

Asian People's Disability Alliance Limited

APDA Homecare c/o

Daycare and Development
Centre

Inspection report

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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

We undertook an announced inspection of APDA Homecare c/o Daycare and Development Centre on 21 December 2016. APDA Homecare c/o Daycare and Development Centre is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care to children and older people with physical and learning disabilities. The service caters for the Asian community and at the time of inspection the service provided care to seven people.

At our last inspection on 11 February 2016 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the service not appropriately assessing people's mental capacity, some risks not being appropriately identified and effectively managed for people and care support workers having a lack of knowledge and understanding of safeguarding and whistleblowing procedures. During the inspection on 21 December 2016 we found the service had taken necessary action to address the breaches of regulations identified at the previous inspection.

There was a registered manager in post at the time of our inspection. 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 who used the service were children or they had some form of physical or learning disability and were unable to verbally communicate with us. We therefore spoke with their relatives who lived with them. Relatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and people were safe when cared for by the service.

At the previous inspection in February 2016 we found a breach of regulations because risk assessments were not person centred and individualised. We also found that risk assessments lacked instructions to staff detailing how to assist people with various aspects of their care. During the inspection in December 2016 we found that since the previous inspection the service had taken appropriate action and had reviewed people's risk assessments and implemented new format risk assessments which included the appropriate information about potential risks and how to mitigate these.

The inspection in February 2016 found a breach of regulations in respect of safeguarding because care support workers we spoke with lacked knowledge and understanding of safeguarding and whistleblowing procedures. During the inspection in December 2016 we found that the service had taken appropriate action in order to improve this area. We found that there were systems and processes were in place to help protect people from the risk of harm. Care support workers had received refresher training in safeguarding adults and staff we spoke with knew how to recognise and report any concerns or allegations of abuse.

The inspection in February 2016 found that care plans lacked information about people's capacity to make decisions and care support workers we spoke with lacked knowledge of this area. During the inspection in

December 2016 we found the service had taken appropriate action to address this breach. Care support workers we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care.

Relatives told us that care support workers turned up on time and they received the same care support worker on a regular basis and had consistency in the level of care they received.

People were cared for by care support workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, first aid and moving and handling. Staff spoke positively about their experiences working for the service and said that they received support from management.

Management staff and care support workers we spoke with had a good understanding and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from relatives indicated that positive relationships had developed between people using the service and their care support worker and people were treated with dignity and respect.

The service had a comprehensive complaints procedure in place. Relatives we spoke with expressed confidence in the service and were satisfied that if they needed to complain about something, their concerns would be taken seriously and dealt with accordingly. It was evident from the feedback received from people and relatives that the service listened to people's concerns and took the appropriate action.

Relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care support workers, administrative assistant, deputy manager, registered manager and provider. Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings and satisfaction surveys. Records showed positive feedback had been provided about the service. The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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. Relatives told us they were confident that people were safe around care support workers and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

This service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Is the service caring?

Good ●

This service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Is the service responsive?

Good ●

Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care support workers, administrative assistant, office staff and management.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

APDA Homecare c/o Daycare and Development Centre

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 21 December 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed four people's care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six relatives of people who used the service. All the people who used the service lived with their relatives. People who used the service had some form of physical or learning disability and were unable to verbally communicate with us. We spoke with five members of staff including care support workers and management.

Is the service safe?

Our findings

Relatives we spoke with told us they were confident that people were safe around care support workers and said that they had no concerns about this. One relative said, "[My relative] is safe." Another relative told us, "[My relative] is definitely safe. The carer is respectful and helpful."

The inspection we carried out in February 2016 found a breach of regulation because risk assessments were not person centred and individualised. We also found that risk assessments lacked instructions to staff detailing how to assist people with various aspects of their care. During the inspection in February 2016 we also noted that some areas of potential risks to people had not been identified and included in the risk assessments. During the inspection in December 2016 we found that since the previous inspection the service had taken appropriate action to address this area and had reviewed people's risk assessments and implemented new format risk assessments. The registered manager explained that they had requested that an external party that specialised in care planning and risk assessment to review their documentation and had changed the format of their documentation based on the advice they had received. We saw evidence that the service had identified potential risks to people and provided guidance to staff in order to manage these risks so that people were safe and their freedom supported and protected. Risk assessments were in place for areas such as health and safety, the environment and moving and handling. One person's care support plan detailed they were epileptic and we found that there was an appropriate risk assessment in place for this. There were clear instructions about what care support workers should do in case of a seizure. There was sufficient guidance and detail to enable care support workers to respond effectively in the event of a seizure.

The inspection in February 2016 found a breach of regulation in relation to safeguarding as care support workers we spoke with lacked knowledge and understanding of safeguarding and whistleblowing procedures. During the inspection in December 2016 we found that the service had taken appropriate action in order to improve this area. The registered manager explained that after the inspection in February 2016 she had a meeting with all care support workers to ensure they understood the safeguarding and whistleblowing procedures. The service also translated the safeguarding and whistleblowing policy into various languages to ensure that all care support workers fully understood the procedures to follow and showed us evidence of this.

The registered manager also explained that since the last inspection all care support workers had carried out safeguarding refresher training and in order to ensure they understood the procedures care support workers were asked to complete a "care worker knowledge and skills form" every six months as part of their supervision sessions. These sessions enabled management to review care support workers knowledge in various important areas of care which included safeguarding and whistleblowing procedures.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people.

During the previous inspection care support workers we spoke with were unable to describe the process for

identifying and reporting concerns and were unable to give examples of types of abuse that may occur despite our prompting. We also found that some care support workers' understanding of English was limited and they struggled to understand some of the questions that were asked and had difficulty answering. The registered manager explained that since the inspection in February 2016 they had carried out considerable work with care support workers to ensure that they were able to describe the process for identifying and reporting safeguarding concerns. During the inspection in December 2016 care support workers we spoke with were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. At the previous inspection the majority of staff we spoke with were not aware of the term "whistleblowing" and were not familiar with the whistleblowing procedure in respect of raising concerns about any poor practices witnessed within the service. However during this inspection in December 2016 we found that care support workers we spoke with were aware of the procedures. They were aware that they could report concerns about any poor practices within the service and said they felt able to raise any concerns they had with the management and had no hesitation in respect of this. The registered manager confirmed that since the previous inspection all staff had completed a refresher in whistleblowing.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the service. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for three members of staff. Background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff to ensure they were suitable to care for people. We found that the majority of these references were character references and there was no documented evidence that the service had verified that these were authentic references. We spoke with the registered manager about this and she confirmed that the service aimed to obtain professional references but this was not always possible. She confirmed that she would contact the referees and ensure that the references were verified.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. The registered manager explained that the service was always recruiting care support workers to ensure that they had sufficient numbers of staff.

We spoke with the registered manager about medicines administration and she confirmed that the service does not administer medicines and this was part of the service's policy. As a result of this we did not look at how the service managed medicines as part of this inspection.

The service had an infection control policy which included guidance on the management of infectious diseases. Relatives of people who used the service told us that staff observed hygienic practices when providing care and said they had gloves, aprons and other protective clothing.

Is the service effective?

Our findings

Relatives told us that they had confidence in care support workers and the service. One relative said, "The care is brilliant. I am confident in the skills and knowledge of carers." Another relative said, "I am very happy with the care. The carer is very good." Another relative told us, "The carer looks after [my relative] very well."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The inspection in February 2016 found that care plans lacked information about people's mental health and their levels of capacity to make decisions and provide consent to their care. There was a lack of information in people's care plans which showed how people who had limited capacity or were not able to verbally communicate were supported to make decisions and how their consent was gained. We also noted that where care plans had been signed by people's next of kin, it was not clear why the next of kin had signed the person's care plan as people's capacity levels had not been determined which would show if the person would require support from their relatives with making decisions about their care. During the inspection in December 2016 we saw evidence that the service had taken appropriate action in respect of this. Care support plans now included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Where care plans had been signed by people's representatives, the service had now ensured that it was clear why these had been signed by people's representatives.

During the previous inspection we found that the majority of care support workers were not able to explain what mental capacity was. We spoke with care support workers during the inspection in December 2016 and they demonstrated that they had a basic knowledge of the MCA and an understanding of gaining people's consent when providing people with support.

Records showed that care support workers had undertaken an internal induction when they started work and completed training in areas that helped them to provide the support people needed. The induction programme was extensive and covered policies and procedures, aims and objectives, staff conduct and information on health and safety.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, food hygiene, infection control, first aid and health and safety. Care support workers spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care support worker said, "The training has been good. It is helpful." Another care support worker told us, "The training is useful."

There was evidence that care support workers received regular supervision sessions and they confirmed this. Supervision sessions enabled them to discuss their personal development objectives and goals. We

also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. Staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One care support worker told us, "I like it here. I am well supported." Care support workers told us they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

We spoke with the registered manager about how the service monitored people's health and nutrition. The registered manager explained that people who used the service all lived with their relatives and it was their relatives who prepared food. The registered manager confirmed that staff did not prepare food for people but did heat food and support people with their eating. Relatives we spoke with confirmed this. The registered manager explained that if care staff had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

Is the service caring?

Our findings

Relatives we spoke with told us that they felt the service was caring and spoke positively about care support workers. One relative said, "The carer is caring and respectful. She always listens." Another relative told us, "The carer is so caring and thoughtful." Another relative said, "The carer knows how to care for [my relative] well. She understands him."

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the objectives of the service which was to provide high quality care and offer a flexible service which was tailored to meet people's individual needs.

The registered manager told us that the service focused on respecting people's wishes and listening to their choices and concerns and gave us practical examples of how staff did this, for example; removal of shoes on entry into people's house and calling them by their preferred name. The registered manager also explained to us that consistency was an important aspect of the care they provided. She told us they worked towards ensuring people felt comfortable and familiar with care support workers and focused on building a rapport with them and the service strived to achieve this by ensuring that people did not receive care from different care support workers.

The service ensured that care support workers were matched with people who came from the same culture so that they could better understand the needs of people. For example; some people who used the service were Gujarati speaking and therefore they received care from Gujarati speaking care support workers so that they could easily communicate with them and talk about cultural topics.

The registered manager also explained that the service did not provide home visits less than 60 minutes and documented evidence confirmed this. She explained that it was important for care support workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 60 minute visits enabled care support workers to do this.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relatives discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care support workers were aware of the importance of ensuring people were given a choice and promoting their independence. All care support workers we spoke with were also aware of the importance of respecting people's privacy and maintaining their dignity. Care support workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care support worker told us, "Communication is important. I always talk to people and ask them what they want and check they are ok." Another care support worker said, "I always

ask people what they want. I listen to people and encourage them to do things themselves where they can."

The service had a policy on "privacy and dignity in care" which focused on supporting and promoting people's self-respect. The policy provided staff with practical guidance on how to ensure people and their privacy were respected whilst also promoting independence. The registered manager explained to us that some staff employed by the service had some form of a learning disability and that this helped staff relate to people whom they provided care to and really helped them understand their needs.

We saw some information in people's care plans about their life history and their interests. Care plans included information about people's interests and their background and the provider used this information to ensure that equality and diversity was promoted and people's individual needs met. The registered manager explained that they focused on obtaining information regarding people's background, interests and needs as this ensured care support workers were able to understand and interact with people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances.

Is the service responsive?

Our findings

Relatives told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One relative said, "I have not had to complain but if I had to I can. They are approachable." Another relative told us, "I feel they do listen to me."

We looked at four people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The registered manager stated that before providing care, the service assessed each person and discussed their care with them and their relatives.

We found that people's support plans were person centred and included information about their life history, their interests and preferences. They included detail about people and their care needs as well as clear instructions for care support workers so that they were equipped with the necessary information when providing care to people.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

We spoke with relatives about the punctuality of care support workers and the consistency and continuity of care. They told us care support workers arrived for visits on time and stayed for the full duration of the agreed visit time. They also said that in the majority of instances the same care support worker provided the care. One relative said, "They are never late." Another relative told us, "We have the same carer. They arrive on time and never miss visits." None of the relatives we spoke with raised any concerns in respect of punctuality and consistency of the care provided. We spoke with the registered manager about how the service monitored care support worker's timekeeping and whether they turned up in time or were late. The registered manager told us they kept accurate timesheets and reviewed these to help identify areas in which they can improve any timekeeping issues. The registered manager also explained that when they arranged the staff rota, she ensured that care workers worked within certain postcodes to limit the amount of travel they had to carry out which minimised the chances of delays.

During the inspection we found that the service had a comprehensive procedure for receiving, handling and responding to comments and complaints. All relatives we spoke with during the inspection expressed confidence in the service and were satisfied that if they needed to complain about something, their concerns would be taken seriously and dealt with accordingly. It was evident from the feedback received from relatives that the service listened to people's concerns and took the appropriate action. The service had a system for recording complaints and dealing with them appropriately. The registered manager

explained the service took every complaint seriously, investigated them thoroughly and fairly and worked hard to ensure that people were satisfied with the outcome.

Is the service well-led?

Our findings

Relatives spoke positively about management at the service. They told us they had confidence in the management of the service and there was a consistent and effective management team. One relative told us, "I have no complaints. The manager is very good. She is approachable." Another relative said, "The manager is great. I have no complaints." Another relative told us, "I can talk to the manager if I need to. She is helpful."

There was a clear management structure in place with a team of care support workers, an administrative assistant, deputy manager, registered manager and the provider. All staff we spoke with told us the morale within the service was good and spoke positively about working at the service. They told us that the management was supportive and approachable and listened to them. They also told us there was an open and transparent culture within the service. One care support worker told us, "[The manager] is very helpful and supportive. Communication is very good." Another care support worker said, "[The manager] is supportive and approachable." All staff we spoke with told us they did not hesitate to bring queries and concerns to management.

The service ensured that staff received continuous updates electronically so that they received up to date information. Staff were also informed of changes occurring within the service through supervision meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The service was eager to listen to the views of people who used the service and their relatives and find ways to improve the service. The service carried out quarterly monitoring visits where management arranged to meet people and relatives in their homes and talk about their care and any areas for improvement. People who used the service told us that these occurred regularly and they had an opportunity to share their views on the care they received.

There was evidence that the service undertook a range of checks and audits of the quality of the service and took necessary action to improve the service as a result. The service carried out regular audits looking at care support plans, staff training, supervision sessions and completion of satisfaction surveys. These audits enabled them to monitor their progress but also to look at ways of improving the service and taking necessary action.

The service carried out satisfaction surveys to obtain feedback from people and their relatives. We noted that a survey had been carried out in November 2016 which focused on listening to people's feedback and taking necessary action. We reviewed the feedback received and noted that it was positive. Some of the comments were: "Happy with the service" and "Thank you for the excellent service you provide. The carer you sent is absolutely brilliant with [service user]".

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people who used the service. These addressed topics such as safeguarding,

infection control, recruitment and health and safety.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.