

Smethwick Asra Limited

ASRA - Smethwick

Inspection report

Health & Social Care Centre
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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

About the service

ASRA-Smethwick is a care agency providing personal care to people living in their own homes. At the time of this inspection the service was providing personal care to 34 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

Systems were in place to protect people from the risk of abuse and harm and the registered manager and staff understood their role and responsibilities to keep people safe.

People's support needs were risk assessed and care plans provided staff with the information they needed to manage the identified risks.

The provider carried out recruitment checks to ensure staff were suitable for the role. Staff had the necessary skills to carry out their role. Staff had regular training opportunities.

People received their medicines as prescribed. Infection prevention and control policies and procedures were in place to keep people safe.

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.

The provider used quality assurance monitoring systems to maintain oversight of the service compliance with regulations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (Report published 02 September 2019) and there were five breaches of regulation. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this comprehensive inspection to check the provider now met legal requirements. The overall rating for the service is good. This is based on the findings at this inspection. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Follow up

Our next inspection will take place as per our re-inspection programme. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

ASRA - Smethwick

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector with the assistance of an interpreter.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. 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 14 December 2021 and ended on 20 December 2021.

What we did before the inspection

We reviewed information we had received about the service, since the last inspection. We sought feedback from the local authority who work with the service. The provider was 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. This information helps to support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke on the telephone to two people using the service and seven relatives, about their experience of the care provided. We spoke on the telephone with six staff members and spoke to the registered manager using video call facilities and by telephone.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider was found to be in breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not always safeguarded people from abuse and improper treatment. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- The registered manager and staff understood their responsibilities to keep people safe. Staff knew how to recognise potential abuse and protect people from it. Staff told us about the safeguarding training they had received and how they would put this into practice. One staff member said, "I did safeguard training online and then discussed it with my manager." Another staff member explained, "I look for bruises, or if they [People] become withdrawn or their personality changes."
- Relatives told us their loved ones were safe and comfortable with staff members. One person said, "I feel safe and am not worried about anything regarding my care." One relative said, "[Name of person] feels safe with the carer and feels that they look after them very well."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and the registered manager had taken action to reduce the risk of recurrence.

Staffing and recruitment

At the last inspection, the provider was found to be in breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, as they had not always ensured fit and proper persons were employed. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- The registered manager completed recruitment checks to make sure staff were safe to work with people. This included obtaining references from previous employers and background checks with the Disclosure and Barring Service (DBS). This information helps employers make safer recruitment decisions.
- The registered manager told us they had reviewed the rotas and there were enough staff to ensure people received their service on time. People told us that visits were not missed, and they were informed if visits were running late. One person told us, "I feel the best thing about the service is the promptness of the care provided and I would not change anything."
- One staff member told us, "I used to have had a problem with travel time, I told the manager and they changed it."

Assessing risk, safety monitoring and management

- People's risks were assessed and regularly reviewed. The registered manager ensured risk assessment information was included in people's care plans, to provide a guide for staff on how to keep people safe. Records we saw confirmed this. One person was at risk from choking, their care plan gave staff clear information on how to prevent choking when eating and relevant first aid information.
- Staff were aware of any health conditions that might impact on people's safety and knew what actions to take to mitigate the risk. Staff had completed training and knew how to support people safely. One staff member said, "We know what to do, we read the care plan, for example one says 'Diabetes no sugar in tea'".
- The registered manager had systems and processes in place to identify, analyse and respond to trends relating to identified risk.

Using medicines safely

- Care plans contained medicines risk assessments. Staff used electronic medicines administration and recording charts (MAR). One relative said, "Medicines are given by the carer out of medicines packets, it is always given promptly."
- Staff had received training in the administration of medicines and their competency was regularly checked. Records we saw confirmed this. One staff member told us, "I did medication training last month."
- The registered manager conducted regular checks of MAR charts to ensure people received their medicines as prescribed and records confirmed this.

Preventing and controlling infection

- Staff told us they had received infection prevention and control (IPC) training. The registered manager told us, "We conduct regular spot checks to ensure training is put into practice and staff are effectively wearing personal protective equipment (PPE)." The providers records confirmed this.
- One person told us, "I feel PPE is worn properly." A relative told us, "[Name of person] feels safe with their carers and PPE is worn."

Learning lessons when things go wrong

- The registered manager had a system in place to ensure lessons were learned where things had gone wrong, for example, information relating to accidents and incident was analysed to identify trends and potential preventative measures.

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 our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with legislation and guidance. The assessment identified people's needs in relation to issues such as personal care and mobility. This information had been used to develop care plans, to support staff to understand how to meet people's needs.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included needs in relation to gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- The provider had systems in place to induct, train and develop staff. Staff we spoke to and the providers records confirmed this. Some staff had achieved a professional health and social care qualification and where they had not, they had either achieved or were working towards the Care Certificate. A staff member told us about the training they had received, "I have done safeguarding, Moving and handling, medication and nutrition, we get certificates."
- Staff told us the registered manager supported their practice. One staff member said, "We have supervision with the manager, we can discuss if we need anything to change and we can say how we feel about things." Another staff member said, "We discuss the rota for the next week, we also have spot checks."
- People and relatives told us staff had the required skills to carry out their roles. Two relatives told us, they felt the carers had the right skills and knowledge for the job.

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

- Staff assisted people by preparing meals and assisting people to maintain their nutrition as required. Staff told us that people's relatives provided and prepared foods, which staff then heated and served.
- One relative told us, "Choices are given, and they [Name of person] eat and drink themselves, however the carer makes the food." Another relative told us, "[Name of person] feels the best thing about the service is that the carer cooks whatever they ask for." A staff member told us, "I make food and cut it up for them how they would like it."

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

- The registered manager told us how they worked in partnership with the community health and social care professionals, for example district nurses, physiotherapists and social workers. The registered manager ensured that staff members worked in partnership with external health and social care professionals, for example contributing to people's needs assessments.

- Relatives told us the provider had supported their family members well with ensuring specific health care needs were met. One person explained about their healthcare condition and how quickly the service had responded to their changing needs.

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 MCA 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.

- Staff had received training and understood the principles of the MCA. Staff explained to us how they supported people in their best interests.
- Information relating to people's capacity was recorded in their care plans.
- Staff told us they always sought consent before doing anything. One person told us, "The carer asks before taking any actions." One relative told us, "They ask them [Name of relative] for consent."

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 our last inspection we rated this key question as requiring improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives provided consistent positive feedback regarding the care provided by the service. One person told us, "The staff are kind to me", and "I would not change anything". A relative said, "They show her love, care and affection and give her choices."
- Staff told us they had received training in equality and diversity and the providers records confirmed this.
- Staff spoke with kindness and compassion about the people they supported. One member of staff told us, "I always treat them [People] with respect, as a person, we smile, ask how they are and show a lot of care, then they open up about themselves."

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

- People were involved in day to day decisions and regular reviews of their care. People and their relatives confirmed this, one relative told us, "We are involved in how the service is run and their [Name of person] own language is used to communicate with them."
- Another relative told us, "The carers are very supportive, understanding and pay attention, they are good listeners."

Respecting and promoting people's privacy, dignity and independence

- Relatives of people told us, "The carer treats [Name of person] with respect and dignity." Another relative told us, "[Name of relative] says the best thing is that the carers, and the service, respect the wishes of [Name of person] and the family."
- A staff member explained to us how they promote dignity when providing personal care, "We shut doors and close curtains in the room so no one can look in."
- One staff member gave an example of a person who could shower independently and wanted privacy but needed assistance to dry. "I wait outside the bathroom door and am ready with the towel."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At the last inspection the provider was found to be in breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not provide information to people, with due regard to a person's protected characteristics. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- The provider was aware of AIS standards and people's specific communication needs were detailed in their care records. The registered manager told us that all documentation could be produced in the persons chosen language and that they provided staff that spoke in the persons chosen language.
- People that used the service and their relatives consistently told us that members of staff spoke with them in a language they could understand. One relative told us, "They speak to [Name of person] in their own language."

Improving care quality in response to complaints or concerns

At the last inspection the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as they had failed to investigate complaints and take the 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. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- The provider had updated the complaints policy and procedures. A record of complaints was in place, complaints were broken down into categories and analysed for trends or patterns. The registered manager told us this information is used to identify training needs and where service spot checks are required.
- Most people told us that they either had not had cause to complain, or where they had, their complaint had been handled well. One person told us, "I don't have any issues but believe if I did, they would be resolved quickly and they [The service] would 'do anything' to help me." A relative told us "The service improves in response to criticism."
- One staff member told us, "I often ask people if they are happy with us [The service]. If they say no, I find

out why and talk to my manager to see what can be done."

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

- People were supported by staff that knew and understood their needs. Relatives told us staff had built good relationships with people and knew their likes and dislikes.
- One relative told us, "[Name of person] has ups and downs, there are some good days and some bad days, and the carer adjusts well to this and does their very best, which is commendable." Another relative told us, "Carers give [Name of person] choices and act on the choices they pick."
- Records showed people's care plans were updated regularly, this meant staff had up-to-date information regarding people's choices and preferences.

End of life care and support

- No one was receiving end of life care at the time of this inspection. The provider had policies and procedure in place to support this need.

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 our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

At the last inspection the provider was found to be in breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have an effective overview of the service. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- The management team were clear about their roles and were committed to providing a high-quality service for people.
- Audit systems were in place to monitor the standard and effectiveness of the support people received. These systems ensured the management team and provider had oversight of the quality and safety of the service.
- Audit systems included information analysis which fed into areas such as training and supervision, to improve standards. The registered manager told us, "The quality assurance work is discussed with the provider; however, we are moving towards a more formal meetings-based approach."
- Staff members were clear about their roles and responsibilities and told us the registered manager supported them and provided regular feedback.

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

- The management team and staff demonstrated strong person-centred values and an overall commitment to the people receiving the service.
- One relative told us, "The registered manager of the service is down to earth and talks to [Name of person] on their level rather than being too authoritative or complex."
- Staff consistently spoke highly of the support they received from the registered manager, for example one staff member said, "The manager is very nice, they guide us very well, very helpful, they're amazing, it's all going very well, we enjoy our work and are very happy." Another staff member said, "More than a manager, very approachable, I feel comfortable and at ease."

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

- The provider had given people and relatives telephone opportunities to feedback on the quality of the service. One person told us, "Every four to six weeks, the service calls me to ask about the care I'm receiving."

One relative told us, "They check by telephone whether the care provided is good enough, they speak with [Name of person] in their own language and make any changes [Name of person] feels are necessary."

- Staff members told us there was a weekly staff meeting where they could raise any topic for discussion.

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

- The provider had notified us, as legally required, of significant incidents and events that had happened at the service and people and relatives were written to as part of the complaints process.

Continuous learning and improving care

- Audits and monitoring systems had been used to drive improvements and records demonstrated this.
- The registered manager encouraged staff in an ethos of continual learning and had supported staff to engage in language courses where English was a second language.

Working in partnership with others

- Staff worked in partnership with community health and social care professionals to ensure people had the care and support they needed to maintain their wellbeing.