The Asian Health Agency

Dominion Centre

Inspection report

112 The Green
Southall
Middlesex
UB2 4BQ

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31 July 2017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 31 July 2017 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The last inspection took place on 14 June 2016, when we identified breaches of Regulations relating to safe care and treatment, the need for consent, fit and proper persons employed, staffing and good governance. We rated the service 'Requires Improvement' in three of the key questions we ask providers and overall. During the 31 July 2017 inspection, we saw improvements to the service had been made.

The Dominion Centre, also known as The Ashra Project, was part of a larger organisation called The Asian Health Agency (TAHA) that provided support to people from the Asian community. We inspected the Dominion Centre part of the service that provided support to people in their own homes. At the time of the inspection, 21 people used the Dominion Centre but only three people received support that came under the Care Quality Commission regulations because they were receiving the regulated activity of personal care.

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.

At the inspection on 31July 2017, we saw that people were involved in their care plans. However, they did not provide enough person centred information and we have recommended care plans were reviewed to provide more information about people's needs and to reflect their personal preferences in more detail.

The service had a medicines policy and procedures and medicines were administered safely. However at the time of the inspection, the registered manager said although they were completing monthly Medicines Administration Records (MAR) audits for the two people using MAR charts, they did not keep a written record of the audit but would do so in the future.

Care workers received safeguarding adults training and those we spoke with knew how to respond to keep people safe from potential harm. Risk assessments had been reviewed and updated.

People using the service and their relatives said they were happy with the care provided. There were sufficient numbers of staff who consistently supported the same people and were aware of individual needs.

Care workers had the relevant training and support through supervisions and appraisals to develop the necessary skills to support people using the service. Safe recruitment procedures had been followed to

ensure suitable staff were employed.

People were supported to have maximum choice and control of their lives and care workers were responsive to individual needs and preferences. People using the service had developed positive relationships with care workers and said care workers were kind and caring.

People's dietary requirements were met. People lived with their families who often managed healthcare needs but the service could support people to appointments and knew how to alert the emergency services if needed.

People and care workers said the registered manager was accessible and approachable. People using the service knew how to complain but there had been no complaints to the service.

The registered manager had good links with the community and was aware of their responsibility of when to notify relevant bodies including the Care Quality Commission of some events and incidents within the service.

The provider had management systems in place to monitor the quality of the service and reduce risks to people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care workers had received relevant training on safeguarding adults and knew how to raise concerns.

People had risk assessments to minimise the risk of harm and there were processes in place to record and address incidents and accidents.

Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Medicines were administered safely but there was not a written record of the monthly audit.

Is the service effective?

Good

The service was effective.

Care workers had appropriate support through training, supervision and yearly appraisals.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005).

People's dietary needs were met where these were identified and care workers knew how to respond if a person became unwell.

Is the service caring?

Good

The service was caring.

People using the service said care workers were kind and caring and they consistently had the same care workers support them.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans required more detail about the person's background, preferences and about meeting their needs to make these more person centred.

People and their families, where appropriate, were involved in planning people's care and care plans were reviewed at least annually.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

Is the service well-led?

Good

The service was well led.

People and care workers said the registered manager was accessible and listened to them.

There were systems in place to monitor the effectiveness of the service and ensure that people's needs were being met.

Dominion Centre

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 announced inspection took place on 31 July 2017 and we gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected. The inspection was carried out by one inspector.

Prior to the inspection, we looked at all the information we held about the service including notifications of significant events and incidents. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We viewed the Provider Information Return (PIR) which the provider completed and sent to us to provide us with some key information about the service including what the service does well and improvements they plan to make. We also contacted the local authority's Commissioning Team and Safeguarding Team for their feedback about the service.

During the inspection, we spoke with the registered manager. We looked at the care plans for all three people who used the service. We saw personnel files for four care workers that included recruitment records, supervision and appraisals, and we looked at training records. We also viewed the provider's checks and audits to monitor the service. After the inspection, we spoke with one person who used the service and the relative of a second person.

Good

Is the service safe?

Our findings

At the inspection on 14 June 2016, we identified a breach relating to the safe care and treatment of people. This was because the service's risk assessments included only risks presented by the environment. During the inspection on 31July 2017, we saw evidence that the registered manager had reviewed the risk assessments and they now included information about the risks people faced including if people required support with mobility, bathing, eating and any aides used. All stakeholders we spoke with confirmed that the registered manager visited the homes of people using the service regularly and risk assessments and care plans were updated as their needs changed.

At the inspection on 14 June 2016, we found a breach relating to fit and proper persons employed because the service did not always follow safe recruitment practices. During the inspection on 31July 2017, we saw that staff files had been updated with the necessary recruitment checks to include two references, identity checks and criminal record checks for all care workers. This helped to ensure that the provider only employed suitable staff to deliver care to people.

We saw the service had up to date safeguarding and whistleblowing policies. Care workers had completed the relevant training and told us they would inform their manager if they had any concerns about keeping people safe.

The service was very small and there had been no safeguarding incidents in the past year. However, the registered manager was aware of their responsibility to notify the appropriate agencies and to raise a safeguarding alert if required. Nor had there been any incidents or accidents in the past year but care workers knew how to respond if someone was unwell or there was an accident.

We asked people using the service and their relatives if they felt safe. One person using the service said, "They know what to do. They are well organised. They come on time. They make me feel comfortable" and a relative told us, they thought the service was "very safe."

Each of the people using the service had been supported by the same care worker since coming to the service. The care workers worked part time and the system was flexible enough to allow changes to the call times if required. One relative said, "If I have to change a call at short notice, they are very flexible. They are here whenever I need them. It's not like they only have set times." People told us care workers arrived at the agreed time and stayed for the allocated amount of time.

Care workers undertook medicines training as part of the care certificate, which is an identified set of standards that health and social care workers work towards as part of their induction to health and social care and adhere to in their daily working life. The service had a medicines policy that described the levels of support people required and addressed a number of other areas such as the administration of medicines, Medicines Administration Records (MAR) and as required (PRN) medicines guidelines. The registered manager told us they reviewed the completed MAR charts monthly but as there were only two MAR charts, they did not complete a written record of this. However, they agreed going forward they would provide

written evidence of their monthly audits. The MAR charts we saw for two people had relevant information such as allergies and medicines were correctly signed for. This indicated that the provider had arrangements to help ensure people were receiving their medicines as prescribed in a safe manner.

Good

Is the service effective?

Our findings

At the inspection on 14 June 2016, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and found a breach of the regulations. This was because the consent of the people who used the service was not always sought. Care agreements and care plan reassessments were in some instances signed for by a family member on behalf of the person who used the service. However, there was no clear indication of why the person who used the service was unable to sign for themselves. Following the inspection, the provider created a new assessment form to determine if people had the capacity to make specific decisions about their care.

The 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.

During the inspection on 31July 2017, we saw evidence that the service had improved how they implemented the principles of the MCA and people's capacity to consent was recorded following an assessment. If people did not have the capacity to make their own decisions, we saw a copy of a lasting power of attorney document for health and welfare and evidence of this person being involved in the person's care plans and risk assessments. Where people had the capacity to consent to their care, we saw they signed the service task schedule agreeing what tasks the care workers would complete and their care plan reviews. Training records indicated care workers had undertaken MCA training and care workers we spoke with understood people had the right to make choices about the care and support provided by the service.

At the inspection on 14 June 2016, we saw the provider was in breach of the regulation in regards to supporting staff. Appraisals had not been undertaken in the last two years, the training matrix was incomplete, care workers had not completed MCA training and not all care workers had completed medicines training. At the inspection on 31 July 2017, the registered manager told us care workers were completing the care certificate and subsequent refresher training every two years. Areas covered by the training included safeguarding adults, moving and handling, dementia, risk assessments, MCA and medicines training. The training matrix recorded when each course was completed.

A person using the service told us, "They are very well trained. They are very articulate and very helpful and that's why I have had them for so long" and a relative commented, "They are absolutely [well trained]. [Person] is very, very well cared for."

Care workers we spoke with said they were supported by the registered manager to provide care and support effectively. We saw evidence of regular supervisions being held and annual appraisals. Comments from care workers included, "I talk to the manager about any problems and training in supervision" and "I

mention [concerns] to my manager. I talk to him and he always says if there are any problems to let him know." Additionally the registered manager completed spot checks to observe the care worker in the person's home and gather feedback from people using the service about the care they were receiving. Feedback was positive and this was confirmed by a person using the service who said, "The manager comes and sees people and what carers are doing. He comes to see me and see if I am alright. He's very, very good."

People's care plan assessments had a section to record dietary needs but this was not always filled in as people did not always have specific dietary needs. The care plans provided instructions as to what type of meals people liked. Care workers confirmed they cooked food as requested by people or their relatives and this was confirmed by the people using the service and the relative we spoke with.

Care plans included information around people's health needs. People using the service lived with their families who generally supported people with health appointments. Therefore as people had support from relatives with day to day health needs, the service did not have much contact with other health care professionals. If requested, the care workers could provide support to appointments and if required, they would contact the emergency services. The larger organisation that the service was a part of, undertook community work and this included health checks and healthy living workshops that were open to all the people who used their service and developing leaflets in several different languages for them.

Good

Is the service caring?

Our findings

People and their relatives told us care workers were kind and helpful. Comments included, "They're good. I can't fault them. They're very nice and they look after you" and "They have been amazing and have a supportive attitude and the way they look after [person] is very caring."

The care plans had minimal written information on cultural, religious and language needs. However, the feedback we received from people and their relatives indicated that because the same care worker consistently supported the same person, care workers were very much aware of people's likes and dislikes. One relative said, "It's very much tailored to what [person] needs and likes. It has been the same carer since the beginning and she knows [person] really well and can anticipate their needs."

In practice, people's cultural needs were also met. People told us, "They know I am [religion] and I don't eat [certain types of food] and that I must cover my hair. They are very good" and "They try to send a male carer for the man and a woman carer for the woman." A relative said, "Language is a big thing because [person] has forgotten English. The carer speaks to them in [their own language]. The carer does prayers with them. When they were aware, they used to pray every day."

We asked people if the care workers treated them with respect and dignity. The feedback was positive and comments included, "The carer is very respectful, understanding and discreet. Very, very respectful. I like that."

Care workers told us, "I am familiar with their file and anything they request, I do to the best of my ability", "I know about their tastes because when they were aware, they explained what they liked and didn't like", "I cook what they want. They let me know what is there and I cook accordingly" and "They tell me what to do and I do it like that."

The service provided various leaflets in different languages including Gujrati, Punjabi, Somalian and English. In addition, people were provided with service user guides that provided information about the service and contact details for the provider. In the past, the service had referred people to Mencap's advocacy service and we saw a referral to a specialist advice service for one of the people using the service. This meant people had access to independent agencies that could support them in expressing their views and promoting their rights.

Requires Improvement

Is the service responsive?

Our findings

People supported by the service were referred by the local authority and files contained copies of the local authority's care plan. The registered manager completed an assessment of people's needs prior to the service starting, and this included agreed tasks and the time of each visit.

Care plans did not contain much background information about the person and only very broad details of their preferences. We saw from one person's file they were diabetic and occasionally incontinent. The care worker was aware of this but it was not recorded in the care plan. This meant if another care worker, and not the regular care worker was providing support, they may not have enough information about the person to meet their needs adequately.

Consequently, care plans were more task based than person centred. However, the care workers we spoke with had built up individual relationships with the people they supported and were clearly aware of people's likes and dislikes. This was confirmed by the person using the service and the relative we spoke with. The care plans had guidelines for the care workers on people's preferred routines and care workers said they had read the care plans which were updated and reviewed yearly or as required.

We recommend that the provider consider national guidance in making people's care plans more personalised and person centred.

People told us they, and if appropriate their relative, were involved in planning their care. Comments included, "They have a written plan and they also do a sum up [daily log] every day. I have a copy and they have a copy of the care plan", "We review [person's] needs regularly because their needs have changed since the beginning" and "We have a care plan and we have a meeting every six to eight weeks to discuss the care plan."

People using the service all had service user guides that provided contact details for people in the service, relevant external agencies and how to make a complaint. People we spoke with said they had never made a complaint but knew how to if necessary. One person said, "I have this all written down. If I'm not happy, I let the manager know. I haven't had any problems" and a relative said, "I am in touch with the manager on a regular basis. Not so much complaints, it's just if I need anything I can phone him anytime."

Care workers spoke with family members daily. The service had good communication with all people involved and was responsive to people's individual needs. A relative said, "It's definitely well managed. I find them very reliable and responsive if I need anything. It's tailored to what we need. I speak to the carer every day and we handover."

Good

Is the service well-led?

Our findings

At the inspection on 14 June 2016, we identified a breach in the regulations because the provider did not have written checks or audits to monitor the quality of the service people received. At the inspection on 31 July 2017, there was evidence the monitoring systems had improved and the provider had implemented a number of checks and audits to monitor the quality of the service delivered to ensure the needs of the people who used the service were being met.

Care files had a record at the beginning of each one to indicate what relevant information was included in the file but we saw that not all the risk assessments were up to date. The registered manager advised this was because the risks had not changed. However, following the inspection he visited the people using the service and sent us updated risk assessments the following day. We also saw a record of when people's next reviews were due.

The registered manager said they audited the MAR charts completed for two people at the end of the month when they were returned to the office. At the time of the inspection, the registered manager was not keeping a written record of the audit, however agreed that in the future they would do so.

The front of each care worker's file has a check list of what was in the file, including applications, inductions, references and training certificates. The registered manager had a supervision matrix of both completed and planned supervisions and a training matrix to monitor what training staff had completed.

We viewed minutes from team meetings which indicated support for people using the service was discussed among all the staff, along with good practice and updates about the service.

The registered manager undertook observations of care workers in people's homes and telephone spot checks were completed weekly and recorded to ensure staff were compliant with current legislation and followed best practice guidance.

The service planned to undertake a satisfaction survey in October 2017. However, as there were only three people using the service, the registered manager received regular feedback from weekly telephone calls and observations in people's homes.

The registered manager kept up to date with relevant guidance and legislation through attendance at the local authority's provider forum and the Care Quality Commission's emails to providers. The service was a part of the Asian Health Agency (TAHA), which, was a community based organisation, which held regular events and had contact with people and agencies within the local community.

People using the service and care workers indicated the manager was accessible and the service was well led. People said, "I have no problems at all or I would speak to the manager" and care workers told us, "The manager is very understanding, capable and helpful. He listens to our concerns." Care workers and people using the service felt supported by the registered manager said that there was positive and open

communication within the service.