

Smethwick Asra Limited

# ASRA - Smethwick

## Inspection report

Health & Social Care Centre  
Fenton Street  
Smethwick  
West Midlands  
B66 1HR

Tel: 01215654678

Date of inspection visit:  
22 May 2019  
10 June 2019

Date of publication:  
02 September 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

ASRA Smethwick is a care at home service providing personal care to people aged 65 and over, with mental health conditions or physical disabilities. At the time of this inspection 46 people were receiving a service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We found people were not always safe. Peoples safety had been placed at risk due to safeguarding policies and procedures not being followed. Information was not always shared with the local authority safeguarding team.

Staff recruitment practices were unsafe and left people at risk of harm. Not all staff received safeguarding training prior to delivering the service. Staff did not have a good understanding of whistleblowing. Staff received regular supervision and annual appraisals.

People's needs were not always met by staff with the knowledge and skills or the relevant qualifications. Peoples care plans were limited in the information provided. Risk assessments did not always include actions for staff to take to keep people safe and reduce the risk of harm. Medication was given as prescribed. There were good infection control practices in place.

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Communication methods did not meet the Accessible Information Standards and did not have regard for people's protected characteristics. The provider did not have an effective process to receive and act on complaints. People's confidential information was not appropriately or safely communicated to others.

Quality monitoring systems did not provide an oversight of the service or demonstrate the service was effectively managed or improving.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was Good (Published 12 July 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have found breaches in relation to Regulation 13 Safeguarding, Regulation 19 Fit and Proper Staff, Regulation 10 Dignity and Respect, Regulation 16 Receiving and Acting on Complaints and Regulation 17 Good governance.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# ASRA - Smethwick

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an interpreter.

#### Service and service type

This service is a domiciliary care service. Staff provided personal care and support to people living in their own homes. At the time of inspection, the service provided personal care to 46 people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 22 May 2019 and ended on 10 June 2019. We visited the office location on 22 May 2019, to speak with the registered manager and to review care records, policies and procedures. We contacted people and relatives, for their views on the service, on 10 June 2019, we required an interpreter to help us do this.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service and registered provider. This included any statutory notifications the service told us about. Statutory notifications are information the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding notifications. We sought feedback from partner agencies and professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Instead we looked at the providers service improvement plan. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with relatives of eight people who used the service, about the care provided. We spoke with five members of staff including the registered manager, deputy director, and three care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People had not been safeguarded from alleged abuse or avoidable harm. We saw the provider had received serious allegations of abuse by staff against people. The local authority safeguarding team had not been notified and the provider did not take appropriate and effective action to protect people either during or after the providers investigation. People had been left at risk of preventable and ongoing harm.
- Not all staff had received safeguarding and whistleblowing training. Where training had been provided the training was not put into practice. We saw in records that staff knew of people being placed at risk of harm and failed to use the whistleblowing policy and procedures to protect people from harm.
- The providers process for sending information to staff, about changes in service delivery, when people were going in and out of hospital or cancelling visits, was not safe. The provider was using a social media communication tool. This placed people at risk of harm as their confidential information was not processed in accordance with the provider's policies and the use of the communication tool had not been risk assessed.

The failure to have and implement robust procedures and processes that make sure people are protected from abuse and improper treatment is a breach of Regulation 13 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment practices were not safe. The provider did not keep clear records of the recruitment process. We found Disclosure and Barring Service (DBS) information, had not been risk assessed. Interviews did not probe information provided on the application form, for example gaps in employment, or discrepancies in address information. References were not verified, did not always show the identity of the person writing the reference and were not always written for the specific role applied for. References were not always taken from the most recent health and social care employer. One file contained conflicting dates of entry to the UK, with past employment dates within the UK, preceding the date of entry. This placed people at risk of harm, as the provider could not be assured that fit and proper persons had been employed to deliver the service.

The failure to make appropriate checks for potential employees and assess the accuracy of the application before they are employed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- We reviewed risk assessment records and found information was sometimes contradictory. For example, one assessment stated the person could go out alone and later in the assessment that they needed to be accompanied when going out. This gave contradictory guidance to staff, potentially placing people at risk of harm.
- Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were not always as detailed as they could have been, they did not always include actions for staff to take to keep people safe and reduce the risk of harm. For example, we saw risks from diabetes were assessed, but there were no instructions or guidance for staff on how to manage a diabetic episode.

#### Using medicines safely

- Only one relative we spoke to said that the service managed the medication. They told us, "Always medicine is provided when needed, if medication is changed it is discussed with [name of person]".
- Staff completed training to administer medicines and their competency was checked regularly. A staff member told us, "We give medication carefully, we record on the medication chart there are codes, there are categories of medication oral, and liquid".
- Care plans contained medication risk assessments. These were not always thoroughly completed. For example, in one assessment it did not state if the person could self-medicate. The manager explained they were currently reviewing the medication risk assessments.

#### Preventing and controlling infection

- Staff told us they had received infection control training and the providers records confirmed this. Staff told us they followed good infection control practices and used protective clothing such as disposable gloves and aprons during personal care, to help prevent the spread of infections. People's relatives confirmed this. One relative told us, "Staff wear gloves and aprons". A staff member told us, "I clean my hands properly, I change my gloves and apron between tasks. This is good for me and the client".

#### Learning lessons when things go wrong

- There was not an overview or analysis of incidents.
- There had not been any incidents recorded since the new Registered Manager was appointed. They explained they were in the process of setting up a register to cover safeguarding, accidents, incidents and complaints. We looked at this process which was in its infancy. We will look at this again at the next inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People's needs were not always met by staff with the knowledge and skills or the relevant qualifications. We found that staff did not always use their training in practice, for example safeguarding and whistleblowing. Not all staff had received training in safeguarding. Training methods included, on line, face to face, on the job and competency assessments. One relative told us, "They are well trained, the old staff introduces the new ones", another relative told us, "The staff are trained, pleasant and efficient and they do their job".  
One staff member told us, "I have enough training, we have a lot of experience, so we don't need any more".
- Refresher training was provided, however this was not planned to take into account the specific needs of people, for example dementia and diabetes.
- New staff that did not have a health or social care qualification, were not given the opportunity to complete the Care Certificate. The Care Certificate is a nationally recognised induction which covers all the areas considered mandatory for care staff. This meant that the manager could not assure themselves that all staff had the knowledge required to meet people's needs. We saw one staff member had not received induction training prior to delivering the service, however, they had shadowed another member of staff. Another staff member told us, "I had three days shadowing an experienced person, they made an induction rota to follow and recording sheets for me to hand in. I felt confident".
- Staff felt well supported and had regular supervision. Appraisals were planned to discuss their future development. One staff member told us, "Monthly supervisions, asked if any problems with carers or clients. Never been any problems since I was here", another staff member told us, "Had supervision three months ago, also recently and had an appraisal. Any problem issue or concerns you can explain it and get the support or training you need".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support. Relatives of people using the service and staff confirmed this. One person told us, "We started with them 18 months ago and on the first time the manager paid a visit". Another person told us, "Staff discuss the care plan, they do ask us for suggestions".
- Care was planned and delivered in line with people's individual assessments, which were reviewed when needs changed. One person told us, "We have a care plan and change in the care plan has happened as the condition is getting worse". One staff member told us, "We have time to read care plans, they are in the house in the care plan folder".

Supporting people to eat and drink enough to maintain a balanced diet

- We saw there were not many occasions where staff assisted with choosing and preparing food. Staff told us, "The family decide, I help with feeding", another staff member told us, "The family provide the food, we give the client a choice from what is there, they tell us". One staff member told us even when they were not preparing a meal they always checked if the person wanted a drink, before they left.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider works with other health and social care professionals, for example occupational therapists, hospital discharge team and allocated social workers, as part of the initial referral and service start up.
- The registered manager worked with the General Practitioner for medication reviews.
- We saw staff worked closely, in partnership with people's relatives. One relative told us, "There is a good communication between us".

Adapting service, design, decoration to meet people's needs

- The providers offices have easy access routes for people using wheelchairs and plenty of onsite parking. This enables people or relatives to visit the offices if they wanted to.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the manager was aware of their responsibilities under the MCA.
- Staff told us they had attended MCA training and the providers records supported this. Staff told us, "If they can't decide, you must act in the persons best interests".
- Relatives told us staff always sought permission before delivering any aspect of the service. One relative told us, "They ask for agreement before starting anything for [name]". Another relative told us, "Yes, the staff do ask permission, each time, what ever they do for [name]".

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Individual staff were caring however we found that the providers processes did not always support staff in the caring role. For example, there was not always sufficient personalised information to ensure personalised care, staff were not recruited safely or always trained to protect people by reporting suspected abuse.
- The registered manager told us they take their time completing assessments and the reviews to ensure cultural needs are met. They explained about times in the calendar, fasting and types of food. The register manager told us that one person was unable to attend a religious ceremony unaided, so the registered manager arranged for the support of two carer workers to assist the person to go to the temple.
- One staff member told us, "I learn how to make them satisfied, food, like or dislikes, vegetarian, how we cook it, what is their hobbies and how to meet the personal needs".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. One person told us, "They follow his demands like putting on the trousers last night, he insisted on putting the trousers on". Another relative told us, "They come later or earlier as [name] requires".

Respecting and promoting people's privacy, dignity and independence

- Relatives of people receiving the service told us, "They pay respect, for privacy they always close the doors when doing personal care", another relative told us, "They always treat [name] with dignity and respect their privacy, they take [name] to a separate room to do the things [name] wants". Staff told us, "Keep them covered during personal care".
- One relative told us, "They help [name] to retain their independence with encouragement as well as help in the shower".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was no information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS), should this be required. The provider was not complying with AIS.
- We asked the registered manager if care plans and other communication were available in languages other than English. The registered manager considered people were happy with their care plans in English. We spoke with eight people, half of which preferred to receive their communication in another language. Two relatives told us they preferred to receive written communication in Urdu, and two in Punjabi.
- We did not see any alternative communication for people with communication difficulties, for example pictorial. A form of communication that would have benefited people using this service.

The failure to provide information to people, with due regard to a persons protected characteristics, is a Breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Improving care quality in response to complaints or concerns

- We received mixed feedback about the providers response to complaints. One person's relative told us, "We have raised our concerns about statements, sometimes we would like to check if they have charged for the visits we had cancelled. They also fix a time for a visit and then do not come, it has happened four times, sometimes without warning and [name] panics". Other relative told us, "The little concerns we have had they have acted on to resolve these concerns", and "We raised our concerns when they were putting [name] to bed at 6pm".
- There was not a record of complaints in place. We saw and heard that complaints were not dealt with in keeping with the complaints policy and procedures.

The failure to investigate complaints and take necessary and proportionate action in response to any failure identified and to monitor complaints over time, looking for trends and areas of risk to be addressed, is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always personalised to the individual. Care plans did not always record details about each person's specific needs and how they liked to be supported. The three care plans we reviewed did not

set out the choice and preferences of how the person liked their care to be delivered. The registered manager told us the care plan format was currently under review. Staff we spoke to knew people well and had learnt their choices and preferences.

#### End of life care and support

- The care plans we reviewed did not cover end of life care. We did not see any evidence that people or their relatives were being given the chance to consider this subject at the time the service was set up or during reviews of care. No end of life care was in progress at the time of this inspection. The registered manager informed us there had not been any end of life care in the recent past.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have an effective overview of the service. We identified issues at this inspection that had not been identified by the providers quality assurance processes. These included safeguarding, unsafe recruitment, lack of detail in risk assessments, lack of personalisation in care plans, lack of complaint management, failure to comply with the Accessible Information Standards and unsafe practices when electronically processing people's information. These issues all place people at risk of avoidable harm. This lack of effective oversight prevents continuous learning and improvements in care.

Failure to operate effective systems and processes to monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

- The provider did not always raise statutory notifications following notifiable events. The provider has now brought statutory notifications up to date. The provider prominently displayed their previous rating in their offices.

- At the time of this inspection there was a new registered manager and human resources director. The relatives of people using the service told us, "The service is well managed now, but was not in the beginning. Now it is well organised they are working hard they also listen to us and make changes". Other relatives told us, "The service is well managed, we know the manager and they are doing a good job". We saw that the registered manager was starting to establish a system of audits and action plans. This covered some areas of performance, for example medication, but not other such as recruitment and training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had conducted meetings with staff groups and on a one to one basis, listening to the views of staff. Staff have told us, "I'm happy to work here it is a good place", and "We discuss all of the concerns and problems, so we can help each other".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw that duty of candour had not been acted upon when it should have been. There was a process in

place, but there has not been a need to act on duty of candour, since the appointment of the new registered manager. The registered manager has advised that a review of the complaint's procedure will include the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people using the service by seeking their views through questionnaires, phone calls, and management visits to people's homes. The provider did not fully consider people's equality characteristics, for example where people's first languages were Punjabi and Urdu written consultations were not available in these languages.

Working in partnership with others

- The registered manager explained they were building up a network of health and social care contacts. The registered manager was due to attend a dementia event, as part of dementia awareness week. They were also attending an open event where they could network within a group `rehabilitation to home care providers`. There was a strong link between the service and a local day care centre.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People's communication needs were not met as the provider did not follow the Accessible Information Standard, (AIS).</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not safeguarded from alleged abuse or avoidable harm and had been left at risk of preventable and ongoing harm.</p> <p>People's confidential information was not protected, placing people at risk of ongoing harm.</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was not an effective complaints procedure and people's services did not improve in response to complaints or concerns.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager did not</p>



have an effective overview of the service. This lack of effective oversight prevented continuous learning and improvements in care.

Failure to operate effective systems and processes to monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff were not recruited safely and the provider could not be assured that fit and proper persons had been employed to deliver the service. This placed people at risk of harm.