

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection was undertaken on 11 and 13 July 2017. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

At our last inspection in February 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

North London Asian Care is a non-profit making registered charity that provides personal care to people living in their own homes. 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 also supports people from all ethnic groups. At the time of the inspection there were 115 people using the service.

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 and associated Regulations about how the service is run.

People told us they felt safe with the staff who supported them in their home and they were treated with kindness. Staff understood their responsibilities in keeping people safe from bullying, harassment, avoidable harm and potential abuse.

Potential risks to people's safety had been identified and ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

People told us that staff came at the time they were supposed to or they would phone to say they were running late.

Recruitment systems were robust to ensure that only the right staff were recruited to keep people safe.

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 a good level of training in the areas they needed in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

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 the management and staff were flexible and quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their current 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 service had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the management listened to them and took their views into account in order to improve service delivery.

## 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 continued to be safe.

### Is the service effective?

Good ●

The service continued to be effective.

### Is the service caring?

Good ●

The service continued to be caring.

### Is the service responsive?

Good ●

The service continued to be responsive.

### Is the service well-led?

Good ●

The service continued to be well-led.

# 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 was undertaken on 11 and 13 July 2017. We gave the provider two days' notice that we would be visiting their head office.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with 12 care staff, three office staff, the registered manager and the responsible individual for the organisation. We spoke with 29 people who use the service and their relatives. We also sent out questionnaires to people and their relatives prior to the inspection.

We looked at 11 people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at six staffing files. We looked at other records held by the agency including health and safety documents, quality audits and surveys.

## Is the service safe?

### Our findings

People told us they were well treated by the staff, trusted them and felt safe with them. One person told us, "I can trust them they are very nice people. I can talk to them and they will help us." Another person commented, "We have never had anything bad happen since they started."

Staff explained how they would recognise and report abuse and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the registered manager 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, the local authority or the Care Quality Commission.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or field supervisors. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. Risk assessments had been undertaken in relation to mobility, falls and nutrition.

Where risks had been identified, the registered manager had thought about and discussed with the person or their representative ways to mitigate these risks. For example, one person was identified as being at risk of falling. It was recorded that staff were to make sure the person had their walking stick with them and to remind the person that they should be using this walking stick. Staff we spoke with were aware of the risks people faced and what action they needed to take to reduce these risks to people's safety. These matched the risk assessments recorded in people's care plans.

People told us that the management of the service had talked with them about the risks they faced in connection with their care. One person told us, "The manager came around and we talked this through." The registered manager had also carried out risk assessments for staff in relation to any potential environmental risks they faced in connection with their duties. A lone worker policy was available which gave staff information about keeping safe. This meant the service had identified and mitigated risks faced by people receiving care.

Staff files showed the service had continued to follow safe recruitment procedures. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The registered manager carried out checks to make sure the staff were allowed to work in the UK.

People told us that staff came at the time they were supposed to or they would phone to say if they were running late. One person told us, "Yes, but traffic around here is very bad, so I understand if they are late." A relative said, "They are always on time. They are very good like that. Also part of the reason why I know he is safe. Someone will always arrive to help him." Another relative commented, "Yes, they always give us a heads up if they are running late, but the traffic is quite bad around here."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry

out the tasks required and that they would inform the registered manager if they felt they needed more time to complete complex tasks or any additional tasks. Staff confirmed that the agency gave them travel time. This meant the service had sufficient staff available to meet people's needs.

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines.

Field supervisors carried out and kept records of regular spot checks in people's homes which included observed competencies for staff administering medicines and medicine records audits. This ensured staff knew how to administer medicines in a safe way. Only six of the 29 people we spoke with said the agency assisted them with managing their medicines and they told us they were satisfied with the way staff helped them.

## Is the service effective?

### Our findings

People who used the service and their relatives told us that they had confidence in the staff who supported them and that staff were effective. A relative commented, "The staff I have seen are very knowledgeable about what is going on and what they needed to be doing." Another relative told us, "I don't know what training they have but we have not had any complaints."

Staff were positive about the support they received in relation to their training and development. One staff member told us, "I love my job. We get updated training and we get supervision every three months." Staff told us and records showed that they received refresher training when required. One staff member commented, "The training is good, I'm up to date." Another staff member told us, "Every time we learn something new."

Staff told us they were provided with a good level of training in the areas they needed in order to support people effectively. Records showed staff received training in emergency first aid, medicine management, food hygiene, infection control and safeguarding people. In addition, staff told us that they had completed nationally recognised vocational qualifications.

The registered manager told us there were a high number of staff employed at the agency who sometimes only worked a few hours a week. Given that their first language was not English, ensuring all the staff fully understood the training they undertook was a challenge. The registered manager and field supervisors made sure they also attended the training in order to translate and made sure training was regularly discussed in supervisions. Staff confirmed to us that this helped them understand the training better. The registered manager told us they would look at ways of verifying and recording that staff had understood each training course they had taken part in.

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures and shadowing more experienced staff until they were confident to work on their own. Staff also undertook training as part of their induction which included working through the Care Certificate. The Care Certificate is a set of standards that social care and health workers must follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We saw these certificates in staff files but noted that these workbooks were not always detailed or fully completed. The registered manager told us that this was because of some problems staff had with writing. We were assured that field supervisors made sure staff understood the practical issues of adhering to these standards. A staff member told us, "It was very helpful."

Staff told us and records confirmed they received regular supervision. They told us they enjoyed supervision and they could discuss what was going well and look at any improvements they could make. They said the field supervisors were open and approachable and they felt able to be open with them. One staff member told us, "I can talk about any problems or any training I need. We mostly talk about service users." Another staff member said, "[Supervision] keeps you up to date with clients. As older people things can change

quickly."

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. Most staff had received training in understanding how the MCA related to the people they were supporting and the registered manager told us this training was on going. One staff member told us, "It's about people's capacity to express their views and opinions and to make decisions." Staff told us that, although some people they supported were living with dementia they were still able to make day to day decisions about their care.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. A relative told us, "Yes, I have seen them asking 'do you want to have a shower' or something like that." Another relative commented, "They used to ask me and he would complain that they should be asking him. Now they do."

People's capacity to consent to their care and treatment was detailed in their care plans and these had been signed by the person or their representative to indicate they agreed with their support and care needs. Care plans also reminded staff that they must always seek the person's consent before providing any care and support.

People's dietary needs and preferences were recorded in their care plans when this was part of their agreed package of care. Care plans contained details of people's likes and dislikes and what support they needed. Staff had completed training in food hygiene and were aware of any special diets people required either as a result of a medical need or a cultural requirement. Most people told us that they did not need assistance with meals but those that did said they were happy with how the staff supported them with eating and drinking.

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific 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. Staff gave us examples of where they had called out a doctor when someone was unwell or called an ambulance in an emergency.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were treated respectfully and with warmth and kindness. People's comments included, "They are polite and committed individuals and are a pleasure to meet up with every week," "Oh yes, they are very caring" and "It's just the little things they do. The way they talk to us or show concern when she is unwell."

People confirmed they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. A relative we spoke with told us, "We all were [involved in planning care] and I must say that the agency were very quick to get the ball rolling and start the package immediately, despite it being at Christmas time." Another relative said, "We have had a meeting discussing the things we like and what kind of carer we wanted."

As far as possible, the management made sure that people had the same staff visit in order to provide a consistent approach to care. People told us they were happy with this and some people referred to the staff as 'friends'. Comments about this included, "They all know me very well," "All are regular carers" and "They maintain continuity, compassion and respect."

The service had an equality inclusion policy and staff were aware of this and understood that racism or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and religious observance. A staff member told us, "If you're able to speak in people's natural language that's good. It's effective communication."

People who used the service and their relatives told us staff were respectful of their culture and they had not been treated unfairly because of their race or religion. One person told us, "They are very respectful and are nice carers." A relative commented, "Same culture, same background, same religion and a [culturally specific] support worker, so they are aware of the requirements for my relative." Another relative told us, "They go over and beyond the call of duty at times, they are courteous and polite."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes. People confirmed that they were treated with respect and their privacy was maintained. Staff gave 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.

## Is the service responsive?

### Our findings

People who used the service and their relatives told us that the management and staff responded to any changes in their needs. One person told us, "The carers respond well to any changes, they are flexible, adaptable and understanding." A relative commented, "Staff and management adapt very well."

Care records showed and staff told us that any changes or deterioration to people's health conditions were noted by staff and reported to the registered manager. The registered manager told us that they would then contact the placing authority to reassess the person's needs and provide more time if required.

Each person had a care plan that was designed to meet their identified needs. Care plans included a record of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members. This meant that care plans reflected how people wanted to be supported in accordance with their needs and preferences.

Care records showed that people had been involved in their care planning and each person had signed the plan to confirm they agreed with the support they were being given. A relative told us, "They always discuss this with me, they are very proactive and all at the agency are flexible."

People's needs were regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. People told us they could speak to any of the staff or management. One person who used the service said, "I don't care about speaking up and will when I have to." A relative told us, "I would just ring [the registered manager] yes definitely."

Records showed complaints had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation and action taken to make sure the issue was not repeated.

## Is the service well-led?

### Our findings

People using the service, their relatives and staff were very positive about the registered manager and the way the agency was run. One staff member told us that the registered manager was, "Friendly and professional." Another staff commented, "She is very good, very relaxed and responsive. She listens and takes action."

Staff told us that the management listened and acted on suggestions they made for service improvements. They said there was good communication between the registered manager and staff and they could go to her with any problems. Relatives agreed that there was good communication at the agency. A relative said, "There is good communications between the staff and the company."

People who used the service and their relatives told us that they felt the service was well run. A relative told us, "They are really good so I guess the person at the top knows what they are doing." Another relative commented, "The dealing I have with them they seem very well run."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff and regular reviews of service provision.

People confirmed they had been asked for their views about the agency and that they could contact the registered manager to discuss any issues and that they were listened to. One person we spoke with told us, "Yes, I've sent feedback via the carers and management too."

Completed surveys indicated people were satisfied with the service. A relative told us, "Yeah there was a survey not too long ago. I don't think we put anything needed to change." Comments recorded from last year's survey included, "It is a comfort to both mum and ourselves knowing that the care provided is not just standard. It is given with genuine concern for care and well-being."

The registered manager told us that they would contact the respondent if there were any issues that needed addressing straight away. The registered manager had developed a 'continuous improvement plan' which identified the service improvements required as a result of the findings of all these quality assurance systems. These improvements included staffing training and supervisions as well as the introduction of a new IT system for call monitoring and staff deployment.