

North London Asian Care

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Inspection report

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Date of inspection visit: 22 July 2014

Date of publication: 11/02/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection was announced two days prior to our visit to the service. At the last inspection carried out on 19 November 2013 we found that the provider was in breach

of regulations relating to the care and welfare of people using the service, staffing and quality monitoring. The provider sent us an action plan stating what steps they would take to address the issues identified. During this inspection we found that the provider had taken action to address shortfalls, however, not all of the new systems introduced to improve the service had been fully implemented.

North London Asian Care is a non-profit making registered charity that provides personal care to people living at home. It provides care and support to adults of

Summary of findings

all ages, but most of the people using the service at the time of our inspection were older people. The service specialises in providing a service for people from an Asian background but does also support people from other ethnic groups. There were 165 people using the service at the time of our inspection, 134 of whom were receiving support with personal care.

The service had an established registered manager. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service and their relatives had very mixed views about all aspects of the service. Some people told us they felt safe using the service but others said they were not confident about the ability of staff to meet their needs and keep them safe.

We found that staff had an induction to the service and training in a variety of topics. However, not all staff could demonstrate that they understood their responsibilities in relation to some areas of their work and therefore this indicated that training was not always effective. This included a lack of understanding around the Mental Capacity Act 2005 and staff responsibilities in relation to

supporting people to make their own decisions. The manager had, however, taken appropriate steps where people's behaviour indicated that they were no longer able to make a particular decision themselves.

People's needs had been assessed, however, the assessments we saw did not always contain enough detail about people's preferences and individual needs. Also, staff did not receive clear guidance about how to meet people's individual needs when they were supporting them in their homes. We found that risks to individuals were not always managed effectively and incidents were not always fully analysed to inform learning and improvements to the service.

There were enough staff to meet people's needs at the time of our inspection and staff told us that they felt supported by the management team.

Staff were matched to people using the service based on the languages they spoke and their culture. Gender preference was also considered as part of the matching process where possible.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. We received mixed responses from people using the service and their relatives when asked if they thought the service kept people safe. There were not effective systems for responding to safeguarding concerns.

Staff recruitment checks were not fully completed and therefore did not protect people from staff unsuitable to work with vulnerable people.

Not all staff understood their responsibilities in relation to supporting people to make their own decisions as required under the Mental Capacity Act (2005) Code of Practice.

There were enough staff to meet people's needs.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff received an induction, training, supervision and appraisal to support them in their role. However, staff could not always demonstrate an understanding of the topics covered in training sessions and therefore were not always equipped with the skills to meet people's needs effectively.

People were supported at mealtimes to varying degrees depending on the level of support they required and family involvement.

Health concerns were responded to and reported to the appropriate healthcare professionals.

Requires Improvement



Is the service caring?

Some aspects of the service were not caring. People and their relatives had mixed views about staff and the care provided and did not always feel they were treated respectfully.

People's diverse needs were considered and staff who could speak the person's first language and understood their cultural needs were allocated to them wherever possible.

Staff respected people's privacy and dignity when supporting them with personal care.

Requires Improvement



Is the service responsive?

The service was not responsive. People using the service and their relatives told us that they were not always confident that staff were equipped to meet their needs effectively.

Inadequate



Summary of findings

People's needs had been assessed but not always in sufficient detail and the guidance for staff about how to meet people's individual needs was inadequate.

Complaints about the service were responded to appropriately. However, there were no systems in place to support learning from complaints to improve the service.

Is the service well-led?

The service was not well-led. People using the service and their relatives gave mixed views about the management of the service and the response of office staff to telephone queries or concerns.

The manager had not taken sufficient action following incidents that had resulted in harm to a person using the service to ensure that improvements were made to minimise the likelihood of the incident reoccurring.

Quality monitoring systems had been developed but not fully implemented.

The provider was not considering best practice in relation to meeting the needs of people using the service.

Inadequate



North London Asian Care

Detailed findings

Background to this inspection

This inspection was carried out on the 22 July 2014 by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The people using the service were predominantly from an Asian background. The expert who was involved in this inspection could speak several Asian languages which enabled us to speak to people who were using the service in their first language.

Prior to the inspection we reviewed information that we held about the service and the details of a Provider Information Return (PIR) that the provider had completed. A PIR is a document that we ask providers to complete that tells us about the operation of the service, what they do to meet people's needs and any proposed improvement plans.

We spoke with 20 people who were using the service and four relatives. We also spoke with the registered manager, the assistant manager, the outreach officer, a care co-ordinator, the training manager, 10 care staff and a student who was on placement at the service at the time of our visit.

We looked at records relating to people's care and the management of the service. These included 10 care records, 4 staff recruitment files, training records, quality monitoring information, policies and procedures, accident and incident records, safeguarding records and complaints.

Following the inspection we spoke with local authority representatives and the local authority safeguarding adults team.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We received mixed responses from people using the service and their relatives when asked if they thought the service kept people safe. Some people felt safe receiving care from the service whereas others told us they were not confident about the abilities of staff and therefore were not assured that staff would know how to respond in a situation where they were at risk of harm.

All staff had received safeguarding adults' training and we saw that this was repeated every two years so that staff refreshed their understanding. However, although staff understood they had a duty to report any concerns about a person's safety to the manager, several of the staff we spoke with were unaware of who they could contact outside of the agency to report safeguarding concerns, such as the local authority safeguarding team or the Care Quality Commission (CQC).

The safeguarding policy for the service did not provide clear guidance for staff about what to do in the event of an allegation of abuse and was misleading in relation to staff responsibilities around reporting and responding to concerns. For example, the policy stated that a discussion would take place with the alleged victim, and if they did not want action to be taken then a decision would be made about whether or not to override this. The service has a duty to protect people who use the service and to report all safeguarding concerns to the local authority and CQC. Therefore it would be inappropriate to tell someone that the information would remain confidential or that no further action would be taken. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff recruitment practices did not protect people from staff unsuitable to work with vulnerable people. We looked at recruitment records and found that inadequate checks had been completed. For example, the provider had not sufficiently explored the employment history of staff and where people had disclosed medical conditions these had not been further explored to ensure staff were physically fit to be able to meet people's needs safely. In addition to this the service had not verified some references to ensure their authenticity and also character references from family members had been accepted in place of employment references in some instances.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also noted at the time of our inspection that not all staff files contained information about a current criminal record check. However, the manager provided this information following the inspection.

At our last inspection we found that risks to individuals had been identified but that management plans had not been developed to minimise these. During this inspection we found that action had been taken and saw that some risks such as those related to moving and handling and the environment had been reviewed and management plans developed. However, we saw some contradictory information in the records viewed. For example, in one file we saw that the moving and handling risk assessment stated that there were no trip hazards noted in the person's home and in the environmental risk assessment completed on the same day a rug had been identified as a trip hazard. There was also no information recorded to state if this had been followed up and staff were not sure when we asked them. Therefore risks to individuals were not always appropriately managed to ensure people were kept safe. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and what it meant in terms of their role at the service. Some staff had an understanding of mental capacity, for example, one staff member said, "It's about trying to make sure people understand, respecting people's decisions and recording these." However, other staff were unclear about what it meant and did not understand that capacity should be assumed and if a person was unable to make one decision, it did not mean they were incapable of making any decisions for themselves. Policies and procedures covering mental capacity were in place and staff had received training. We saw records that demonstrated that the manager had responded to concerns about a person's capacity to make a particular decision and a best interests meeting had been arranged with family members and health and social care professionals to discuss this.

Previously we found that staffing levels were inadequate for the service to operate effectively. Since our last inspection the provider had employed two additional full time care co-ordinators and additional care staff to reflect the increase in the number of people using the service. We

Is the service safe?

found that there were sufficient numbers of staff to meet people's needs at the time of our inspection. The manager informed us that 'bank' staff were used to cover absences if permanent members of staff were unavailable.

Is the service effective?

Our findings

Staff received a five day induction when they started working for the service based on the Skills for Care common induction standards. Staff confirmed that they had received an induction and mandatory training to prepare them for their role. Staff also confirmed that they initially shadowed experienced workers so that they knew how to meet people's needs.

We spoke with the training manager and saw records that confirmed staff attendance at mandatory training in areas such as moving and handling, health and safety, first aid, medicines, infection control and hand hygiene. This training was updated annually and there was a training matrix in place so that the training manager could monitor when staff were due to attend refresher training and organise dates for this. The manager also told us that she was a qualified trainer and provided face to face training on a range of topics in addition to the mandatory training that included nutrition, equality and diversity, effective communication and raising concerns and whistle blowing. She also told us staff understanding was then checked through question and answer sessions. During our inspection it was noted that although staff had attended training in a range of topics they were not always able to demonstrate a good understanding of how this related to their role. For example, in relation to mental capacity, safeguarding and dementia care needs.

Staff said that they had regular one to one meetings with their manager to discuss their performance and any difficulties that they were facing in their role. However, staff gave varying accounts of how often these meetings took

place and the manager had only recently introduced a system to plan and monitor how often these meetings took place. Staff also told us that they had received an annual appraisal to discuss their performance and identify any training needs.

Records showed that staff were matched to people who used the service based on their cultural background, gender and languages spoken to ensure they were compatible with the people they were supporting.

People were supported at mealtimes to varying degrees depending on the level of support they required and family involvement. Some staff cooked meals for people whilst in other cases food that relatives had prepared was reheated and served for people. Staff had received training in food safety and were aware of safe food handling practices. They told us that they always offered people a choice of food or drink where possible.

Most people were supported by family to arrange and attend healthcare appointments. Staff told us that if they noticed that someone's health had deteriorated or they had concerns about a person's wellbeing, they reported this to the office and the person's family members where appropriate. We viewed records that confirmed this and saw that staff had also responded appropriately in emergency situations and called for an ambulance where required to ensure people received prompt medical attention.

People's records contained details of their GP and other health and social care professionals involved in their care so that staff could contact them and share information to ensure people's healthcare needs were met.

Is the service caring?

Our findings

People and their relatives had mixed views about staff and the care provided. One person said, “I get nice female carers who are polite”, however another told us “that carers bicker about my care and my choices are not met properly.” Other comments included, “The carers are on their mobile and talk with friends when they are here” and “I am quite happy with the carer as she is like a daughter to me. She is helpful, polite and willingly carries out additional tasks that I may have.”

We noted that there was a lack of information available to staff about people’s personal histories and preferences. There was also limited evidence that people and/or their relatives had been involved in planning and making decisions about their care. Therefore staff were not always equipped with adequate information to enable them to meet people’s individual needs in a person centred way that supported positive, caring relationships.

Therefore we found inconsistencies in relation to the service provided for people and the levels of respect shown by staff when supporting people in their homes.

Some staff we spoke with were able to demonstrate how they treated people respectfully. One staff member said, “I always wear my name badge so people know who I am and where I’m from. I always ask before using a person’s phone to log in.”

People and their family members said they were able to ask for staff from a particular gender and this was arranged. Requests for staff who spoke a particular language or had a specific religious or cultural background were also considered and met where possible. This was also confirmed by a local authority representative who we spoke with following our inspection. Most of the staff understood and could speak several languages and staff had been employed from a diverse range of backgrounds to meet the needs of people using the service. One member of staff told us, “I understand and speak Hindi, Urdu, Bengali and Gujarati.”

People told us that staff respected their religious beliefs. For example, one person said “She maintains my dignity, including my religious beliefs” when talking about the staff who supported them. One member of staff told us “I respect people’s religions and I prepare ham and sausages, even though I am Muslim and we do not eat pork.” Another member of staff said, “I do as they would like me to do, I don’t judge them.”

Staff were able to demonstrate what steps they took to protect people’s privacy and maintain their dignity. For example, they told us that they ensured doors and curtains were closed when providing support with personal care and covered people to protect their modesty.

Is the service responsive?

Our findings

People using the service and their relatives told us that they were not always confident that staff were equipped to meet their needs effectively. For example, one relative said, "I feel that the carers are not fantastic in giving care. I mean the care was different when the carers came from the council in the beginning." Another told us they didn't feel staff had enough information about their family member to meet their needs.

At our last inspection we found that people's needs had not always been assessed by the provider and that the service was using local authority assessments of need to develop care plans. During this inspection we noted that the service was completing their own assessment of needs prior to providing a service for people. However, the amount of detail in these assessments varied and was not always sufficient so that a detailed care plan could be developed that met people's individual needs. We noted that these assessments were very task oriented and often did not consider people's preferences, likes and dislikes. We saw that people or their relatives had given signed consent to the care provided by the service.

There were no care plans that had been developed by the provider in the 10 care records we viewed. Three of them contained local authority care plans but these were too complex and detailed to guide staff in relation to the support people required during visits to their home. In addition, two of the care plans were over two years old and no longer contained up to date information about people's needs. The manager acknowledged this and told us that staff generally used the assessment of need and risk assessments to inform them about the support people required. This was not sufficient as these documents only outlined people's needs and did not give clear guidance to staff about what they should do to support people. We saw evidence of an incident that had occurred as a result of the lack of clear guidance about managing a person's continence needs that had led to the person's ill health.

The manager showed us a care plan format that had been developed that included more detail and said this would be implemented for all people using the service. We saw

that the service had introduced a system for reviewing people's needs and this was being implemented. However, only three of the care records we looked at contained recent reviews and where it had been identified that a care plan required updating there were no records to evidence that this had taken place. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had an electronic call monitoring system in place which identified when staff arrived at and left a person's home. A care co-ordinator told us they monitored this system throughout the day, Monday to Friday so that if staff did not arrive at a person's home, alternative arrangements could be made to ensure they received the support they required. The manager told us that senior staff members were on call at weekends but said there were no systems in place to monitor calls over the weekend as the office was closed. Some concerns had been raised by local authority representatives about missed calls to people using the service which could place people at risk of harm.

People were given information about the service prior to receiving support from the agency. This included information about what to expect and information about how to raise concerns and make a complaint. We looked at the complaints log and saw that complaints had been responded to in writing and action taken to resolve the issues raised. However, staff could not demonstrate any learning or improvements that had resulted from any complaints that had been made. The complaints policy for the service did not contain details of the Local Government Ombudsman so that people and their representatives had information about independent organisations they could make a complaint to.

In addition to providing support to people with care needs the service also operated an outreach service providing support and advice to carers, in particular relatives, caring for people in the local area. This meant that some additional support was provided to wider family members as well as the person using the service and there was an outreach worker employed to facilitate this.

Is the service well-led?

Our findings

People using the service and their relatives gave mixed views about the management of the service and the response of office staff when they telephoned with queries or concerns. One person said, “the office replies promptly on occasion” and another said “the office lacks a professional approach.” Other people told us that the manager had resolved issues they had raised and that they were happy with the response of the service.

Two days prior to our visit we telephoned the service to announce the inspection. We were transferred to an automated system that gave various numbered options to get through to different members of staff. Each time we selected one of these options there was no answer and we had to hang up the telephone and commence the process again. It took five attempts to get through to a member of staff. If someone using the service or their relative was trying to access support or report concerns it would have been difficult for them to get through to a member of staff and some people may have found the automated system difficult to use. We discussed this with the manager who told us she had received several complaints from people using the service and health and social care professionals about the telephone system and that, arrangements had been made to change it. We telephoned the agency following the inspection and confirmed that the telephone system had been changed.

We looked at accident and incident records for the service. These included details about what had happened and the action staff took. However, the manager was unable to demonstrate how the service had learned from incidents to improve the quality of the service. For example, incidents had occurred when staff unfamiliar with people’s needs had attended their homes to support them as they had insufficient information. The manager had not taken action as a result of this to ensure that there was clear guidance for staff in people’s homes to ensure that their needs could be met effectively and safely. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our last inspection we found that the service had limited quality monitoring systems in place. People told us they had not been asked for feedback about the service, spot checks were not taking place regularly and audits and reviews were not being carried out so that shortfalls could

be identified and addressed to improve the service. During this inspection we found that some improvements had been made and new systems introduced but some of these had not yet been fully implemented.

Two documents had been developed for management monitoring purposes. One for staff and one for people using the service. The one for staff recorded when supervision meetings, appraisals and spot checks were planned and the date of completion. The one for people using the service recorded dates of reviews, any complaints and the action that was taken. These documents were not yet fully completed at the time of our inspection. The manager told us that senior staff had been allocated responsibility for particular geographical areas in relation to carrying out assessments, reviews and spot checks. We saw evidence of some telephone monitoring calls that had taken place in people’s care records. No other audits were in place at the time of our inspection.

Staff confirmed that some spot checks had taken place and that they felt supported by the management team. One staff member said, “They’re pretty good here, if there’s a problem, I can ring and they deal with it” and another said they were “very supportive”.

The manager was aware of the challenges facing the service and some steps had been taken to address these by introducing quality monitoring systems. However, progress had been slow and action had yet to be taken to ensure that detailed information was provided for staff about how to effectively meet people’s individual needs. We also noted the manager at times struggled to find information on some of the IT systems used by the service and had to ask other staff to do this. The manager did not receive supervision and had not received any recent training to support her in her role. We also noted that the manager facilitated the majority of the staff training as well as carrying out the day to day management of the service which may have been impacting on her ability to carry out her role effectively. There were other members of senior staff who the manager could delegate tasks to but this had not been effectively managed.

There was not an action plan in place for developing the service and the manager was unable to evidence how the service used best practice guidance to inform how the service operated in order to meet people’s needs.

Is the service well-led?

The service did not organise regular team meetings for staff. The manager told us that staff forums took place twice a year and that ad hoc meetings were arranged when issues arose that needed to be discussed with staff.

However, there were no recorded minutes available for these meetings. There was also an annual award ceremony held for staff to which people using the service and their

relatives were invited to. The next one had been arranged for October 2014 and the training manager told us that these events were held to recognise good staff performance.

We saw that annual surveys had been sent out to people using the service and their relatives and the manager told us that the results would be analysed and considered by senior management in order to improve the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person had not made suitable arrangements to ensure service users were safeguarded against the risk of abuse. Regulation 11(1)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person was not operating effective recruitment procedures as they did not ensure all information specified in Schedule 3 was available. Regulation 21(a) and (b)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving unsafe or inappropriate care as they had not taken action to ensure the welfare and safety of service users. Regulation 9(1)(b)(ii)

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services were not protected from unsafe or inappropriate care as the registered person did not

This section is primarily information for the provider

Action we have told the provider to take

where necessary make changes to the care provided in order to reflect information relating to the analysis of incidents that resulted in harm to a service user.
Regulation 10(2)(c)(i)