

Ashram Housing Association Limited

Ghulab Ashram

Inspection report

18 Whisley Brook Lane
Hall Green
Birmingham
West Midlands
B28 8SR

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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

This inspection took place on 12 August 2016 and was announced. We last inspected this service on 10 June 2014 when we saw that all the regulations checked were being met.

Ghulab Ashram is an extra sheltered housing scheme where people can receive support to live in their own home. At the time of our inspection there were 17 people that received support.

There was a registered manager in post. 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 were happy with the care and support they received and had built up good relationships with the staff that supported them.

People were protected from harm and abuse because staff were knowledgeable about how to keep people safe and the actions they should take if they had any concerns about people's safety.

People were supported by adequate numbers of safely recruited staff that ensured that people consented to the care they received so that their human rights were maintained.

People received care and support from staff that had the skills and knowledge they needed and that received support and guidance to provide good care.

People were supported to receive their medicines safely and to maintain their health through eating well and ensuring that their medical needs were met.

People were treated with care and respect by staff that understood their cultures and needs.

People were supported to maintain their independence.

People were able to raise their concerns and provide feedback about the quality of the service they received.

The service was well managed by a registered manager that involved people and staff in monitoring the quality of the service and ensuring improvements were made.

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 were protected from harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received effective care and support by staff that recognised them as individuals and that worked together to meet people's needs and expectations.

Staff were provided with on going and appropriate training, support and supervision to provide good care.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and the service worked with other professionals to ensure that people maintained their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People praised the staff and registered manager for the care and kindness shown and valued the positive relationships they had with them.

Staff had a good understanding of people's needs and promoted

people's choices and independence.

People received a personalised service that ensured their privacy and dignity.

Is the service responsive?

The service was responsive.

People received a personalised service that was planned with them.

People's care was kept under continual review and the service was responsive to people's individual needs.

People were actively encouraged to give their views on the service they received.

Good ●

Is the service well-led?

The service was well-led.

The registered manager provided leadership so that people received a good quality service.

Staff were motivated and proud to work in the scheme and were involved in improving the service.

Quality assurance systems ensured that the service delivered support that met people's needs.

Good ●

Ghulab 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 12 August 2016 and was announced. The inspection was carried out by one inspector.

The provider was given 24 hours' notice because the location provides a domiciliary care service. The registered manager was also registered for another service and we needed to be sure that the registered manager would be available.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. 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 used this information to plan our inspection and ensure that any areas of concern were looked at. We also looked at information shared with us about services by the local authority and asked for the views of people the provider told us we could contact.

We visited seven people in their flats and also met with one relative. We visited the services offices and spoke with the registered manager and three staff.

We looked at a variety of documents which included two people's care plans, one staff recruitment file, staff training records and other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

People told us they felt safe living in their flats and with the staff that supported them. One person told us, "I feel safe with the staff. They are very good to me here." Staff told us they had received training on how to recognise the signs of abuse and the actions to take if they suspected abuse was taking place. Staff spoken with were able to describe different types of abuse. Staff were clear that if people told them concerning information and asked for it not be passed on they would not be able to keep it confidential. Staff told us they would explain this to the person and speak with a senior member of staff. People told us that some staff supported them with their monies and shopping. One person said, "I give them a shopping list and the money. They record how much money they have taken and returned to me." One member of staff also described this process and told us that the money returned to people was checked by a second member of staff. We saw that the registered manager had referred any concerns to the appropriate authorities and we had been notified of these incidents as is legally required. The PIR told us that and we saw evidence that a safeguarding scrutiny panel looked at issues that occurred across the organisation and ensured that learning was passed onto individual services through regular reports.

People told us staff knew how to keep them safe and that risk assessments and care plans were available in their home. One person told us, "I go for a short walk with my pendant on [the pendant can be used to activate an alarm telling staff that they need help]." They told us that when they had gone as far as they wanted they contacted the staff. The person told us, "They [staff] will drop me back at my flat to and make sure I'm not too tired and don't fall." We saw that people's records included risk assessments that covered the environment and issues associated with people's needs for example, moving and handling risks or nutritional risks. One person's records showed that for their safety their medicines were to be kept locked away and the key left out of the person's reach. The person was aware why the medicines were locked away. Staff were aware of this risk and how the person was kept safe. We saw that the medicines were locked away in the person's flat as identified in the risk management plan.

People told us that they received the support they needed and thought there were enough staff available although they [staff] were a bit rushed sometimes. Staff told us that they felt there were enough staff available. One member of staff told us, "If there is an emergency the office staff will support us." We saw that staff had job cards that told them who they needed to support at what time so that they knew who was doing what. The registered manager told us they had sufficient staff to cover the number of hours of care they provided.

Staff told us they had been interviewed and checks had been carried out before they started work. We were told that evidence of previous work references and Disclosure and Barring Service (DBS) checks were kept at the head office. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care. We saw evidence that these checks were being carried out so that we could determine that the recruitment and selection procedures were robust and ensured that adequate numbers of suitable staff were employed.

People told us that they received the support they needed to take their medicines. Some people told us that

they were independent and did not need any help with their medicines. One person told us, "They [staff] apply creams and give me my medicines." Staff were able to explain to us the level of support the people we asked about needed. One member of staff told us, "We mostly prompt people with their medicines. We ask them if they have taken the medicines and have a quick look to check they have." We saw that medicines were stored away out of people's reach when needed and that there was good record keeping of the medicines people were supported with. Staff told us that they received training and regular updates on the safe handling of medicines. We saw that staff competencies were checked on a regular basis.

Is the service effective?

Our findings

People told us they were happy with the care and support they received. One person told us, "I'm happy with everything. They are nice, good girls." Another person told us, "I'm very happy with the care. They [staff] come at the right times and do what I want." Another person told us, "I love my place here. I want to live here till I die. I'm not going anywhere." We saw that people were able to choose if they wanted another service to provide care and support whilst they lived at Ghulab Ashram.

People told us they felt that staff had the skills they needed to meet their [people's] needs. One person said, "I feel supported. Staff have had training but I tell them what to do." Staff told us that they felt supported in their roles because they had rotas so they knew who they needed to support and received regular training in a variety of topics including infection control and first aid. The PIR told us that all staff had completed vocational qualifications in care and were completing the care certificate. This means that all staff should have the skills and knowledge to support people appropriately. Staff told us and records showed that they were observed regularly whilst they carried out their roles and received feedback from the senior staff team about what they had done well and how to improve. The registered manager told us and staff confirmed that they received supervision every three months but there was always someone available they could get advice from.

People told us that they were asked about what help they wanted and they and their families had been involved in planning their care. One person told us, "Staff help me with a wash most days and a shower on Friday. I'm happy with that." Another person told us that they were supported to have breakfast in their flat and staff always asked what they wanted. Staff spoken with told us that they had had training in the Mental Capacity Act 2005 and they always asked people about the support they wanted. Staff told us that they always encouraged people to make choices and be involved in their care.

The MCA 2005 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 saw that for one person a best interest decision had been made to ensure the person was kept safe by restricting their access to their kitchen. The registered manager had ensured that all the relevant people were involved in making this decision.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority that they believe a person may be being deprived. This enabled an application to be submitted to the court of protection by the local authority for the authority to deprive a person of their liberty within the community in order to keep them safe. We saw that the registered manager had an understanding of these requirements and they had made a DoL application because they felt a person's liberty may have been restricted. However, the application had not been agreed as systems were in place to support the person to access a specific area of their flat with supervision at regular times and was able to

move around the rest of the flat without restriction.

People told us they were supported to receive food and drinks that met their needs by staff that were knowledgeable about their needs. One person told us, "Staff bring me a meal from the canteen. They know I can't have a lot of salt and sugar and the cook prepares meals with less salt and sugar." Another person told us that staff supported them to go the communal area to have their main meal of the day. Another person told us that their family brought in meals that the staff heated the meals up for them. All the people we spoke with told us they were supported to have breakfast and something to eat in the evening in their flat. People told us that they were supported to have access to drinks throughout the day and were supported to make choices about what they ate and drank. We saw that nutritional risk assessments were in place where needed and staff spoken with were knowledgeable about people's individual dietary needs in respect of their cultural and health requirements. For example, staff knew who only ate vegetarian meals, halal foods or had to have their drinks thickened for their safety.

People told us that staff would support them to see medical professionals if needed. One person told us, "They will get the doctor if I'm not feeling very well." Another person told us, "Staff will support me with the GP but my family and I do it." Staff told us that other professionals such as the district nurses were involved in administering insulin injections and applying medicinal skin patches if needed. This showed that people received the support they needed to have their health needs met.

Is the service caring?

Our findings

During our inspection we saw and heard staff treating people with respect and kindness ensuring their privacy and dignity was maintained. All the people receiving a service were of an Asian background and felt it was important that the staff could speak with them in their community language. We saw and heard that staff spoke to people in their preferred language and referred to people as aunt and uncle as is appropriate for people from the Asian community. We saw that staff knocked on people's front door and waited to be invited in or asked if it was okay to enter after opening the door. People told us that the staff maintained their dignity when they were supported with personal care.

People told us that they liked the staff and had built good relationships with them. One person told us, "They are polite, they speak nicely to me." Another person said, "They respect me, speak nicely, call me auntie." A third person told us, "We can have a joke [with staff]". People told us that the registered manager always spoke with them. One person said, "[Registered manager's name] always greets me when he sees me." This showed that people's specific linguistic and cultural needs were being met by staff that understood their cultures and backgrounds.

We saw that people were supported to take care of their appearance and staff respected their cultural and religious needs. For example, one person told us, "They help me keep my flat clean but I clean my bedroom and Mandir [area used for carrying out their religious prayers]." We saw that people were supported to dress in the way they liked and that reflected their personality and individual preferences.

Each person that received support had a plan in place that provided staff with background information about people's life history and likes and dislikes so that they had the knowledge they needed to have meaningful conversations with people and an understanding of things that may upset them. People told us that they had been involved in deciding how they received support and from whom. For example, people told us staff and family member were involved in meeting their needs.

Is the service responsive?

Our findings

Most of the people we spoke with had lived at Ghulab Ashram for a long time. People told us that they had been involved in planning their care and the staff had got to know their individual needs. We saw that people received a service that met their particular level of need. For example, some people only received a short call to ensure they had taken their medicine whilst others received several calls throughout the day to support them with all aspects of their lives. People told us that their needs were met in the way they wanted although some people said that the staff couldn't always assist them at the time they wanted to be assisted and staff were rushed for time. This was particularly an issue for people that wanted to go to bed late. Staff told us and people confirmed that there were regular reviews of their needs so that any changes in need could be addressed. Staff told us that the care plans described how best to deliver care in line with people's expectations.

One person told us that they wanted to keep their front door open but they had been told that this was not possible as it posed a risk to them and others if there was a fire in the building. The registered manager was aware of the issue and told us he was having discussions with the health and safety department about whether they could access any equipment that would enable the individual to keep the door ajar but would close the door in the event of a fire.

People told us that they didn't always know which staff would be supporting them on a day to day basis. People also told us that they knew all the staff so that it was not a big issue for them. One person said, "I have got to know them all [staff]. New staff get introduced to us." We discussed this issue with the registered manager who accepted that it might be useful for people to know who was assisting them. They told us that they had asked staff to tell people which staff were on duty on the next shift from that evening so that people would know which staff to expect.

People were supported to maintain relationships that were important to them. People told us that family and friends were able to visit at most times. Some people said that they had to wait to gain entry sometimes, especially during evenings and weekends when there were no staff in the office. People also said that staff didn't always know who they were letting in when they didn't come to the door. We discussed this with the registered manager who told us that one family member was able to enter with a fob [to open the door] but they couldn't give one to everyone and that staff asked questions to find who was coming in and who they were visiting when they let people in remotely. This showed that actions had been taken to resolve the issues raised by people.

People told us that they felt able to raise any concerns they had. One person told us, "I would go to [registered manager's name] if I wasn't happy. He is a very good man." Another person told us, "I tell them [staff] if I'm not happy with something. They do listen." We were told by people that any issues were generally sorted out there and then with the staff. Staff spoken with told us, "It's important to build a rapport with people so they feel comfortable to raise any issues." We saw that complaints were recorded and addressed in a timely manner. There was information about how to raise any concerns in the communal areas of the building however, we noted that these were only available in English. We discussed with the

registered manager the importance of having this information available in other community languages for people living in the complex and for visitors.

People told us that they felt they had opportunities to provide feedback about the service. One person told us, "We have monthly meetings. He [registered manager] listens to us." People told us that the registered manager often asked them if they were happy with the service. People told us and we saw evidence of annual surveys that were carried out to find out how happy people were with the service they received. We saw that people were generally very happy with the service they received.

Is the service well-led?

Our findings

People told us that they were happy with how the service was being managed. One person told us, "I very happy, happy with everything." All the people we spoke with knew the registered manager and told us that they saw him on a regular basis. One person said, "He [registered manager] sometimes comes to the flat." Everyone we spoke with were very positive about the registered manager and staff that supported them. Staff spoken with told us they enjoyed working at Ghulab Ashram. One person said, "I like the people, they care about you. It's a supportive team too."

People told us that they felt listened to through meetings and surveys. We saw that the results of the surveys showed that people were very happy with the service. Staff told us that they felt well supported by the registered manager. One staff said, "[Registered manager's name] is a good manager. He listens, asks if things are okay and how they could be improved." Another member of staff told us, "I feel supported and have gained confidence in the tasks to be done. Spot checks are done to check the work staff have done and to see if clients are happy with their care." Discussions with staff showed that staff were aware of their individual roles and there was a commitment to support each other at busy times and in emergencies. Staff told us there was always someone available for support and guidance. We saw that the registered manager was receptive to and aware of the issues we discussed with him. This showed that there was an open, inclusive and supportive management style that involved staff and people.

There was a registered manager in post who was ensuring that they fulfilled all their legal requirements to keep us informed of accidents, incidents and safeguarding issues in the service. We saw that the service had consistently met regulations required by law over time and continued to meet people's needs appropriately. There was an established leadership and staff structure in place that made sure the service was organised and well run.

There were systems in place to monitor and improve the quality of the service. The PIR told us that there were systems in place to monitor the quality of the service and ensure that there was learning from incidents. We saw that there were management systems to monitor staff training, supervision, spot checks and understanding to ensure that staff had the skills and knowledge to provide good care. People's views were gathered and assessed and action plans put in place to improve the service. We saw that the most recent surveys showed an increase in satisfaction levels of people that used the service. Audits were carried out to check the quality of the service and action plans put in place to address any identified shortfalls. For example, one audit identified that filing cabinets used to ensure that people's records were stored safely were not being locked when not in use. Actions were taken to address this issue. The provider carried out assessments based on the five questions we ask about the service and ensured that actions were taken to address any identified issues. Reports were provided by the provider on an organisational level as well as identifying where individual services were doing well or needed to be improved.

We saw that there were learning logs that identified findings from issues that had arisen in different services across the organisation so that all the individual services could discuss and benefit from any lessons learnt following analysis to the root cause of the issues. This showed that learning took place at the individual

service level and across the organisation as a whole.