

Bangladeshi Parents and Carers Association

Bangladeshi Parents & Carers Association

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Bangladeshi Parents & Carers Association is a domiciliary care agency which provides support to people living in their own homes. The service also provides day services and activities to people in several day centres in East London. At the time of our inspection the service was providing personal care to two people, one of whom was out of the country.

People's experience of using this service:

People's relatives told us that care workers treated their family members in a dignified way and did all that was required.

Managers contacted people and their families to ensure that they were happy with the service they received.

Care workers told us they felt well supported by managers and received enough training to carry out their roles. Care workers did not receive sufficient supervision or appraisals and there was no evidence of spot checks taking place.

Staff understood people's needs and how best to support them but this was not well documented. The service did not effectively assess people's support needs and the service did not have support plans in place.

The provider had assessed risks to people using the service, but did not have mitigation plans in place for some risks to people's wellbeing.

Managers lacked a clear understanding of regulatory requirements and did not have suitable systems for auditing and improving the quality of the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service did not document people's consent for their care or assess people's capacity to make decisions for themselves.

Rating at last inspection:

We last inspected this service in October 2018. Due to the small number of people using the service we did not have enough evidence to provide a rating for this service.

Why we inspected:

This was a routine first ratings inspection.

Enforcement:

We have identified breaches of regulations concerning consent, staffing, person centred care and good governance. You can see what action we told the provider to take at the back of the full version of this report.

Follow up:

We will continue to monitor this service and will return within six months to check that improvements have been made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Inadequate ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bangladeshi Parents & Carers Association

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by an inspector and an assistant inspector. The inspection team included a Bengali speaker as people using and providing the service had Bengali as their first language.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults.

The service had a manager who had applied to register with the Care Quality Commission but this application was still in progress. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours notice of this inspection. This is because the service is small and providing care to people in their own homes. We needed to be sure that someone would be in.

What we did before the inspection

We did not ask the provider to complete a provider information return (PIR). This is a document which asks for certain information about the service, including what they think they are doing well and their plans to develop the service in future. The provider had completed a PIR prior to their previous inspection in October 2018.

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about.

During the inspection;

We spoke with the manager, office manager and two care workers.

We looked at records of care and support for both people who used the service.

We looked at records of recruitment, training and supervision for two care workers.

After the inspection:

We contacted a relative of one person who used the service. We were unable to contact the second person who used the service as they were out of the country.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection in October 2018 we did not rate the service in this key question. At this inspection we rated the service 'requires improvement'.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to people using the service. There was a detailed risk assessment for carrying out personal care but this had not been completed for everyone.
- Where people had long term health conditions the provider had not assessed the risks from these. Where a person had diabetes there was no assessment of the type of diabetes or the risks of a person becoming unwell.
- Sometimes information on assessments were inaccurate. A person was identified as having 'challenging behaviour'. However, from speaking with staff we learned that the person's behaviour was not challenging. Care workers understood the causes of this behaviour and how best to respond to it but this was not documented.

Using medicines safely

- The service did not provide support with medicines. However a person's plan stated care workers were to apply a cream for dry skin. The provider had not assessed what type of cream this was or whether it was prescribed.
- There was a suitable medicines policy and risk assessment in place in the event the service started to provide medicines support in future.

Preventing and controlling infection

- Care workers told us they had access to personal protective equipment (PPE) and understood how to use it safely.
- Care workers had been trained in infection control and food hygiene.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a suitable safeguarding policy which outlined types of abuse and the organisation's reporting responsibilities.
- Care workers understood this policy. Care workers we spoke with understood the possible signs of abuse and how to report these.

Staffing and recruitment

- Staff were recruited safely. The provider carried out pre-employment checks, including a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- The service had two care workers assigned to the domiciliary care service. This was sufficient to meet the

needs of the people they supported.

Learning lessons when things go wrong

- The provider had a policy for reporting when incidents and accidents had taken place. However, incident forms were not clear about the actions taken to prevent a recurrence or what had been learned as a result.
- We could not check whether this policy was effective as there had not been any accidents or incidents since the service started providing care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in October 2018 we did not rate the service in this key question. At this inspection we rated this key question 'inadequate'.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- Care workers did not receive regular supervision. One care worker had last received formal supervision in September 2018 and one had not received supervision since January 2017. Care workers did not receive regular appraisals. The provider told us they carried out regular spot checks of care workers but did not keep records of this.

This constituted a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers received an in house induction, but this was not carried out in line with the Care Certificate.

The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Care workers had received the right training to provide care and feedback from staff reflected this, but it was not clear how often training should be repeated to ensure this continued in future.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- People had not always consented to their care. The service did not have formal care plans in place and therefore was not able to evidence people had agreed to their contents.

- The service had a suitable process to assess people's capacity to make decisions about their care, but where a person lacked capacity this was not assessed.

- The service worked with a person's relative to plan and deliver care, but had not checked whether this person had formal authority to make decisions on their behalf.

This constituted a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider did not effectively assess people's needs and choices. There was a detailed assessment for people's needs in key areas, but this was not always carried out effectively.

- The provider's assessment did not consider the levels of support people required with their daily living

skills. Tasks were assessed as 'yes' and 'no', without any information on the levels of support people required. However, care workers demonstrated a good understanding of the levels of support people required.

- The provider did not record people's choices and preferences for their care as people did not have care plans in place.

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

- The provider did not assess people's nutritional needs or preferences. There were no care plans which meant this information was not readily available for care workers.
- The service had limited involvement in meeting people's nutritional needs. Care workers recorded when they had supported people to eat and drink but this lacked detail. A person's family had requested that the person be given a snack and a drink when the care worker visited, but it was not clear what they had been given.

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

- People healthcare needs were met by their families, and this did not form part of the care workers' role.
- There was not enough information for care workers on how to react in an emergency. People's long term health conditions were not assessed and there was no information on how to respond to the person becoming unwell.
- The provider did not have enough information on how to work with others. Where a person received support from workers from two separate agencies, managers did not know who the other provider was or how to co-ordinate with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in October 2018 we did not rate the service in this key question. At this inspection we rated the service 'good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People benefited from having care workers from the same cultural background as themselves.
- Care workers understood people's religious and cultural needs and communicated with them in their own language.

Supporting people to express their views and be involved in making decisions about their care

- Care workers used information provided by the family to communicate with a person who was non verbal. Care workers used pictures, signs and objects of reference to communicate with the person and understood the person's communication needs well, but there was not a clear written plan of how they did this.
- Care workers gave examples of how they supported people to make decisions about their care and how they ensured people could speak up and raise concerns with managers when necessary.

Respecting and promoting people's privacy, dignity and independence

- Care workers understood how to promote people's independence. This included how people were encouraged to take the lead when accessing the community and to do personal care tasks for themselves. However, due to the lack of robust planning and assessment processes this information was not recorded anywhere.
- People were treated with dignity and respect. Relatives told us that their family members were treated in a dignified way.

Is the service responsive?

Our findings

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

At our last inspection in October 2018 we did not rate the service in this key question. At this inspection we rated this key question 'requires improvement'.

People's needs were not always met. Regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had not completed care plans and relied either on an email from a person's relative or a care plan carried out by the local authority. This meant there was no clear plan for what care workers needed to do with the person and no information on what people's needs and preferences were.
- Care workers relied on verbal instructions to meet people's needs but understood what needed to be done. There was no evidence of people's plans of care being reviewed to ensure they still met their needs, even though one person's mobility had deteriorated since the local authority had assessed their needs.
- Care workers recorded how they had met people's basic needs, but records of care lacked detail on what support had been provided and how care workers had responded to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider did not assess or flag when people had accessible communication needs or may require documents in other languages or formats.
- People may not have been able to understand information provided by the agency. Policies and all records relating to people were routinely provided in English, even though care workers and people using the service had Bengali as their first language.

The above paragraphs constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was a clear policy for responding to concerns and complaints, although none had been received. People's family members knew how to contact managers if they had a concern.
- The provider's complaints policy lacked detail on how managers could ensure people were happy with the action taken in response to their complaints or concerns.

End of life care and support

- The provider was not providing end of life care and support to people.
- The service had not assessed people's wishes for the end of their lives or considered people's wishes regarding resuscitation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At our last inspection in October 2018 we did not rate the service in this key question. At this inspection we rated this key question 'requires improvement'.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had regular staff meetings, but these were not focussed on domiciliary care and did not take place regularly. The most recent meeting had taken place in March and concerned the running of the entire organisation, with no separate discussion of the domiciliary care service. Since this meeting the manager had left and there had not been further meetings.
- Management processes were not always effective. The service was experienced with operating safer recruitment processes but had less experience and knowledge of how to meet regulations. This had resulted in several breaches of regulations.

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

- The provider had appropriate policies in place to ensure the service worked effectively. However, it was early to judge their effectiveness as many policies had not been enacted due to the limited experience of the service.
- There were not processes in place to improve the service. Managers did not have systems for audit and did not have a plan to improve the service. At our last inspection in October 2018 we raised areas of poor practice which had not been addressed by the management of the service. There was no action plan of how to address this, and managers were not fully aware of the findings of the last inspection report. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged with the management of the service. Managers carried out regular surveys with people to check that they were happy with the service they received. These recorded a good level of satisfaction. However, aspects of quality assurance were not effective. For example, part of this procedure was to check that people had signed care plans in place, but this had not been checked.
- Care workers told us that managers were approachable and helpful and they felt well supported, and that they relied on verbal communication to pass information within the organisation.
- Care workers told us that managers carried out regular spot checks of their performance. However, no records were kept of these so we were unable to judge their effectiveness. There were no systems for appraising staff or ensuring that they had a suitable development plan.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment was not designed with a view to achieving service users' preferences or ensuring their needs were met 9(3)(b)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with the consent of the relevant person 11(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity 17(1)(2)(a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed in the provision of a regulated activity did not receive such appropriate support, training, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform 18(2)(a)

