

The Asian Health Agency

Dominion Centre

Inspection report

112 The Green
Southall
Middlesex
UB2 4BQ

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10 March 2020

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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

Dominion Centre (also known as Asha) is part of The Asian Health Agency (TAHA), a charity providing health and social care support for people from Asian communities. We inspected the Dominion Centre which is part of the organisation which provides care and support to people living in their own homes.

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. At the time of our inspection, two people were receiving this support.

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

People using the service and their families were happy with the agency. They were supported by the same regular carers, who they knew well and liked. People's care had been planned for and they were involved in planning this.

There was an emphasis on supporting people to stay as independent as they could and encouraging them to do things for themselves. 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.

Risks to people's safety and wellbeing had been planned for and they were kept safe by staff and the systems at the service. No one was receiving support with their medicines at the time of our inspection. The staff had information about how to support people to move safely and the equipment they needed to do this.

Care plans included personalised information about people's personal care, social, health and communication needs.

The agency employed staff who spoke people's languages and understood their cultural and religious needs. People were happy with this support. The staff supported some people by preparing meals. Their preferences and cultural needs regarding food were recorded in care plans.

The staff were happy and well supported. They had undertaken a range of training and had regular meetings with their manager. There were appropriate systems for recruiting staff to make sure they were suitable.

The manager started work at the agency shortly before our inspection. They had started to make changes to improve the service. These included updating care records, improving staff support and improving the systems for monitoring the quality of the service.

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

Rating at last inspection

The rating at the last inspection was Good (Published 29 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dominion Centre

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 was conducted by one inspector.

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 registered manager had left the service. A new manager started work at the Dominion Centre in December 2019 and was in the process of applying to be 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.

We visited the office location on 10 March 2020.

What we did before the inspection

We looked at all the information we held about the service, including the last inspection report and an action plan the provider had sent us following this.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We asked people using the service and the staff who supported them to give us their feedback about the service. We looked at the care records for both people using the service, records of staff recruitment, training and support and other records used by the provider for monitoring the quality of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt people were safely cared for by the agency.
- The provider had procedures for safeguarding adults and whistle blowing. They also had information provided by the local authority about recognising and reporting abuse. This information was shared with staff and people using the service. Staff received regular training about safeguarding adults.
- There had not been any safeguarding alerts at the service. However, the manager knew what to do in the event of a safeguarding concern in the future.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. The manager had assessed people's home environment and recorded any risks and action relating to these. They had also assessed risks associated with people's care needs, health, mobility, skin integrity, nutritional needs and equipment being used.
- The staff had training, so they understood about how to move people in a safe way and how to provide safe care.

Staffing and recruitment

- There were appropriate procedures for recruiting staff to make sure they were suitable. These included inviting staff for formal interviews, making checks on their suitability, checking for any criminal records and providing an induction when they started work.
- There were enough staff to care for people at the agency. Only two people were receiving support with personal care at the time of our inspection and both were supported by the same regular care workers. The agency employed other staff who were available to provide cover if needed. They were subject to the same recruitment checks and had undertaken relevant training.

Preventing and controlling infection

- People's relatives told us care workers followed safe hand hygiene and infection control procedures. Staff told us they used protective equipment such as gloves, aprons, hand sanitiser and shoe covers. They had undertaken training regarding infection control.
- The manager undertook spot checks to observe staff in the work place. These included checks to make sure they followed good infection control practices.

Using medicines safely

- No one was being supported to take their medicines at the time of the inspection. Care staff had received

training regarding the safe management of medicines and their were procedures which would be followed if people needed this support in the future.

Learning lessons when things go wrong

- There had not been any adverse events at the service. However, there were procedures for handling complaints, accidents, incidents and other events. The manager regularly met with staff and this meeting was used for reflective practice to discuss any areas where improvements could be made.

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 remained the same. 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

- The manager had recently reassessed both people's needs. Assessments were comprehensive and looked at their health, social, personal care, cultural, religious and other needs. People had been involved in the assessment process.
- The manager and directors worked together to assess the needs of anyone who was newly referred to the service. Assessments included looking at people's cultural needs and matching staff to make sure they shared the same culture, language and understood what was important for people.

Staff support: induction, training, skills and experience

- The staff told us they had undertaken a range of relevant training. They had the information they needed to care for people. There were regular meetings with their line manager and they could ask for additional support when needed.
- The provider had a record to show the training staff had completed. This showed training was up to date. The manager was a qualified trainer and provided additional informal sessions for staff on specific topics during team meetings. The manager was arranging for an external company to provide vocational qualifications for the staff.

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

- People's relatives told us they were happy with the support people received with eating and drinking. Care plans included information about people's preferences and any specific needs they had in this area.

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

- The service was part of a wider agency providing social care and support for people from the Asian community. This meant the manager and directors had a good overview of the wider needs of people and their families. They helped people to access the support they needed.
- People's healthcare needs were recorded in their care plans along with details about relevant health care professionals and who to contact if there were changes to people's health.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Both people using the service had the mental capacity to make decisions about their care and support. The manager had developed a form to assess and record how people made decisions and any additional support they may need. They were in the process of completing these assessments with people and their families.
- Care plans indicated where people should be offered choices. People's relatives told us the staff offered choices and respected people's wishes.

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 remained the same. 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's relatives told us the care staff treated people well, respected them and had good relationships with them and their families. One relative commented, "They are always happy to serve and help."
- The agency specifically offered care and support to people from the Asian community. When people's needs were assessed and reviewed, the manager made sure they were able to match staff who had the same cultural background and who spoke the same languages to support people.
- Care plans included information about any support people needed to worship or with prayers.

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

- People were supported to make decisions about their care. One relative told us, "They give choices and encouragement." Care plans included information about how people liked to be cared for, including known preferences, such as food and how people spent their time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Family members confirmed this. Care plans were written in a sensitive way and outlined how people wished to be cared for and things they could do for themselves.
- Information about specific preferences regarding the preferred gender of carers was recorded in care plans and respected.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found care plans did not include another information about people's backgrounds, preferences or needs. Whilst there was no breach of regulations, we identified this as an area which needed improvements. At this inspection, we found the improvements had been made.
- Care plans were clear and included information about different areas of people's needs, what they would like to achieve and how staff should support them. People and their families had been involved in developing the care plans and contributing their views.
- People were cared for by the same familiar staff who knew them well and who reported any changes in their wellbeing, so care plans could be reviewed and updated.

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.

- People using the service did not speak English. The agency had matched care workers who spoke people's first language and could communicate with them and their family.
- Information about the agency and other services people might access was available in different formats and languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included information about people's religious and cultural needs and any support they required with these.
- The agency provided a range of other services as well as the regulated activity of personal care. They also had links with other groups such as advocacy support if people needed this. They worked specifically with the local Asian community and supported people's connections within this.

End of life care and support

- No one was receiving care at the end of their lives at the time of the inspection. However, the agency had discussed any specific needs or requirements people had and included this in their care plans in case this information was needed in the future.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, and people using the service, their families and staff were aware of this. There had not been any formal complaints about the service. The manager showed us information about how a concern had been appropriately investigated and dealt with.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The relatives of people using the service were happy with the agency. One person commented, "One of the best agencies for older people." Staff also commented positively about the agency and their experiences.
- The ethos of the agency was described as one where they served the different but equal needs of the diverse community, promoting anti-discrimination and anti-racism. They also provided a holistic service offering different types of support for people within the community, and linking with other community groups to maximise this support.

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 a range of policies and procedures including duty of candour and dealing with complaints. These set out their responsibilities and how they would respond to adverse events and complaints.

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

- The registered manager left the service in 2019. The agency had employed a new manager who was in the process of applying to be registered with CQC. The manager was experienced and had managed other registered services in the past. They were a qualified trainer and also had a management in care qualification. They demonstrated a good understanding of their regulatory responsibilities and had made improvements to the service, including improving care plans.

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

- The manager regularly contacted people using the service and their relatives for feedback about their experiences. These included weekly phone calls and spot checks where they observed how staff were supporting people.
- People's diverse needs, including protected characteristics, were considered as part of the assessment process. Where a particular need had been identified this, and how the need should be met, was recorded.

Continuous learning and improving care

- The provider completed regular unannounced spot checks where they observed how staff cared and supported people.
- The manager had plans for improvements to records, systems and processes and was working with the directors and others to implement these.

Working in partnership with others

- The agency worked with other local care agencies and the local authority. They were part of a consortium where they shared ideas, experiences and resources. The manager also worked with the local authority to provide training for other community groups.