

Astha Limited

# Astha Limited - Leeds

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 3 September 2015 and was announced. The service was registered in August 2014; this is first inspection.

Astha Limited is registered to provide personal care to people in their own home. At the time of the inspection, 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.

People we spoke with told us they were satisfied with the care they received and were complimentary about the staff who supported them. People consented to their care and were involved in planning their care and support.

# Summary of findings

People received assistance with meals and healthcare when required. People's care and support needs were assessed and plans usually identified how care should be delivered.

People told us they felt safe. Staff understood how to keep people safe and knew the people they were supporting very well. Risk was usually assessed although environmental risk assessments we reviewed were incomplete. After the inspection, the provider told us they had located completed assessments and these showed there were no identified hazards to care workers. Overall, we found there were appropriate arrangements for the safe handling of medicines.

Everyone we spoke with said the staffing levels were adequate. People who used the service said their visit

times suited their needs and wishes and staff always stayed the agreed length of time. Recruitment processes were generally thorough but did not always highlight areas that required additional information. Staff received support to help them understand how to deliver appropriate care.

People who used the service and staff told us the management team were accessible. They felt confident raising any concerns. People got opportunity to comment on the service but it was unclear how this had influenced service delivery. Management systems were not well organised and it was difficult to locate some information. The provider had a system in place to monitor the quality of the service, however this was not always effective.

# Summary of findings

## 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 not consistently safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

The service had systems in place to help keep people safe through risk assessment and management, however, the records we reviewed did not show the provider had checked staff were working in a safe environment.

Overall, we found there were appropriate arrangements for the safe handling of medicines.

Requires improvement



### Is the service effective?

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

People consented to care and support.

People made decisions about their meals and healthcare. The service provided support when required.

Good



### Is the service caring?

The service was caring.

People were complementary about the staff and told us their experience was positive.

People were involved in planning their care and support.

Staff knew the people they were supporting well and were confident people received good care.

Good



### Is the service responsive?

The service was responsive to people needs.

People told us the care they received was personalised.

People's care and support needs were assessed and plans usually identified how care should be delivered.

People told us they would talk to staff or the manager if they had any concerns.

Good



### Is the service well-led?

The service was not consistently well led.

People who used the service told us they could express their views although it was unclear if comments were used to drive improvements.

Requires improvement



# Summary of findings

Staff understood their roles and responsibilities and were happy working for Astha Limited.

The provider had a system in place to monitor the quality of the service; however, this was not always effective.

# Astha Limited - Leeds

## 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.

Before the inspection, 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. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 03 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector carried out the inspection.

At the time of this inspection there were three people receiving personal care from Astha Limited. We spoke with, on the telephone, two people who used the service, one relative and five staff.

We visited the provider's office and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care and support plans. The registered manager was absent so the managing director, who we have referred to as the provider in the report, was present when we visited the office.

# Is the service safe?

## Our findings

People who used the service were safeguarded from abuse. They told us they felt safe. Staff we spoke with said they had received training and had discussed safeguarding with peers and members of the management team. We talked with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. Staff were confident that if they raised any concerns with the management team they would respond appropriately and promptly.

The provider understood safeguarding procedures and how to report any safeguarding concerns. Information about safeguarding was displayed in the office. This included contact details for reporting concerns and general guidance to help safeguard people. The provider had a whistleblowing policy but this did not include some important detail. It stated if staff were not satisfied with the provider's response they should 'raise the matter with the appropriate official organisation'. However, no organisation details were included. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. After the inspection the provider sent us a revised policy which included the relevant details and told us they were sending this out to all staff.

The service had systems in place to keep people safe through appropriate risk assessment and management. We looked at care plans and found risk assessments identified hazards that people might face. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Staff told us they worked in a safe environment and any potential risks were reported. One member of staff talked about feeling safe because when they worked at night they also had a colleague to assist them. We looked at environmental risk assessments that were held in people's care files when we visited the office but these were not completed. The provider told us, after the inspection they had located completed risk assessments and these showed there were no identified hazards to care workers.

Everyone we spoke with said the staffing levels were adequate. People who used the service said their visit times suited their needs and wishes and staff always stayed

the agreed length of time. Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support. We looked at visit rotas for July and August 2015 which showed timings of visits were clearly recorded.

The provider told us they had not recruited any new members of staff since January 2014. They were in process of recruiting a new member of staff and checks were still being carried out. The provider said the new member of staff would not start until all checks were fully completed. We looked at the recruitment records for three members of staff and saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. In one staff file we saw that references had been obtained to check suitability but did not include a reference from the last employer. The member of staff had worked for Astha Limited for over three years. In another file, we noted there was a gap in the member of staff's employment history. They had worked at the agency for over 18 months. The provider said they did not have any concerns about either member of staff but would carry out an assessment to determine what action they would take to ensure the recruitment had been robust.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. Arrangements were in place to assist people to take their medicines safely. Care plans provided guidance to ensure staff understood how to administer medicines to meet their individual needs. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely. The provider told us this was a certified training course.

One person who had help with their medication told us staff signed a chart when they gave them their medicines. We were unable to look at the medication administration records (MAR) because these had not been brought to the office and were still in the person's home. The provider said this did not meet the provider's policy because MARs should be returned to the office monthly. They agreed to arrange for MARs to be returned. Soon after the inspection, the provider sent us a copy of one person's MAR for August 2015.

# Is the service effective?

## Our findings

Staff we spoke with told us they were well supported by peers and management. They said they received training that equipped them to carry out their work effectively. Several staff told us they had recently completed a level three diploma in health and social care and were waiting for their certificates. The diploma is a nationally recognised qualification based on the Health and Social Care National Occupation Standards and the award confirms knowledge, skills and competence for those working with people in social care settings. We looked at a training matrix which showed staff had completed other training in 2013 and 2014. The provider told us refresher training was due and we saw confirmation this was booked for October 2015.

The provider told us all new starters would complete the 'Care Certificate'. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life. We saw some staff who worked at the provider's London office had completed an 'assessor in the 'Care Certificate' training session so they could carry out work based assessments. The provider said they would also be training a member of staff from Leeds so they could also carry out assessments.

Staff we spoke with said they had regular supervision and an annual appraisal which gave them an opportunity to discuss their roles and opportunities for development. We looked at a supervision matrix which showed staff had met with their supervisor in February, May and July 2015 and had an annual appraisal in March 2015.

The provider sent us information before the inspection about how they ensured the service was effective. They said, 'We support staff with effective training to ensure that

they have necessary skills and knowledge to meet the needs of the service users.' They also said they were planning to introduce training relating to managing behaviours that challenge.

People who used the service told us they made decisions about their care and treatment. One person told us staff always checked they were happy for staff to provide the care. We looked at people's records and saw people had signed consent forms for sharing information, spot checks, and assessment and care planning. People had also signed service agreements. Staff we spoke with were confident people who used the service were encouraged and supported to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA). The provider told us everyone who received a service had capacity to make decisions about their care and support. They said they had a MCA policy and systems in place to provide a service to people who lacked capacity. Staff we spoke with understood that people needed to consent to care, and said they had covered the MCA as part of their diploma. They were, however, looking forward to completing more in depth training which was being provided in October 2015.

People made decisions about their meals and healthcare. Staff from Astha Limited assisted when required. People who used the service told us they were supported at mealtimes to access food and drink of their choosing and were happy with the level of support provided. They said others, such as family members were also involved with these aspects of care, for example, shopping and taking people to health appointments. Staff told us before they left their visit they made sure people had access to food and drink.

# Is the service caring?

## Our findings

People we spoke with were positive about the service they received from Astha Limited. Comments included; “Everything is alright.”; “Yes, staff are kind.”; “They always make me comfortable before they leave.”; “I get the same staff and if ever I need to change anything it’s never a problem.”; “They know what they are doing.”; “We’ve worked out a routine.”

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required at each visit. The care plans had been signed by the person to confirm they agreed with the plan of care.

The provider sent us information before the inspection about how they ensured the service was caring. They said, ‘We ensure that the service users and their families are

involved in the planning of their care and decision making. We encourage our staff to support people who use our service with respect, to show kindness, compassion and dignity.’

Staff were confident people received good care and were able to tell us about people’s likes and dislikes, needs and wishes, which helped them understand the person and how to provide care to meet their needs. One member of staff said, “It’s a good agency and everyone is looked after properly.” Another member of staff said, “People are getting a good service. We always have plenty of time and we visit the same people.”

Staff talked about how they ensured people’s privacy and dignity was maintained and gave good examples of how they did this. They said they had received training to help them understand how to provide good care. One member of staff said, “It’s important to make sure we are respecting people and promoting their rights. We covered this recently in the training.”



# Is the service responsive?

## Our findings

People told us the care they received was personalised. One person told us the 'care co-ordinator' had visited them at home, and talked about their care needs and agreed how the care should be provided. People told us staff always made a record of their visit which included the care they had provided.

People's care and support needs were assessed and plans usually identified how care should be delivered. The care plans we looked at contained information that was specific to the person and contained information about how to provide care and support. For example, one person's care plan had detailed information about how staff should support them when drinking. The person's wishes were also taken into consideration. One person talked to us about their routine and said which areas were important to them. We saw this was clearly recorded in their care plan. We saw daily records from April and May 2015 that had been completed by care staff at the time of the home visit contained information about the care that was provided; these matched what was recorded in the person's care plan. People's care plans had been reviewed and signed by the person to show they had agreed with any changes.

Although we found effective care planning for some aspects of care we also found that some areas of care were not clearly planned which could lead to inconsistencies in how care was delivered. For example, one person used a hoist for moving and transferring but the care plan did not contain any information to guide staff on how to do this. The provider and staff told us people who used the service could communicate their needs and always had regular staff who were familiar with their needs. Therefore, they were confident that people would not receive inconsistent care. The provider said they would review everyone's care plan to make sure they could demonstrate that assessments took account of current legislation and care had been designed to meet people's needs.

People told us they would talk to staff or the manager if they had any concerns. One person said they had raised concerns in the past and these had been dealt with appropriately. The provider told us they had received two formal complaints in the last 12 months. We saw these had been documented and investigated, and appropriate actions had been taken to address the concerns. The provider said everyone was given a service user guide when they started receiving a service and this gave people information about how to make a complaint.

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They were not present at the inspection because they were absent from work. The managing director travelled from London to be present when we visited the office.

We talked with staff about the management arrangements and received positive feedback. They said a member of the management team was always available. Staff told us they were happy working for Astha Limited. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff told us they were encouraged to put forward views and make suggestions to help the service improve. One member of staff said, “If ever you want support or have a problem you just ring. If they don’t answer they ring you straight back.” Another member of staff said, “It’s a good company. Any issues or if you need anything they will sort it.”

People who used the service told us they could express their views. One person said they had received a visit from a member of the management team to talk about their care and satisfaction with the service, and they had completed a questionnaire. Another person told us they spoke with the manager when they wanted to discuss anything. During the inspection the provider was unable to find any returned questionnaires but emailed a copy of one after the inspection. They found an analysis of questionnaires, however, this was not dated and it was unclear if this related to the Leeds or London service. Although we established they had asked people to share their views we were unable to find out if they acted on people’s comments or used the information to improve the service.

Staff told us they could express their views and attended regular team meetings. We saw minutes from the meetings which showed they had discussed a range of topics. The provider told us they had recently introduced staff questionnaires to the London office and were rolling this out to the Leeds office. They showed us a copy of the questionnaire which they would be sending.

There was a system of audits completed by the management team. These showed that the service was monitored but a number of documents were not dated and some information was completed on incorrect form so it was unclear whether the auditing was always effective. The care co-ordinator and registered manager had completed ‘spot checks’, where they observed staff providing care to people in their home. They checked that staff were wearing appropriate clothing, using equipment correctly and following care plans. However, as the records were not dated we did not know if they were historic or recent ‘spot checks’. We saw at the front of a care file a care plan audit was completed. This identified some areas where there were gaps. However, this was not dated so we were not sure when this was carried out.

We asked to look at daily care records and medication administration records (MAR). The most recent daily records that were available in the office were dated May 2015. There were no MARs and we were told these were still in the person’s home. These records are important documents and should form part of the quality monitoring process.

Staff had completed some forms to record concerns and incidents. Several of these were completed on complaints forms but were clearly not a complaint. The provider said these were completed incorrectly and would be ensuring everyone was clear about how they should report incidents, and where they should record important information. The provider told us they were not fully familiar with the systems in the Leeds office so felt some information may have been located if a regular member of the office team was available. They said during the inspection they had identified that some of the quality assurance records did not meet their required standard. They told us they were going to spend time reviewing the systems to ensure everything was completed in line with their policies and procedures.