Asian People'S Disability Alliance Limited

Daycare and Development Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 Daycare and Development Centre on 11 February 2016.

Daycare and Development Centre is a small domiciliary care agency registered to provide personal care to people in their own homes. The service caters for the Asian community and at the time of inspection the service provided care to 13 people. The service provides care to children and older people with physical and learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 5 November 2013 the service met the regulations inspected.

People who used the service 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.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse. Despite receiving safeguarding training, the majority of staff we spoke with were unable to describe the process for identifying and reporting concerns and were unable able to give example of types of abuse that may occur.

People using the service experienced consistency in the care they received and had regular care staff. Relatives we spoke with confirmed this and said that they were happy about this.

Records showed and staff told us they received training and received support from the registered manager. Appropriate checks were carried out when staff were recruited.

Care plans lacked information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care. There was no 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 found a breach of regulations in respect of this.

Relatives told us that people were treated with respect and dignity. They told us that care staff were caring and helpful. 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.

Care plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. Staff were provided with clear instructions of what tasks needed to be carried out.

The service had a complaints procedure and there was a record of complaints received. Complaints we examined had all been responded to and staff knew what action to take if they received a complaint.

Relatives and staff we spoke with were satisfied with the management at the service. They said that management were approachable and supportive.

The service had a quality assurance policy and checks of the service had been carried out by management. These involved quarterly reviews with people and their relatives, staff spot checks and satisfaction questionnaires.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

There were aspects of the service that were not safe. Risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed and could result in people receiving unsafe care.

Relatives we spoke with told us that they were confident that people were safe around care staff and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse. However the majority of care staff we spoke with were unable to describe the process for identifying and reporting concerns and were unable able to give example of types of abuse that may occur.

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

Is the service effective?

Requires Improvement

There were aspects of the service that were not effective. Some arrangements in place to obtain, and act in accordance with the consent of people using the service, however records showed the service in some instances was not demonstrating that the care was being provided with the consent of people and where needed the Mental Capacity Act (MCA) was not being followed properly.

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.

Is the service caring?

Good

This service was caring. 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.

People were treated with respect and dignity.

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 staff, field care supervisor, deputy manager and the registered manager.

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.

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 11 February 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 five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with seven 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 eight members of staff including care staff, the deputy manager and the registered manager. We also spoke with one care professional who had contact with the service.

Requires Improvement

Is the service safe?

Our findings

Relatives of people who used the service told us that they were confident that people were safe around care staff and raised no concerns about the safety of people. One relative said, "[My relative] is very much safe." Another relative told us, "[My relative is safe around the care staff."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Although there were some risk assessments in place, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by staff.

We found that risk assessments were not person centred and individualised. For example; one person's care plan stated, "[Person] can lose balance. Care worker to assist at all times." And another care plan stated; "Care worker to ensure appropriate manual handling techniques are followed." However there were no further instructions to staff detailing how to assist this person with their mobility. We found that there was no risk assessment in place for the prevention of falls, the potential risks inside and outside the home and what precautions were being taken to ensure people were safe and protected from falls.

We also noted that some areas of potential risks to people had not been identified and included in the risk assessments. For example, one person displayed behaviour that challenged but there was no risk assessment in place to identify potential hazards and risks associated with this and no guidance for staff. Another person had epilepsy but we found that there was no risk assessment in place for this and no guidance.

Although support that was required from care staff was detailed in people's needs assessments and care plans, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All the risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority and the police but did not refer to the CQC. We raised this with the registered manager and she confirmed that the policy would be updated. Staff had received training in safeguarding people and training records confirmed this. Four out of the six

care staff we spoke with were unable to describe the process for identifying and reporting concerns and were unable to give example of types of abuse that may occur despite our prompting. When speaking with some care staff, we noted that the level of English spoken was limited and they struggled to understand some of the questions that were asked and had difficulty answering. In some instances, care staff needed prompting before they were able to answer the question. Care staff should have the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and relay information clearly especially in a case of emergency.

The service had a whistleblowing policy and contact numbers to report issues were available. 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.

Staff lacked knowledge and understanding of safeguarding and whistleblowing procedures. We raised this with the registered manager and she explained that they would ensure that safeguarding and whistleblowing procedures were covered during staff supervision sessions.

The above was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 staff rota on the whole remained the same as this ensured consistency for people who used the service which was an important aspect of the care provided. Relatives of people who used the service confirmed that that they usually had the same carer and raised no concerns in respect of this.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for five members of staff and found 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.

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. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. Relatives of people who used the service told us that staff observed hygienic practices when providing care.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they had confidence in care staff and the service. One relative said, "I had never trusted a carer before but I really trust them now. I 100% trust them." Another relative said, "The care is good on the whole. The service has been very good." Another relative told us, "I am very happy with the care. The care is good. Carers are nice." One care professional said that they did not have concerns about the service.

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 service had a Mental Capacity Act 2005 (MCA) policy in place. However we found care plans lacked information on people's mental health and their levels of capacity to make decisions and provide consent to their care. There was no 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 noted that all the care plans we looked at had been signed by people's next of kin. However it was not made 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. We raised this with the registered manager and she acknowledged this issue and confirmed that they would ensure care plans included information about people's capacity to make decisions.

When speaking with care workers, the majority of them were not able to explain what mental capacity was but showed an understanding of gaining people's consent when providing people with support.

The above evidence demonstrates that care was not always being provided with their consent in accordance with the Mental Capacity Act 2005 (MCA).

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

Records showed that care staff had undertaken an internal induction when they started work and completed training in areas that helped them to provide the support people needed which included moving and handling, safeguarding of vulnerable adults, health and safety, basic first aid and infection control. Records confirmed that all staff had received a full induction and staff we spoke with confirmed this. We also saw evidence that that management carried out a shadowing session with new starter staff before they started working alone. The registered manager explained that this enabled management to ensure that staff were aware of their responsibilities and tasks they needed to carry out. We asked staff if they thought the induction they received was adequate and prepared them to do their job effectively. All care staff spoke positively of the induction.

Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included dementia awareness, moving and handling, safeguarding, dementia awareness, first aid and health and safety. All staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One member of staff said, "Training has been good and helpful."

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. We noted that staff received four supervision sessions in 2015 in addition to their annual appraisal where applicable. The provider's policy stated that staff were to receive at least six supervisions per year. The registered manager confirmed that staff should be receiving at least six supervision sessions and told us that they would ensure that staff received six sessions in 2016. Supervision sessions enabled staff 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.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "I am supported. The management are excellent. I receive 100% support no matter what. Communication is good. There is good teamwork and it's like a family here." Another member of staff said, "The manager and deputy manager are very, very good. They are very, very nice. They support me." Another member of staff told us, "The manager is nice. No problems." Staff told us that 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.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that they felt the service was caring and spoke positively about care staff. One relative said, "I am very happy with the carer. She treats [my relative] like their own. The carer is caring and respectful. Whatever [my relative] needs, she does." Another relative told us, "They provide wonderful care." Another relative said, "The carer is nice and she listens. She is very helpful and kind. Care staff are respectful."

The registered manager explained to us that staff 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 Guajarati speaking and therefore they received care from Guajarati speaking staff so that they could easily communicate with them and talk about cultural topics. People and relatives we spoke with confirmed this. The registered manager also explained that they did not provide home visits less than 60 minutes and documented evidence confirmed this. She explained that it was important for care staff 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 staff to do this.

The registered manager explained that the service aimed to provide high quality care which respected people's individual needs and abilities whilst also promoting people's independence and personal dignity. We saw that the service's mission statement reflected this ethos. The registered manager told us that the focus of the service was 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, calling them by their preferred name and giving them an opportunity to choose what time they wanted a bath.

There was documented evidence that people's care was reviewed quarterly with the involvement of people and their relatives and this was confirmed by relatives we spoke with. These meetings enabled people and their relative's discus 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.

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.

Care staff were aware of the importance of ensuring people were given a choice and promoting their independence. One member of staff told us, "I always talk with people. Ask how they are. I treat people like individuals and promote their independence." Staff were also aware of the importance of respecting people's privacy and maintaining their dignity. Staff 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 member of staff said, "I always make sure people are comfortable and happy with their

care." Another member told us, "I always ask people what they would like. I talk to them politely. I always ask permission before doing anything."

Good

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 feel able to complain if I need to. Communication is good with the manager. She is helpful and listens." Another relative told us, "The manager is a nice person and always listens and helps."

We looked at five 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.

Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. Care plans included a "Who am I?" document which included details of people's health details, their likes and dislikes. The care package was then reviewed quarterly with people and their relatives and these reviews were recorded and kept in people's files. This was evidenced in the records we examined and confirmed by people we spoke with.

The service had guidance on the duty of candour and staff were aware of the need to inform people and their representatives if a mistake had been made and people who used to service had been disadvantaged because of a mistake made by the service.

Concerns were taken seriously by the service and we noted that when complaints had previously been brought to their attention they responded without delay. The service had a complaints procedure. This was included in the service user handbook. There was a record of complaints received and we looked at a sample of recent complaints received. We noted that complaints we examined had all been promptly responded to.

Good

Is the service well-led?

Our findings

Relatives told us that the service was well managed. One relative said, "The management is good. They are easy to approach. I can pick up the phone anytime." Another relative told us, "The manager is approachable and very nice. I can always reach her."

Care staff spoke positively about management at the service. One member of staff told us, "If I need anything, management are there. Staff get on well together. We work in harmony." Another member of staff said, "Management are very nice and I can always reach them." One care professional we spoke with told us that the registered manager was "accommodating and helpful".

The service had a quality assurance policy and checks of the service had been carried out by the registered manager and the deputy manager. These involved quarterly reviews with people and their relatives, staff spot checks and satisfaction questionnaires.

We saw documented evidence that management held quarterly reviews with people and their relatives to discuss whether there were any chances in people's needs as well as give them an opportunity to discuss how satisfied they were with the care provided and raise any issues if needed.

Spot checks had been carried out on staff to ensure they provided care as agreed. The registered manager explained that the service did these twice a year but confirmed that they only started documenting spot checks since October 2015. We saw evidence that spot checks were documented from October 2015 onwards. Care staff confirmed that spot checks were carried out.

The punctuality of staff had been monitored and checked by management. Care staff completed timesheets detailing what time they arrived and left people's homes and these were monitored by management. We noted that there was a low rate of late attendance and this was confirmed by relatives we spoke with who said that late attendance was not a problem. They also said that if care staff were delayed the service always contacted them in advance to let them know.

The service had a system for improving the quality of care provided. This included satisfaction surveys which were sent to relatives of people who used the service. We noted that surveys had been sent out and completed by some relatives in 2015. Comments were positive and included, "They provide good care and service."; "The carer is helpful." and "Timely care provided that is valuable in all respects." However we noted that some completed surveys were not dated and it was therefore not clear if these were completed in 2015. We raised this with the registered manager and she confirmed that in future the date would be added to the surveys so that it was evident when they were completed. We saw no evidence that the service analysed the information obtained from satisfaction surveys and raised this with the registered manager. The registered manager explained that they reviewed completed surveys and if any negative information was noted it was recorded in the complaints book and dealt with accordingly.

The service had a range of policies and procedures to ensure that staff were provided with appropriate

guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing. Staff we spoke with were knowledgeable regarding these procedures.

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.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity to consent to care and treatment had not been appropriately assessed. Care workers had limited understanding of the implementation of the Mental Capacity Act 2005 (MCA).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could risk people receiving support that was not appropriate and unsafe.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Staff lacked knowledge and understanding of safeguarding and whistleblowing procedures.