

Asian People's Disability Alliance Limited

APDA Homecare c/o

Daycare and Development Centre

Inspection report

Alric Avenue
London
NW10 8RA

Tel: 02084591030
Website: www.apada.org.uk

Date of inspection visit:
28 May 2019

Date of publication:
25 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

APDA Homecare c/o Daycare and Development Centre is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care to children and older people with physical and learning disabilities. The service caters for the Asian community and at the time of inspection the service provided personal care to 15 people.

People's experience of using this service:

People who received care from the service spoke positively about the agency. They were complimentary about care workers and raised no concerns. Relatives we spoke with said they were confident that people were safe and treated with dignity and respect when being supported by care workers. They also spoke positively about management and said they felt able to speak to them without hesitation.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place with the relevant contact details. Care workers had completed safeguarding training as part of their induction. However, we noted that some care workers required refresher safeguarding training and raised this with the director. Care workers we spoke with were aware of the importance of their role in safeguarding people and said if they had concerns about people's safety they would immediately report their concerns to management.

Risk assessments for people covered areas such as the environment, physical health and personal care. At the time of the inspection, some people's risk assessments were not available. Following, the inspection the service sent us evidence that these were in place.

The director and registered manager confirmed the service did not administer medicines to people. We therefore did not look at how the service managed medicines during this inspection.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

Feedback from relatives indicated that staff were punctual and there were no issues in relation to this. There was evidence that people received care from the same staff and there was consistency in the level of care they received.

We asked the director and registered manager for details of what training staff had completed. We were provided with a copy of the training matrix which detailed the training care workers had completed. We identified that care workers had completed an induction but there were a number of instances where care workers required refresher training. We did not see evidence that care workers had been consistently

supported to fulfil their roles and responsibilities through regular training and found a breach of regulation in respect of this.

Staff received supervision and appraisals of their skills from the management team to help them to support people effectively.

Details about people's nutrition and hydration had been documented in the care plan.

Feedback from relatives indicated that positive relationships had developed between people using the service and staff. Relatives told us that staff had a good understanding of and were aware of the importance of treating people with respect and dignity and always did this. The registered manager and care workers were aware of the importance of ensuring people were given a choice and promoting their independence.

People who used service received care that was responsive to their needs and their daily routines were reflected in their care plan. Care plans included information about people's interests and preference.

The service had procedures for receiving, handling and responding to comments and complaints. Relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They told us that the registered manager was approachable and they would not hesitate to raise concerns directly with her.

There were systems in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service through satisfaction surveys. The service also undertook checks and audits of the quality of the service, however these were not always effective at identifying shortfalls.

Rating at last inspection: Good (Report published on 27 January 2017)

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

There was one aspect of the service that was not effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

APDA Homecare c/o Daycare and Development Centre

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: The inspection team consisted of one inspector.

Service and service type:

APDA Homecare c/o Daycare and Development Centre is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care to children and older people with physical and learning disabilities. The service caters for the Asian community and at the time of inspection the service provided personal care to 15 people. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection, which took place on 28 May 2019 and was announced. 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.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with the registered manager and nominated individual, who was the director of the service. We also spoke with the development and operations manager.

People who used the service had some form of physical or learning disability and some were unable to verbally communicate with us. Following the inspection, we spoke with two people who received care from the service and three relatives. We also spoke with four care workers.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of seven people using the service, six staff employment records and quality monitoring and management records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with raised no concerns about feeling safe when being cared for by care workers. Relatives we spoke with confirmed this and told us they were confident people were treated with respect and dignity and raised no issues in respect of this. One relative said, "[My relative] is safe. Carers are like family." Another relative told us, "[My relative] is fine. Safe."
- Safeguarding and whistleblowing policies were in place. These detailed the process for reporting concerns. We noted that the safeguarding policy detailed the procedure for reporting safeguarding allegations; but did not include information about reporting allegations to the CQC. We raised this with the director and following the inspection we were sent an updated version of the policy.
- We discussed the safeguarding and whistleblowing procedures with the registered manager and director. They were both aware of their responsibility to report such allegations and concerns to the local authority safeguarding team and the CQC.
- Care workers had received safeguarding training as part of their induction and the majority of care workers received refresher safeguarding training when required. Care workers we spoke with were aware of the importance of their role in safeguarding people and said if they had concerns about people's safety they would immediately report their concerns to management. Care workers were confident that management would respond to their concerns without delay.

Assessing risk, safety monitoring and management

- We looked at risk assessments contained in seven people's care records. Three people's records contained risk assessments which included clear information about potential risks and control measures and action required to reduce these potential risks. These covered risks relating to the environment, physical health and personal care and included risks such as epilepsy and seizures. However, we found that two people's care records did not contain a risk assessment and two other people's risk assessments contained limited information about potential risks and action to take to mitigate these. We queried the inconsistencies in risk assessments with the director. She explained that the service had changed their format of risk assessments and the three detailed risk assessments we looked at were in the new format. She explained that the service was in the process of reviewing people's risk assessments so that they were all in the new format, but these were not contained in the file. Following the inspection, the service sent us the outstanding risk assessments and we noted that these were in the new format.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.
- People and relatives told us that care workers were mostly on time and there were no issues with regards

to care workers' punctuality and attendance. They told us that if care workers were delayed, the office would always contact them beforehand to notify them.

- The registered manager and director explained that as the service provided care to a small number of people at the time of the inspection, they did not have an electronic system in place for monitoring timekeeping and attendance. Instead, care workers completed time sheets and these were regularly checked by management to ensure that punctuality and attendance was monitored. The director explained that the service would move towards an electronic telephone monitoring system in the future. She said that at the time of the inspection, the current system was working effectively.
- Management also monitored punctuality and attendance through regular telephone calls to people and relatives.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults. The registered manager confirmed that they ensured all necessary checks were carried out before care workers were able to provide care to people.
- We discussed staffing levels with the director. She explained that at present there were sufficient numbers of staff to safely meet the needs of people. The service did not have a high turnover of staff and many care workers employed by the service had worked at the service for many years. This was confirmed by care workers we spoke with.
- Consistency and continuity of care was an important aspect of the care provided by the service. The director told us, "Building client's trust with care workers takes time. Trust takes time and so consistency of care workers is important. Care workers are always introduced to the client and the family before they start receiving care." The staffing rota indicated that people received care from the same members of staff and this was confirmed by people and relatives.

Using medicines safely

- The registered manager and director confirmed that the service did not administer medicines to people at the time of the inspection. As a result of this, we did not look at how the service managed medicines as part of this inspection.

Preventing and controlling infection

- The service managed the control and prevention of infection. They had policies and procedures in place which provided staff with guidance.
- Staff had completed infection control training and food hygiene as part of their induction training and followed safe infection control practices. Care workers told us they washed their hands regularly and wore personal protective equipment.
- Protective clothing, including disposable gloves, were available to staff and they confirmed this. Care workers used these when carrying out tasks that included assisting people with personal care and this was confirmed by people and relatives we spoke with.

Learning lessons when things go wrong

- The service had a system for recording accidents and incidents. We noted that no accidents or incidents had been documented and queried this with the registered manager. She confirmed that this was correct. Prior to, and during, our inspection we did not see any evidence to suggest that accidents and incidents took place that had not been recorded. There was a policy in place and template accident and incident forms that would be used to document information.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. One regulation in relation to staff training was not met.

Staff support: induction, training, skills and experience

- During the inspection, we asked the director and registered manager for details of what training staff had completed. The director explained that care workers received a combination of online and classroom-based training provided by an external organisation. We were provided with a copy of the training matrix which detailed what training care workers had completed. We identified that care workers had completed an induction when they first started working for the service. Staff had received recent training in moving and handling, health and safety and food hygiene. However, we found a number of instances where care workers required refresher training in safeguarding and first aid. For example, one member of staff last received safeguarding training in September 2015 and another member of staff had received this training in October 2016. There was no evidence that they had received any further safeguarding training since this date. Another care worker completed first aid training in September 2016 and had not received any further refresher training in this area since.
- We found that there were numerous instances where the service had failed to provide refresher training for care workers. We did not see evidence that care workers had been consistently supported to fulfil their roles and responsibilities through regular training. This is a breach of regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We raised the lack of staff training with the director and the operations and development manager. They told us that following the inspection and concerns we raised, they would ensure that all care workers would attend necessary training.
- Care workers had not completed training in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. The director informed us that care workers would complete training in line with The Care Certificate.
- Care workers completed a "knowledge and skills form" as part of their supervision sessions. These competency assessments enabled management to review care worker's knowledge in various areas of care which included safeguarding and whistleblowing procedures.
- Care workers told us they were well supported by the registered manager. They received regular supervision sessions and a yearly appraisal of their development and performance.

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

- People told us they received the care and support that they needed and wanted from care workers. When asked whether they were satisfied with the level of care, one relative said, "I am more than happy with the

care." Another relative told us, "I am happy with the care. The carer is nice. Helpful."

- The service aimed to obtain as much information as possible about a person before supporting them. The service mostly received referral information from commissioners detailing the support a person required.
- The registered manager would then visit the person in their home to assess their needs. During these assessments, people's family were involved to ensure appropriate information was acquired to develop appropriate care support plans.
- Relatives told us that people had been involved and consulted with during the assessment process. People's care needs and personal preferences had been discussed with them before they started receiving care from the agency. Information gathered during the assessment meeting was used to formulate individual plans of care for people.
- Care records included information and guidance for staff to ensure they were able to deliver the care and support people required. People's individual needs, including their daily routines, cultural, religious and preferences were included in their support plans.
- Staff completed notes for each visit on care worker log sheets. These documented the care and support provided to help the service track and review people's progress.

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

- We spoke with the registered manager and director about how the service monitored people's health and nutrition. They explained that in the majority of instances, care workers did not prepare meals from scratch but instead heated meals for people. They explained that all the people they provided care to, with the exception of one person, lived with their families and therefore families were responsible for preparing meals.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies.
- The registered manager explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact relevant stakeholders, including the GP, social services and next of kin.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were mostly dealt with by people's family. However, care workers said they would contact emergency services if a person was unwell.
- The director explained that they kept in regular contact with people, their families, and with other agencies to meet the health and care needs of people, such as community healthcare and social care professionals about people's needs.
- There was information in people's care files about people's health, behaviour and general wellbeing. The actions for staff to take were person centred and described how to provide effective support.

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.

- Care plans included information about people's levels of capacity to make decisions and provide consent

to their care. Consent forms and a service contract had been signed by people or their representatives to indicate that the care had been agreed to.

- Care workers had completed MCA training as part of their induction training. Care workers we spoke with had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.

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

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 were supported by care workers that were kind, respectful and caring towards them. One person said, "The carer is good. She is nice." Relatives told us people were treated well and with respect and dignity. One relative said, "Carers are kind and helpful and respectful."
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them. People and care workers were matched according to their individual preferences as well as language requirements. People that received care from the service were mostly Gujarati speaking and therefore where possible, the service ensured that care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics.
- The service was a registered Deaf and Disability People's Organisation (DDPO). This is an organisation that is run by deaf and disabled people. The director explained that because of this staff were able to relate and to understand people's needs.
- The service encouraged people and their relatives to be open about their personal needs in relation to religion and cultural background. For cultural reasons, people required care workers to remove their shoes when in their home and the service ensured that care workers respected this. Some people followed specific diets for religious reasons and care workers ensured that they respected this when they were in people's homes. The registered manager confirmed that care workers ensured that they respected people's wishes and acted accordingly and this was confirmed by relatives we spoke with.
- People's support plans included their preferences, likes and dislikes and staff we spoke with knew how individuals wanted to be treated.
- The director confirmed the service did not provide home visits of less than 60 minutes in duration. She explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 60 minute visits enabled care workers to do this.

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

- People's care support plans contained information about people's preferred ways of communication. People and relatives we spoke with told us that people had been consulted with about their care arrangements and had agreed care arrangements with the registered manager that were at suitable times.
- The registered manager and care workers were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The agency had policies and systems in the service that supported this practice.
- Care workers were knowledgeable about people's preferences. People's care records include a "My care

plan" section which contained key information about the person and their care. This included details about their likes and dislikes, interests, culture and language.

- The service had a service user guide in place which provided important information about the service and highlighted procedures and contact numbers.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their rights were upheld and they were not discriminated against. The director, registered manager and care workers we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence. They were aware of the importance of respecting people's privacy and maintaining their dignity.

- The service recognised people's rights to privacy and confidentiality. Care records were stored in the office and, electronically. Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Each person had a support plan in place which provided details and guidance on how they wished to be supported. Care plans included details about people's medical conditions, likes and dislikes and the level of support they required.
- Care support plans included a care needs assessment and support plan. The care needs assessment provided information about people's medical background, social history and preferences. Care support plans included information about what tasks people wanted the care workers to undertake, the time of visits and people's individual needs and how these were to be met. Care support plans were individualised and specific to each person and their needs.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. Care support plans, the service user guide and some policies were presented in an easy read and pictorial format so that they were accessible to all people.

Improving care quality in response to complaints or concerns

- The service had a system in place to handle complaints. The service had a complaints policy and procedure which provided guidance on how to raise a concern or complaint and the time timescales for responding.
- The service had not received any complaints since our last inspection. The registered manager told us they would address all complaints and concerns by following their complaints policy and would ensure that they used any lessons learnt to improve on the quality of the service.
- The registered manager explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people felt able to speak with her. This was confirmed by relatives and care workers we spoke with.

End of life care and support

- At the time of this inspection, no one using the service received end of life support.

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

Service management and leadership was not always consistent. Checks and audits of the service were not sufficiently effective in identifying deficiencies and promptly rectifying them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager knew of her responsibility under the Health and Social Care Act 2014 and the importance of notifying the CQC of any significant events at their service. The registered manager was keen to work with other professionals and sought their support where required.
- The director and registered manager were clear about their roles and had the skills, knowledge and experience to lead the service.
- There was an organisational structure in place and staff understood their individual roles and told us that they felt supported in their roles.
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions. Care workers spoke positively about management and working for the agency. One care worker told us, "They are very much supportive. They are very helpful. They check on me and make sure everything is ok." Another care worker told us, "It is good working here. The support is very good. If I have question I can talk to them openly."
- Care workers were provided with information on what was expected from them and this was detailed in their job descriptions.
- Care workers spoke positively about communication within the service. They told us they received up to date information and attended regular meetings. We saw documented evidence of this.
- The provider had an out of hours system which provided staff with additional support where required.

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 management team demonstrated a commitment to provide high quality and person-centred care that met people's needs in a timely way.
- The management team monitored and reviewed each person's progress to ensure their needs were being met.
- People and relatives told us that they were listened to. They spoke positively about the management of the service and told us that they were kept well informed about people's needs and any changes.
- People and relatives gave us positive feedback about the agency. They told us that staff were caring and understood people's needs and they were responsive to requests made by people.
- The service had a system in place to assess and monitor the quality of the service provided. Monthly and

quarterly monitoring checks were carried out in areas including care support plans, staff timesheets, staff records and staff competency. However, these checks were not always effective at identifying shortfalls and ensuring the service took appropriate action.

- During the inspection, we asked the service to provide us with various documentation relating to the management of the service. However, we noted that this information was not always well maintained, up to date and comprehensive. Some risk assessments lacked information.
- The service was also unable to demonstrate that care workers had received refresher training in various areas which safeguarding and first aid. It was therefore not evident that care workers always had the necessary skills, knowledge and experience to deliver high-quality care. The service had failed to effectively identify these shortfalls and ensure staff were suitably trained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records we looked at showed the service asked people and relatives for their feedback through service users' satisfaction surveys and regular telephone calls. We noted the feedback obtained was positive and no concerns were raised. The registered manager explained that she had regular conversations with people and their relatives about their care.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation.

Continuous learning and improving care

- We discussed with the director and registered manager the aims of the service. The director told us, "We do not aim to expand. We wish to continue to be bespoke. We aim to continue to focus on the individual's care and quality of life. Our main objective is to support people and their relatives."
- We discussed with the director and registered manager how the service monitored the quality of care provided. The service had some audits in place which covered recruitment checks, care plans, care worker punctuality and attendance. The service also monitored their care workers through regular supervision sessions and spot checks. However, we found some checks that were carried out were not effective as they failed to identify issues, for example; care workers had not received regular refresher training and the service had failed to identify this. Comprehensive audits enable the service to check that it is meeting required standards and regulations and identify any shortfalls or deficiencies.

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 18 HSCA RA Regulations 2014 Staffing There was a lack of evidence that staff were supported to fulfil their roles and responsibilities through regular training. Regulation 18(2)(a) HSCA RA Regulations 2014 Staffing.