropriate for them and sensitive to their needs.

The care co-ordinator carried out on site supervisions which helped to ensure that the delivery of personal care was of a good standard and that care workers were meeting the needs of people using the service. They observed the care workers communication skills, relationships, general appearance, how they carried out moving and handling tasks, the environment and whether they completed their tasks according to the care plans. These also included if any follow up action was required to help the care workers improve.

Daily record books were also checked by care co-ordinators to ensure they were being completed correctly and any errors were identified and followed up with the care worker. Weekly monitoring of the electronic call monitoring systems helped to ensure that any issues with time-keeping were identified quickly so they could be rectified.