

Accord Housing Association Limited

Ghulab Ashram

Inspection report

18 Whisley Brook Lane
Hall Green
Birmingham
West Midlands
B28 8SR

Tel: 01217786208
Website: www.accordgroup.org.uk

Date of inspection visit:
26 April 2018

Date of publication:
30 May 2018

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

The inspection was announced and took place on 26 April 2018. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Ghulab Ashram provides personal care for people, living in a purpose built scheme where there are individual flats with shared facilities, such as a dining area and lounge areas. Staff provide personal care and support to people at pre-arranged times and in emergencies. There were 14 people receiving personal care when we inspected. Since the last inspection of Ghulab Ashram the provider has changed and the service was under new ownership. As a result of this change this will be their first ratings inspection of this location.

A registered manager was in place. A 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. The registered manager was not in work at the time of our inspection, the provider had taken action to cover the role and support was being provided from the registered managers from two of the providers other services. On the day of our inspection we met with the head of care services and the senior personal assistant from Ghulab Ashram.

People said they felt safe living at scheme and received support from staff who were kind and respectful towards them. Staff understood how to protect people from abuse and received regular training around how to keep people safe.

People told us they received their medicines as prescribed and there were enough staff to support them. Staff had been recruited following appropriate checks. The provider had arrangements which made sure there were sufficient care staff to provide support to people in their own homes when they needed or wanted help or assistance.

People told us staff and the management team were approachable and if they had any concerns they would be listened to. Staff had received appropriate induction training and on-going training was in place to ensure they had the skills to meet the needs of the people they supported. People had positive relationships with staff, who knew their individual needs.

People told us that they liked the staff who supported them and were positive about the care that they received. They felt they were listened to and staff understood they could only care for and support people who consented to their care. People told us staff were caring, and they were supported to maintain their independence and to access facilities at Ghulab Ashram so they did not feel isolated.

Staff spoke warmly of the people they cared for and said they enjoyed their role and felt supported by management team to provide a good service.

People told us they were involved in the care and support they received. People told us staff were quick to respond when they were unwell and supported them to access other healthcare professionals when required.

Staff treated people with respect and maintained people's privacy and dignity when providing care. Where needed, people were supported to eat and drink enough to remain healthy. People told us staff helped them prepare meals of their choice if needed or they could attend the on-site restaurant.

Complaints information was available and people and staff were confident of the actions they would take if they had concerns and any concerns would be dealt with appropriately.

People told us they enjoyed living in the scheme and spoke positively about the management team. The provider ensured regular checks were completed to monitor the quality of the care that people received. Areas identified for improvement were acted on.

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.

People received care from staff they felt safe with and there was sufficient staff to meet and respond to their needs in a safe and timely way.

People were happy with how staff supported them with their medicines.

People were protected from harm by the prevention and control of infection.

Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained in their needs and were well supported by management.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

Staff supported people to maintain good health by accessing healthcare professionals and supporting them to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People said they liked the care staff who supported them.

People said staff provided support and care with dignity and kindness.

People were involved in planning their care and said staff respected their choices.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People understood they could complain if needed and how to make a complaint or raise concerns.

People felt staff and the management team were responsive and there were regular opportunities to feedback about the service.

Is the service well-led?

The service was well led.

People and staff were complimentary about the service and said it was well managed.

People had care provided by staff that felt supported by the management team.

People benefited from a service which was regularly monitored because the provider had systems in place to check, improve and develop the quality of the service provided.

Good ●

Ghulab Ashram

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 April 2018 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

The provider completed 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with five people who received care and support. We spoke with the head of care services, the senior personal assistant and five personal assistants during the inspection. We looked at the care records for three people to see how their care was planned. We also looked at two staff recruitment files, medication records, audit records and complaints and compliments records.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the support of staff. One person said, "I feel safe; I love it here." Another person said, "I feel safe and secure." Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager. Staff told us although they had not had reason to raise any concerns they were assured that action would be taken. Staff were also aware they could raise concerns externally with the local authority or CQC.

Staff were knowledgeable about the help and assistance each person needed to support their safety. Staff told us they ensured people were safe when they helped them with their mobility; this was confirmed by one person we spoke with who told us they always had the correct number of staff to assist them. People's risks were recorded in their care plans and staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

People told us there was enough staff available to support them and staff stayed in their flat for the required length of time. The provider used a paper system to rota the care calls, although staff told us this worked, the provider was currently not able to produce rotas to advise people what staff would be covering calls in advance. We spoke to the head of care services about this. They told us the provider had invested in a new electronic rota system that would give this information to people once it was fully implemented.

Staff told us there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us when staff were off work the staff team all supported one another and their calls were covered by other staff, including bank staff and the senior personal assistant would also cover care calls.

We looked at two staff records and saw employment checks completed by the provider ensured staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

People were supported by trained staff to take their medicines. One person commented, "Staff look after it [medicine]. It's all done OK." Another person said, "I get it [medicine] OK, three times a day." Staff told us they had received training in supporting people to take their medicines and this was monitored and checked.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had had access to cleaning products and protective equipment, for example, gloves and aprons, to reduce the risk of cross infection when providing personal care and support.

The registered manager completed records to monitor any accidents and incidents. A copy of the record was also sent to the provider's head of care services for information and to assess the actions taken by the service and any lessons learnt. There was also shared learning across the providers services with learning reports shared across all services.

Is the service effective?

Our findings

All people we spoke with told us staff knew the care they needed. One person said, "Staff are trained, [they] know what they are doing. They are good."

The provider information return (PIR) completed by the provider prior to the inspection stated, 'Staff have completed the care certificate and where new staff are employed a rigorous induction is attended and coupled with shadowing placement on site.' Staff confirmed this and said access to training was good and helped them to do their job effectively. All staff were able to give an example of how training had impacted on the care they provided. For example, five members of staff told us how they put manual handling training into practice every day in the way they supported people with their mobility. Staff we spoke with had worked at the scheme for some time but confirmed induction training for new staff was good and new staff had the opportunity to meet with people before providing care.

All staff told us they felt supported in their role, understood their responsibilities and had regular supervision and team meetings. Staff told us they felt able to access advice and guidance on people's care whenever they needed because the senior personal assistant and the registered manager were always available to them. One member of staff said, "You can always ask for support. [Senior personal assistant's name] is very good and the registered manager. They are very approachable."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 we spoke with told us they had completed MCA training and were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff listen to me. Listen to what I want." People we spoke with told us how they had agreed to their care and we saw they had signed agreement of their care plans.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The head of care services told us the process the registered manager would follow if someone needed support with their decision making.

Some people were being supported by staff to eat and drink enough to keep them well. People confirmed staff supported them to choose their meals. One person said, "Staff ask what I would like and I choose." Another person told us, staff helped them go to the on-site restaurant where they could sit and eat with friends. They commented, "Staff take me down in my wheelchair. It's very good Indian cooking. I enjoy it."

People told us how staff had supported them to contact healthcare professionals for assistance. One person said, "When I fell in my flat staff got the doctor and the paramedics. " Another person told us they had a long standing health condition and staff supported them by arranging GP appointments.

Is the service caring?

Our findings

Everyone we spoke with told us they liked living at the scheme and they were supported by caring staff. One person said, "Staff are good and very kind. I tell all my relatives, they know I'm happy and safe here." Another person commented, "I get on with all the staff. I love it here." People spoke about staff with affection and told us they had developed positive relationships with them. One person told us, "Carers are like my family. We joke and talk together." Another person commented, "Everything is good. Staff are like friends."

People told us they received care from a consistent staff group. One person said, "They've [staff] all worked here a long time. It's good it's the same." People told us although they received care from different staff over the period of a week this was 'OK' because it was a small and stable staff team they knew all the members of staff. One person told us, "Its different staff; but staff I know." Another person commented, "[It's] different staff, all OK no concerns."

People were involved in care reviews and understood their plans of care. One person told us, "They review my care and I am involved." We viewed three care plans and saw people were involved in regular reviews of their care and had signed their agreement.

During our conversations with staff, they were able to tell us about people's likes and dislikes. Staff we spoke with told us as they had worked there for a long period of time they were able to build up a good knowledge of people and their families. This was confirmed by one person who said, "Staff know me well – what I like."

Staff spoke warmly about the people they supported and provided care for. One member of staff said, "I love to come to work. It's like my own house; people are my family." Staff we spoke with were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "It's about listening to the person and know what's important to them, that way you can give reassurance and support them."

People told us staff supported them to access the activities available within the scheme. Two people told us how staff supported them to attend activities. One person said, "Sometimes I go to exercise, I enjoy it and it helps." Another person said, "I'm the first one down for music...I won't miss it." The senior personal assistant said activities such as exercises classes supported people's wellbeing whilst other activities enabled people to get together and ensured people didn't become isolated.

All of the people we spoke with told us staff were considerate and treated them with dignity and respect. One person said, "They look after me so nicely." Staff also described ways in which they treated people with respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people. People also told us staff were respectful of their home and belongings. One person commented, "They keep my flat clean and look after me. It's what I want."

Is the service responsive?

Our findings

People told us staff involved them in their care and cared for them in the way they wanted. One person said, "Staff know me, [they] know what I like." Another person told us when they had requested a change in staff this had been supported by the management team.

Staff spoken with were able to describe people's preferences and how they liked to be supported. One member of staff told us, "Because most of the staff have worked here a long time, we all know people really well." One person confirmed this and said, "Staff know what I like. I like a long shower, they give this to me." All staff we spoke with said they felt the best way to know people's preference was to talk to them.

Staff were able to tell us about the level of support people required, for example people's health needs. Five staff we spoke with told us information was shared at the start of each day so that people would continue to receive the right care. One member of staff said, "The handover gives us the information we need; [including] any changes."

Staff told us people had care plans in place that gave guidance on their support. They advised that care plans were kept up to date and reviewed as people's needs changed. Staff confirmed that records reflected people's current care needs. We looked at three people's care records which showed they had been updated when a change had been required.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints. One person told us they had, "No complaints, no way." They then went on to say would tell staff of any concerns. They commented, "I would raise up concerns straight away to get peace of mind." One person told us when they had previously had reason to complain, the situation had been resolved quickly and to their satisfaction.

Staff told us they had not had reason to raise any concerns but felt they could approach the registered manager with any concerns if they needed to. One member of staff said, "I'd definitely take action, it's our job to listen and to learn and get things right." The senior personal assistant told us as a small service they were on hand and would deal with any issues as they arose. We saw that where written complaints had been received these had been logged, investigated and responded to.

We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. We noted although all the people resident in the scheme were of Asian heritage; all the information on display was in English, including information on the provider's policies and philosophy. We asked the head of care services about this. They advised some information, for example, the complaints procedure was available in other languages on request. They advised they would contact their head office and this would be addressed following our inspection.

Is the service well-led?

Our findings

People told us they enjoyed living at the scheme with the support of staff and felt it was well managed. One person told us, "I love it here. I'm not going to move from here!" Another person commented, "The manager is good, [they are] someone I can talk to."

A registered manager was in place but was not in work at the time of our inspection. The provider had taken action to cover the role and support was being provided from the registered managers from two of the providers other services. 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.

Staff spoke positively of the management team. They told us they could go to either the senior personal assistant or registered manager for any advice or support and also any concerns or issues. One member of staff said, "It's good teamwork, all support one another. We've got a good senior and a good registered manager." The senior personal assistant said the service benefited from good team work within the staff group. They said, "It's a good staff team, they are happy and all work well together."

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. Audits completed were entered onto the providers online computer programme where a colour coded system was used to highlight any areas that needed addressing. Where actions were highlighted an action plan was put in place and monitored. The head of care services said progress on actions plan would also be discussed in the registered manager's supervision. The head of care services told us they visited the scheme to speak to people and staff directly.

Staff told us they enjoyed working at the scheme and supporting people. One member of staff said, "It's like our second home." Five members of staff we spoke with said they felt valued by the registered manager, who they said the positive results of surveys and any compliments from people and their families.

Staff said the registered manager had a clear vision on improvements for the service. For example, within the provider information return (PIR) completed prior to the inspection, the registered manager stated going forward they were looking to, "Understand better where we can fully utilise assistive technology." The head of care services told us since the PIR had been completed the provider had purchased computer tablets to support people with memory games and also contacting family and friends via skype. The introduction of the tablets had been delayed at Ghulab Ashram due to the absence of the registered manager but they told us the computer tablets had been well received at other services within the provider group.

The senior personal assistant said the service was had developed links with several community services. For example, a dementia café was held at the scheme fortnightly and was attended by people from both within and outside the scheme. Links had also been made to local transport services, to assist people to maintain their faith and attend their chosen places of worship.

The provider had shared information across their different schemes to promote learning. In addition to regular manager meetings and an annual manager's conference, the provider had a central learning log in place online for registered managers to access for help and guidance and to also promote best practice.