

Mushkil Aasaan Limited

Mushkil Aasaan

Inspection report

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10 January 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mushkil Aasaan is a domiciliary care agency providing personal care to older people in their own homes. At the time of the inspection, there were 120 people using the service who were receiving help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us that Mushkil Aasaan was well-led with an approachable management team and they were supported by care workers who demonstrated empathy and kindness.

People were supported to live in safety in the comfort of their homes and care workers encouraged them to maintain their independence. Risks to people were assessed and steps put in place to manage the risks they faced.

There were enough staff employed to support people including those who required 2 care workers to assist them. People were given their medicines on time from staff who were trained to do so. Staff followed up to date infection control guidelines when supporting people.

The service was well-led by a stable and committed team. We received positive feedback about the registered manager and the culture of the service. Governance systems effectively assessed and reviewed the quality of care provided.

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

Rating at last inspection

The last rating for this service was Good (published 27 February 2019). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We did not inspect the key questions of effective, caring and responsive. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mushkil Aasaan on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mushkil Aasaan

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people or their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection took place on 10 January 2022 and was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager, the care co-ordinator, 4 care workers, 6 people using the service and 11 relatives. We also reviewed a range of records. They included 10 people's care plans and risk records and 4 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including audits and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- People told us they felt safe in the presence of care workers who supported them. Relatives were also equally positive. Comments included, "[Relative] is 79 years old and the care worker comes twice a day. She feels safe."
- Staff had received training in safeguarding and understood their responsibilities with regards to keeping people safe and the reporting procedures for raising any concerns. A staff member said, "Safeguarding is about keeping people safe. We have to report any changes to the manager."
- The registered manager confirmed there were no safeguarding cases that were under investigation and knew how to report any concerns that were brought to their attention.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored.
- Care plans included risk assessments such as moving and handling and the risk of developing pressure sores. These included guidelines for care workers to follow to minimise the level of risk, for example transfer/hoisting guidelines and repositioning regimes for people. These were reviewed on a regular basis.
- Staff understood the risks that people faced and were aware of how to support them.
- Risk in relation to people's homes and the environment were also assessed when people first began to use the service and reviewed if there were any changes identified. This helped to ensure people's homes continued to be a safe place for them to live and staff to work in.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People and their relatives told us that their consent was sought by the care workers at each visit when supporting them with personal care or medicines administration.
- People's consent in relation to their care plans was sought and recorded when they first began to use the service. If there were concerns regarding their capacity, these were completed in their best interests with the

input of healthcare professionals and family members.

- People were given copies of their care plans which were kept at home. They told us that the provider made any changes if requested which helped to ensure that care was delivered in line with their wishes.

Staffing and recruitment

- The provider operated safe and robust staff recruitment processes.
- These included checks on staff suitability, reference checks and previous employment history, identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us that timekeeping was good and care workers attended on time, including evenings and weekends. Comments included, "Two care workers help me 4 times a day. They are quite good and they come on time", "They are quite regular. They never missed any calls or any problems. They are pretty consistent with their timings" and "The positive thing about the agency is we are getting the same carers every day."
- The registered manager and care co-ordinator told us they regularly asked for feedback about timekeeping from people and their relatives which was reflected in the feedback we received from people and their relatives.
- There was an electronic call monitoring system to monitor staff timekeeping and this was checked on an ongoing basis by office staff.

Using medicines safely

- People received their medicines safely.
- People told us that staff helped them to take their medicines when needed.
- Care plans included details about the medicines that people had been prescribed and what support they required.
- Care workers completed records when they administered medicines and these were checked by office staff on a regular basis.
- Training records showed that staff received training in medicines.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured staff was using personal protective equipment (PPE) effectively and safely. There were adequate supplies of PPE in the office.
- We were assured staff had received up to date infection prevention and control and PPE training.

Learning lessons when things go wrong

- The provider had systems in place to report and record incidents and accidents that occurred.
- Where necessary, people's care plans were updated to reflect any recent changes required following an incident. Daily notes were completed with notes regarding any changes that had been identified and these were shared with professionals such as social workers as required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was well-led and the registered manager and other staff were approachable. Comments included, "We are certainly very happy with the service. Very well-run company. The impression is excellent. The way they run the company and care for my [relative]" and "Yes very good service, no complaints at the moment."
- The registered manager told us she operated an open door policy and we observed this in practice during the inspection. Care workers were able to come into the office to speak to the office staff or pick up any equipment that was needed. Care workers told us the office based staff were always available on the end of the phone if needed.
- The provider supported people that were mainly from the South Asian community and they provided culturally appropriate care, although inclusive of people from all backgrounds.
- The Investors in People Standard is a business improvement tool designed to advance an organisation's performance through its employees. They observed that "Leadership at Mushkil Aasaan is a great strength that has enabled the key successes recently. Feedback from staff regarding management effectiveness is consistently very positive. In particular the open and transparent leadership of the office team and senior staff sets a positive tone for aspiring leaders and managers throughout the organisation. The senior team, including the Director were felt to be inspirational and motivational. People at all levels describe the positive influence they have on them in their role."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager fully understood the responsibilities under the duty of candour legislation and to be open and honest with people.
- The providers CQC inspection report and rating was visible on the providers website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The registered manager was supported by a stable and longstanding team which included a care co-ordinator, accounts and other administrative staff. There were clear lines of communication which meant the service ran smoothly.

- There were processes in place to monitor the quality of service, these included regular reviews and audits.
- Daily records were and care worker log books were brought back to the office every week and these were audited by staff.
- Care worker visit times were recorded electronically and reviewed on a daily basis for any instances of late visits.
- The provider understood their regulatory responsibilities and submitted statutory notifications to the CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to gather feedback and hear the views of people, relatives, and staff. One relative said, "They listen to my concerns and feelings. They acknowledge them and take appropriate action. I am very pleased and have a very good relationship with the management." A person said, "Yes, [The care co-ordinator] phoned a few weeks ago and asked if I'm happy with the care staff."
- People had the opportunity to formally provide feedback through regular telephone monitoring and also unannounced visits to their home.
- The registered manager held regular team meetings with staff where their views were heard.
- Staff supervision took place which allowed staff to provide feedback in an individual setting.
- There was an improvement plan in place to transition to a more robust digital care planning system with the functionality of people and their relatives to monitor the care that was delivered in real-time.

Working in partnership with others

- The provider worked in partnership with others, included social care services and commissioners.
- there was evidence of regular communication between the provider and external professionals, including when people' support needs changed.