

Accord Housing Association Limited

Kalyan Ashram

Inspection report

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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

The inspection was announced and took place on 17 May 2018. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Kalyan Ashram provides personal care for people, living in a converted building where there are individual flats with shared facilities, such as a dining area and lounge areas. Staff provide personal care and support to people at pre-arranged times and in emergencies. There were eight people receiving personal care when we inspected. Since the last inspection of Kalyan Ashram the provider has changed and the service was under new ownership. As a result of this change this will be their first ratings inspection of this location.

A registered manager was in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and enjoyed living at Kalyan Ashram. Staff understood how to protect people from abuse and were clear about the steps they would take if they suspected someone was unsafe.

People said that staff were available to them when needed and they were supported to take their medicines when they needed them.

Staff said training helped them do their job and gave them the right skills to meet the needs of the people they supported.

People told us that they were involved in the care and support that they received. Staff understood they could only care for and support people who consented to being cared for.

People told us that staff were quick to respond when they were unwell and they were supported to access health professionals when needed.

People told us that staff helped them prepare meals or supported them to the restaurant on site when needed. Staff ensured people were offered a choice of meals and drinks.

People we spoke with were positive about the care that they received. They told us staff were kind and caring and treated them with respect. Staff provided support that ensured people were treated with privacy and dignity. People were supported by staff to maintain their independence.

People and staff were confident of the actions they would take if they had concerns and that any concerns would be dealt with appropriately.

People told us that the staff and management were approachable and if they had any concerns they would be listened to.

The management team ensured regular checks were completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

People were positive about the care and support they received and the service as a whole.

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.

People felt safe with the support of staff and said that staff were available to them when needed.

People were supported to take their medicines when they needed them to support their wellbeing.

People were protected from harm by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

People received from staff who were trained in their needs and were well supported by management.

Staff understood they could only care for and support people who consented to being cared for.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People told us staff were very caring and they received care that met their needs. Staff provided care that took account of people's individual preferences and was respectful of their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs and their preferences in order to provide a personalised service.

People knew how to raise any concerns and were confident that they would be listened to and acted upon.

People had regular opportunities to feedback about the service.

Is the service well-led?

The service was well led.

People and care staff were complimentary about the overall service and the way it was managed. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

Good ●

Kalyan Ashram

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 inspection took place on 17 May 2018 and was announced. The inspection team consisted of two inspectors. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with five people who received care and support and one relative who was visiting their family member on the day of our inspection. We spoke with the registered manager, the senior personal assistant and two personal assistants during the inspection. We looked at the care records for three people to see how their care was planned. We also looked at one staff recruitment file, medication records, audit records, staff and customer meeting minutes and spot check records.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us they liked living at the scheme and said, "I am safe." We spoke to the relative of another person they said their family member stayed safe with the support of staff. They said, "[Person's name] is very safe here."

Staff we spoke with confirmed that they had received training in safeguarding people. They demonstrated a good understanding of the types of abuse people could be at risk from and the signs they would look out for that may indicate someone may be at risk of abuse. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager and that action would be taken. Two members of staff told us they had previously raised a concern. They said they had been supported by the management team who had kept them informed of the actions taken in response and the matter had been resolved.

Staff we spoke with told us the provider had a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly.

All staff we spoke with were able to describe the different risks to people and how they supported them. For example; where people would need the support with their mobility to ensure they stayed safe. People's risks were recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

All people we spoke with confirmed staff were available to support them and arrived on time. One person said, "Staff come on time." This was also confirmed by one relative who told us, "[Staff] are good on time." Staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. One member of staff said, "We have enough time to meet people's care needs and we have staff to cover [when staff are off work]." The registered manager advised the service was fully staffed by a small team of personal assistants. They said cover for sickness or leave could be provided by the senior personal assistant or by staff from the provider's sister service if required.

We looked at one staff record and saw employment checks completed by the provider ensured staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

People told us they were supported to take their medicines. One person told us how they needed to take their medicines several times each day, they said, "I get my medicine on time." One relative also

commented, "Medicines are all done OK." Staff told us they had received training in supporting people to take their medicines. We saw administration records were completed and recorded when people were receiving their medicines and these were monitored and checked by the management team.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had had access to cleaning products and protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support. This was confirmed by one relative who told us, "Staff always wear gloves."

The registered manager completed records to monitor any accidents and incidents. A copy of the record was also sent to the provider for information. There was shared learning across the provider's services with learning reports shared across all services.

Is the service effective?

Our findings

People were supported by a staffing team that understood their needs and how to look after them. Two people told us staff were, "Good," and supported them well and this was confirmed by one relative we spoke with. They told us staff understood how to support their family member and said, "Staff have had dementia training."

Staff told us they felt well trained to do their job. Staff we spoke to were able to give an example of how training had impacted on the care they provided. For example, two members of staff told us how training to support people living with dementia gave them confidence and new ways to support people. One member of staff said, "You always pick up something new." Staff we spoke with had worked at the scheme for some time but confirmed induction training for new staff was good and gave staff the rights skills.

Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. Staff told us they felt able to access advice and guidance on people's care whenever they needed. One member of staff said, "[Registered manager's name] is approachable. You can go to them for advice and guidance. We are a good team."

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

Staff we spoke with told us they had completed MCA training and were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. One member of staff said, "We ask people and we respect their choices."

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager told us the process that they would follow if someone needed support with their decision making including supporting people to access an advocate where appropriate. An advocate is an independent person who represents the person's interests. The advocate helped the person make decisions about the options available to them and also ensured correct procedures were followed by agencies supporting them.

Some people were being supported by staff to eat and drink enough to keep them well. One person said, "Staff make breakfast for me." Another person told us they had most of their meals prepared by relatives but told us on occasion staff helped them go to the on-site restaurant where they could sit and eat with other people.

People told us how staff had supported them to contact healthcare professionals for assistance when required. One relative also told us staff had previously supported their family member by calling an ambulance and then contacting the family too. One person told us although currently not needed they were assured staff would contact their GP for them if required.

Is the service caring?

Our findings

People spoke positively about both the support they received and the staff that provided it. One person told us, "My staff do good work." Another person said, "[Registered managers name] and staff are very understanding."

People told us how they had a good relationship with staff. One person said, "They are a good help to me." One relative we spoke with also praised the approach of staff and said, "We live like a family." Staff we spoke with told us as they had worked there for a long period of time they were able to build up a good knowledge of people and their families.

People told they received care from the regular staff. One person told us, "I know all the staff." One relative told us they were reassured by the consistent staffing and it was important for their family member. They said, "It's regular staff, [person's name] knows them all." Staff spoke warmly about the people they supported and provided care for. One member of staff said, "We are all like family."

People were involved in care reviews and understood their plans of care. We viewed three care plans and saw people were involved in reviews of their care and had signed their agreement. Care plans guided staff on supporting people to maintain their independence. One member of staff said, "We encourage people to do what they can."

People we spoke with confirmed that they were treated with dignity and respect. One person told us, "[Staff] treat me with dignity." One relative told us how staff also respected the person's flat and belongings. They said staff left the flat clean and tidy and, "They wipe up behind themselves." Staff also described ways in which they treated people with respect, for example, not discussing their care in front of other people.

We saw the provider had received compliments on care provided and the approach of staff. For example, one relative had written into say, "Appreciate all your hard work to look after [person's name]. You are so kind and helpful."

People told us staff supported them to access the activities and facilities available within the scheme. One person told us how they liked to meet with other people to talk and catch up. We saw several people sitting and chatting in the communal areas. The registered manager said scheme facilities and activities enabled people to get together and ensured people didn't become isolated.

One relative also told us how the registered manager supported their family member to stay in touch with other relatives living abroad. They said, "I can't praise them enough. My [family member's name] rings from abroad and the manager will support [person's name] on the phone."

Is the service responsive?

Our findings

People told us they received care that met their needs and staff knew how to provide their care in the way they wanted it. One person said, "They [staff] know how I like things." People were involved in care reviews and understood their plans of care. For example, one person told us how they met with the registered manager to discuss their care.

One relative we spoke to confirmed they were involved in reviews of their family members care. They told us in between the registered manager, "Always comes in and asks if everything is OK." They also said communication was good and staff kept them up-to-date with any changes in their family members care.

Staff were able to tell us about the level of support people required and information was shared at the start of each day so that people would continue to receive the right care. One member of staff said, "Communication is good....the handover and message book gives us good information."

Staff confirmed that records reflected people's current care needs and were kept up to date and reviewed as people's needs changed. We looked at three people's care records which showed they had been updated when a change had been required.

We saw regular customer meetings were held for people living at the scheme. Items discussed included complaints and the registered manager had encouraged people to raise any concerns. The registered manager told us, "Part of my role is to encourage people to speak out if they have concerns."

People we spoke with told us they were happy with the service and didn't have any complaints but they would tell staff if they did. One person told us, "Anything I need or problems I tell them [staff]." One relative told us when they raised a concern, "[Registered manager's name] listened and took action."

We saw the provider had received no written complaints over the past 12 months. The registered manager told us as a small service they were able to, "Catch any concerns early." We saw the provider had a complaints process in place where any complaints received would be logged, investigated and responded to.

We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. We noted although all the people resident in the scheme were of Asian heritage; all the printed information on display was in English, including information on the provider's policies and philosophy. We also noted some information was out of date, for example the guidance given to contact CQC gave incorrect information. Other leaflets were placed behind Perspex sheets so people were not able to fully access the information. We asked the registered manager about this; they advised some information, for example, the complaints procedure was available in other languages on request and other information had been translated into hand written notes. They advised they would further address these issues following our inspection.

Staff were aware of the individual wishes of people living at the scheme that related to their culture and faith. The registered manager gave examples of how different religious festivals were celebrated within the scheme. They also gave examples, of their knowledge of people's cultures and how these were supported. Care files contained information about people's preferences and interests so staff could consider people's individual needs when delivering their care. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

Is the service well-led?

Our findings

People were positive about the care and support they received and the service as a whole. One person told us, "I am happy living here." Another person told us, "Nine out of ten...it's good here." One relative we spoke with said, "It's very good – they [staff] can't do anything better."

A registered manager was in place. 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 registered manager works across two schemes. They advised this worked well as their working day was, "Flexible and I can spend the day where needed." They added, "I have an open door policy so staff, people living here or their relatives can come in and see me any time they like." We saw this in action during the inspection with people stopping by the registered manager's office to chat throughout the day.

People said the registered manager was approachable and supportive. One relative also commented, "The manager is very good. [The] service is well managed." Staff also praised the registered manager and told us the schemes were well organised and run for the people living in them. They told us the management team was supportive and they felt able to approach the registered manager with any concerns they may have. One staff member said, "[Registered manager's name] is very good. You can ask any questions; they always have time for you."

The registered manager completed regular checks to monitor the quality of care that people received and look at where improvements could be made. Where areas were highlighted for improvement we saw that actions had been taken. For example, we saw in a staff meeting staff were reminded about the consistent completion of MAR records. The care people received was checked and updated regularly by the management team. A spot check was completed to ensure the care provided by staff was of the quality expected.

The registered manager worked with and felt supported by other professionals and local services, such as the local pharmacist, day centres and transport services. The registered manager told us they looked to improve and move the service forward. For example, they told us they would like to strengthen the community links further by linking to city council councillors and by further developing the Alzheimer society meeting which was currently held fortnightly for both people from within the scheme and local community.

The registered manager told us they had good support from the staffing team and the provider. They said the provider supported them through supervision and further professional training opportunities. They also attended regular manager meetings and the provider's annual manager's conference.

The registered manager told us they kept their knowledge up-to-date by accessing information from the

CQC and local authority websites and by accessing information from the provider, who shared information across their different schemes to share guidance and promote learning.