

## The Asian Health Agency

# The Parvaaz Project

### Inspection report

The Annexe, Rotunda Centre  
Northampton Avenue  
Slough  
Berkshire  
SL1 3BP

Tel: 01753529628

Date of inspection visit:  
04 March 2020

Date of publication:  
03 April 2020

### 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

The Parvaaz Project is a community-based service for people with a learning disability, situated in Slough, Berkshire. The service provides multiple different types of support, including personal care, community transport and a day centre. 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. The service provides care for children and younger adults. At the time of our inspection, one person received personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

one person was 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 had systems in place to ensure people's dignity, confidentiality and privacy were respected, and their independence was promoted.

The Registered Manager ensured that care was delivered by staff who knew how to keep people safe and protect them from avoidable harm. Systems were in place for the safe management of medicines.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet the needs of one person. Training records and our observations confirmed staff followed infection control and prevention procedures.

System were in place to ensure 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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

### Rating at last inspection and update

The last rating for this service was good (published 12 August 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 reinspection 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.

# The Parvaaz Project

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. 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 we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with 1 relative. We spoke with two members of staff, and the registered manager.

We reviewed one person's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- Staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The registered manager and staff assessed risks and took appropriate action to ensure the risks were managed to ensure the service was safe.
- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.

Staffing and recruitment

- The service had enough staff to offer support in a consistent way.
- The provider followed safe recruitment practices to protect people against the employment of unsuitable staff.

Using medicines safely

- At the time of our inspection the service was not supporting anyone with their medicines

Preventing and controlling infection

- The registered manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.

# 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 provider had systems in place to ensure people's needs were assessed prior to them receiving personal care. This included ways of identifying and respecting people's life histories.
- Care interventions were carried out in line with nationally recognised best practice.
- The registered manager had a good understanding of how to offer support that was in line with good practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff were supported through regular supervisions and an annual appraisal.
- Staff received training to ensure they had the skills and knowledge to meet people's needs,

.

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

- A person's care plan showed the level of support needed from staff and we observed staff following this guidance when supporting the person to eat.

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

- The Parvaaz Project had clear systems and processes for referring people to external services if needed.
- Guidance and advice from healthcare professionals was followed by staff.

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.

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

- The service was working within the principles of the Act.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.



# 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

- The provider had systems in place to ensure the diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The registered manager understood the importance of ensuring care plans were completed with people to make sure they reflected people's wishes.
- Staff demonstrated through talking with us that they knew people well.
- Staff knew and understood how to treat people with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection towards them. Language used in care plans showed respect.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The systems in place supported personalised care in relation to capturing people's preferences and routines. Care records reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care.
- Care records held information on current health and support needs This included information and guidance for staff.

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.

- The service met the standards of the AIS.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints

End of life care and support

- The service does not provide 'end of life' care

# 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 registered manager and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care.
- Staff were complimentary of the support they received from the provider.
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The registered manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- The provider had systems in place that encouraged stakeholders to contribute their views on an ongoing basis.

Continuous learning and improving care, working in partnership with others

- We found an open and transparent culture, managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.

