

North London Asian Care

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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?

Requires improvement 

Overall summary

This inspection started on 2 June 2015 and we gave the provider two days' notice that we would be visiting their head office.

At our last inspection in July 2014 the service was not meeting four of the regulations we looked at. These were related to; protecting people from abuse, effective staff recruitment, ensuring the welfare and safety of people and monitoring and assessing the quality and safety of service provision. At this inspection we found that the service was now meeting all of these regulations.

North London Asian Care is a non-profit making registered charity that provides personal care to people living at home. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people.

The service specialises in providing a service for people from an Asian background but does also support people from other ethnic groups. There were 105 people using the service at the time of our inspection.

The registered manager had recently left the agency and we met with the acting manager on the day of our inspection. A registered manager is a person who has

Summary of findings

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 and associated Regulations about how the service is run. The service is required by law to have a registered manager. Because the manager was not registered with us at the time of the inspection we have rated the Well-Led section as "requires improvement".

People told us they were well treated by the staff and felt safe and trusted them.

Staff could clearly explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to minimise risks.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late and confirmed that if two staff were required they would come at the same time.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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 safe. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to reduce these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Good



Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good



Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Good



Is the service well-led?

The service was well-led. However the service is required to have a registered manager and there was no registered manager at the time of this inspection.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Requires improvement



North London Asian Care

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 checked 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 started on 2 June 2015 and we gave the provider two days' notice that we would be visiting their head office. We did this, because the location provides a domiciliary care service we needed to be sure that someone would be available. After our visit to the office we talked to people using the service and their relatives over the phone. These telephone interviews were undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this

type of care service. The expert by experience and one of the two inspectors were able to speak to people in their own language. We were able to speak with 29 people so we could get their views about the agency.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We spoke with twelve staff as well as the provider, assistant manager and acting manager.

We looked at fifteen people's care plans and other documents relating to their care including risk assessments and medicines records.

We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We also checked the provider's action plan which they sent to us following the inspection we undertook in July 2014.

Is the service safe?

Our findings

At the last inspection on 22 July 2014, we asked the provider to take action to make improvements to safeguard people from potential abuse. This action has been completed.

People told us they were well treated by the staff and felt safe with them. One person told us, “I have difficulty walking, climbing stairs, but do feel safe with the carers as they are regular, on time, trustworthy and speak Gujarati.”

A relative commented, “There are nine carers who come four times a day and on time. I would say my mother is safe with all the carers.”

Since our last inspection the provider had updated their policy on safeguarding people from abuse. This policy contained a flow chart detailing the appropriate authority that any allegations of abuse must be reported to. Last year there were a number of safeguarding issues and the agency worked in cooperation with the local authority safeguarding team to improve systems and procedures to keep people safe. We spoke with the local safeguarding lead who was positive about the progress and the learning that had taken place by the agency in dealing with these concerns.

Staff could clearly explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. We were told that following safeguarding training staff had attended workshops, run by the agency, to make sure they fully understood their responsibilities in keeping people safe.

The manager told us that the safeguarding training included reference to equality and diversity and staff understood that racism or ageism were also forms of abuse. They gave us examples of how they valued and supported people's differences. For example, staff ensured that people could still follow their chosen faiths and we saw that people's cultural preferences in relation to diet and activities were respected and being maintained even if the person could no longer remember this for themselves.

Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police or the local authority.

At the last inspection on 22 July 2014, we asked the provider to take action to make improvements to managing risks to people's safety. This action has been completed.

Before people were offered a service, a pre-assessment was undertaken by the management of the agency. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, nutrition, medicine administration as well as psychological wellbeing and cognitive impairments. Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. Where risks had been identified, the management had thought about and discussed with the person ways to minimise risks.

For example, risk assessments clearly stated if one or two staff were needed to support the person with personal care. Staff told us that the agency always made sure that two staff attended a person's home where this was required.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. Staff confirmed that they were informed of any changes to people's care needs or assessments of risks.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late. One person, who told us that they could be a little forgetful commented, “They phone me and let me know who's coming.” Relatives told us, “All three regular carers are on time and mum is happy and safe” and “The staff are mostly on time. They may be 10 minutes late but that's not so bad.” People told us that staff did not rush and one person commented, “They stay for the full length of time.”

Staff did not raise any concerns with us about staffing levels and told us that two staff would be sent out to a person's home if required by the care plan and risk assessment. People confirmed to us that if two staff were required they would always come at the same time.

At the last inspection on 22 July 2014, we asked the provider to take action to make improvements to staff recruitment. This action has been completed.

Is the service safe?

We checked 10 staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them

feel more confident when supporting people with their medicines. Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

Two senior staff called field supervisors undertook spot checks on staff at the person's home. These spot checks included medicine audits. The systems for recording the administration of medicines had been recently revised and management told us this new recording system was clearer for staff and had resulted in fewer medicine errors. Most people using the service only required staff to prompt them to take their medicines and the responsibility for reordering and collection was mainly with the person's relative.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person told us, “The carers are good to work with as they know the schedule as per my care plan. I do not tell them to do extra but they sit with me and talk nicely and politely.” A relative commented, “The carer is trained and spends the full time and is timely and regular. This makes my mother very happy.”

Staff were positive about the support they received in relation to supervision and training. Staff told us that the amount of training they received had improved since our last inspection. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, mental capacity, infection control and the management of medicines. Staff told us that they would discuss learning from any training course at workshops, organised by the agency, and any training needs were discussed in their supervision.

We saw from the training matrix that staff were provided with refresher training when required.

Staff confirmed they received regular supervision and the frequency of supervisions had increased since our last inspection. Due to the high numbers of staff employed at the agency some of these supervisions were undertaken as a group. Spot checks and observed competencies were also part of the staff supervision system. Staff were positive about the spot checks undertaken by the field supervisors. A staff member told us, “The spot checks are good as you are reassured you are doing the right thing.”

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation’s philosophy of care.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person

could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interest” which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them. A relative told us, “They are good and well trained. They ask permission before doing anything and explain.”

People told us that the staff did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people’s ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people’s care plans so that the food they received was to their preference. Where appropriate and when this was part of a person’s care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. People told us they were happy with the support they received with eating and drinking. One person commented that the staff “know about our dietary requirements”.

The service did not take the primary responsibility for ensuring that people’s healthcare needs were addressed. However, the service required that any changes to people’s condition observed by staff when caring for someone were reported. Care plans showed the provider had obtained the necessary detail about people’s healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person’s health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us, “Carers are very social and give me a bath, speak nicely, prepare lunch and maintain my dignity all the time.”

A relative commented, “One of the carers is outstanding, as he is kind and compassionate with the care and does not treat my dad as if he is a commodity.”

Other people we spoke with told us the staff were, “kind”, “polite” and “friendly”. People told us that staff listened to them respected their choices and decisions. A relative told us, “They know us very well and they know mother’s preferences and needs.” Another relative commented, “They do listen.”

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

The service is specifically designed for people from an Asian background and this is reflected in the staff team who are able to speak a number of languages such as Hindi and Gujarati. Staff were also aware of people’s cultural backgrounds and religious observance. A relative told us, “They remove their shoes before coming in, they know our preferences. The carer reads our religious scriptures to mum.”

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples’ likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

One relative told us, “They are on time, cook for mum, respect and maintain her dignity when they give her personal care.” Another relative commented, “The carer is compassionate, caring and talks through when giving care.”

Is the service responsive?

Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. A relative we spoke with told us, “Mother’s needs were assessed last month and the hours of care have increased.”

We saw from people’s care records and by talking with staff that if any changes to people’s health were noted by staff, they would phone the office and report these changes and concerns.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for fifteen people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their relative’s needs. These assessments had ensured that the agency only supported people whose care needs could be met.

The care plans included a detailed account of all aspects of people’s care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, “I have no complaints. I have a phone number so I know who to call.” A relative we spoke with commented, “We are very happy with the service. We know how to complain we would phone the office. We have the number.” Another relative said, “There were problems before with the office, now there have been a lot of improvements.”

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation.

Is the service well-led?

Our findings

At the last inspection on 22 July 2014, we asked the provider to take action to make improvements in monitoring the safety and quality of service provision. This action has been completed.

Since our last inspection the agency had developed systems to monitor the safety and quality of service provision. These systems included more regular spot checks by field supervisors, more detailed risk assessments and any learning from accidents and incidents being recorded and put into practice. One person commented, “The office do make spot checks, do assessments and there has been significant change and improvements in the agency.”

The assistant manager gave us an example of action being taken to reduce an identified risk. They told us that a member of staff was concerned about visiting a person on their own in the evening in an area they did not feel safe. As a result two staff now attended to this person and no staff went into this area alone.

People using the service and their relatives were positive about the management of the agency. A relative told us, “The agency do ask for feedback about the carer’s performance and punctuality and do spot checks if the carers have personal protective equipment (PPE) on them or not during care.”

We saw that action had been taken as a result of comments and feedback from people and their relatives. For example, Telephone surveys undertaken had identified a number of concerns from people regarding the use of mobile phones, poor communication and staff not always wearing their identity badges. We saw that the management had taken action to address these concerns and was monitoring this.

Staff were also very positive about the management and the support and advice they received from them. One staff member told us, “I understand my role.”

There were now more regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and there was also a yearly staff event where prizes were awarded to staff for their hard work.

Staff told us that they were aware of the organisation’s visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

The agency had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

A person told us, “Someone from office visits to survey and I can see improvements.” A relative we spoke with commented, “They phone sometimes to ask our opinion. We filled in a questionnaire about the service about six months ago. We are very happy with the service.”

The service is required by law to have a registered manager. Because the manager was not registered with us at the time of the inspection we have rated this section as “requires improvement”.