

Astha Limited

# Astha Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

### About the service

Astha Limited is a domiciliary care agency based in Ilford, Essex. It provides personal care to people living in their own homes. At the time of our inspection, the service provided personal care to 34 people. 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 and relatives told us the service was safe. There were procedures to protect people from abuse. Risks to people's health were identified. However, risk management plans were not always completed to ensure staff understood how to reduce risks. We have made a recommendation in this area.

People's medicines were managed safely. Audits and spot checks took place to ensure staff followed correct medicine procedures. Accidents and incidents in the service were reviewed to prevent reoccurrence. Staff followed safe practices to prevent and control infections. Staff were recruited safely and their backgrounds were checked before they started working for the service.

Staff were supported with training and development. However, there were delays with the training programme which meant some staff had not received training when required. The management of staff supervisions was not always effective because there was not a handover system in place between senior staff responsible for carrying out supervisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with maintaining their health and nutrition. The service worked with health care professionals, to ensure people's health needs were met.

Staff were respectful and caring towards people. Staff understood the importance of promoting equality and diversity. People were encouraged to maintain their independence. People's care plans were personalised. Staff communicated with people appropriately, according to their communication needs.

People knew how to make complaints about the service. Complaints were investigated by the registered manager.

Staff felt supported by the management team. Quality assurance systems included audits of records and obtaining feedback from people and relatives. The registered manager was committed to making continual improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 ●

The service was not always 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Astha Limited

## 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

The inspection was carried out by one inspector and an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

The registered manager was unavailable on the day of our inspection but we were supported by the office manager.

#### Notice of inspection

Our inspection was announced. We gave the provider 48 hours' notice because we needed to be sure there would be someone available in the office to support the inspection. Inspection activity started on 20 February 2020 and ended on 16 March 2020.

#### What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the office manager, an operations manager, a recruitment manager and four care staff. We spoke with five people and six relatives by telephone to obtain their feedback about the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed seven care plans and five staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

#### After the inspection

We met with the registered manager and continued to seek further evidence and clarification from them, which we have included in the report. We requested feedback from social care professionals.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their home environment, mobility, medicines, incontinence and other health conditions.
- Risk assessments contained risk management plans but we found some of these were not completed. For example, one person was prescribed controlled drugs, had hearing problems and a history of falls but there was no information in the risk management plan about how these risks would be managed. However, for another person who had problems with their sight there was a risk management plan, which said risks to the person were low and a management plan was not required. We did not see a similar assessment made for other people to confirm the severity of risks, as the forms were left blank. This meant staff may not have full guidance on how to mitigate risks.
- We discussed this with the office manager because the service was not making full use of its risk assessment templates. The office manager told us they would discuss this with the registered manager and ensure they were completed more thoroughly.
- Staff we spoke with had knowledge of people's risks and told us risk assessments provided them with sufficient information to support people safely.

We recommend the provider follows best practice guidance on assessing and managing risks to people.

### Using medicines safely

- The provider had procedures for the safe administration of medicines. People told us staff supported them with taking their medicines in a safe way. One person said, "[Staff] does help me with taking my medicines and picks the stuff up for me from the pharmacy." A relative told us, "The [staff] prompt [family member] to take their medication and give them the box. They make sure [family member] does not drop any of the pills."
- Staff recorded medicines they administered on Medicine Administration Records (MARs). However, we noted staff did not always complete MAR records correctly according to the provider's medicine procedures but the management team had already identified this issue. The registered manager showed us they had audited medicine records and told us they would be introducing new MAR sheets to make it easier for staff to complete and reduce errors.
- Staff had received training in medicine administration and their competency was checked. They were monitored during spot checks by senior staff to ensure they were carrying out safe medicine practice.

### Systems and processes to safeguard people from the risk of abuse

- There were suitable procedures to protect people from abuse. People told us the service was safe. One person said, "I am well looked after right now. I have an hour in the morning and at night." Another person

said, "Oh yes, I feel safe." A relative told us, "Yeah [family member] likes the staff and yeah feels safe."

- Staff had received training in safeguarding adults and understood different forms of abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to the management team and other authorities, such as the police and local authority safeguarding teams.
- Records showed that safeguarding concerns were reported and investigated.

#### Staffing and recruitment

- There were enough staff working in the service. Staff told us there were no issues with the numbers of staff and they were able to cover each other if there were sickness or holiday absences.
- Most people and relatives we spoke with told us staff were punctual and stayed for the correct length of time. One person said, "[Staff] comes on time. I can't fault them. They do everything for me." If staff were running late, people and relatives were notified to reassure them they would be attending. One person told us, "Nine times out of ten they are very good. If they are really late, they will let me know but this has only happened once."
- Staff were monitored through a live online system. They were required to log in to their visits to people using their smartphones. Office staff checked staff had arrived for their calls. However, some people told us staff were often late. We saw that late or cancelled calls were monitored by the management team. Records showed the reasons for late or cancelled visits. There was a 30 minute allowance before and after the scheduled time to allow for delays staff experienced. People were informed about this allowance by the service.
- Staff we spoke with told us they had enough travel time and did not have any concerns at the present time. A staff member said, "I have enough time as I drive. I am happy with my rota as it is planned well by the office."
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Two references and proof of identity were obtained, as well as details of their employment history and eligibility to work in the UK. This meant staff were suitable to provide safe care and support to people.

#### Preventing and controlling infection

- The service had procedures to ensure the spread of infections were minimised. Staff followed these procedures and were provided with personal protective equipment (PPE), such as disposable gloves, shoe protectors and anti-bacterial hand gels.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreads of infection.

#### Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents. Staff had an understanding of how to report incidents and respond to emergencies.
- Incidents were analysed by the registered manager and trends or patterns of incidents were identified to ensure these were learned from to prevent re-occurrence.



# 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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was an induction process for new staff to receive training. Staff shadowed experienced staff to help them understand people's support needs as part of their induction. Staff received training in topics such as safeguarding adults, moving and handling, medicine administration infection control, record keeping and dementia awareness. They told us they were happy with their training and the support they received. A staff member said, "The training we had was good and helpful."
- Records showed that staff training did not always take place when scheduled because it was difficult for the management team to encourage staff to come in for their training. Some training courses had to be rearranged for later dates. A training matrix showed which staff had completed training but it was out of date and incomplete. The management team sent us an updated list of completed training after our inspection, which showed that any gaps in staff training were being covered.
- Staff received supervision from senior staff to discuss concerns and training needs but it was inconsistent. A senior member of staff that was responsible for supervisions and yearly appraisals had left their position but the management team had not received a handover from them on the current status of supervisions or how staff were performing. The office manager told us, "I don't think there was a proper handover regarding supervisions after [practice manager] left." This meant staff did not always receive the support they needed from the service and the management of this area was not effective.
- After the inspection, the registered manager told us they and another senior staff would be arranging supervisions and would also provide group supervisions for more collective discussions with staff.
- Staff gave us mixed responses about how regular their supervision meetings were but told us they were supported by the management team and could approach them with concerns if needed.
- People and relatives felt staff delivered a good level of care and knew about their support needs. They told us staff were well trained. One person said, "The staff have the skills to do their job and look after me." Another person said, "When a new type of sling was delivered for me, the staff came to be trained how to use it."

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

- An assessment of people's needs was carried out prior to them using the service to determine if the service was able to support them. Assessments of the person's health conditions, home environment and mobility needs were undertaken.
- The assessment also took into account any specific preferences the person had, such as their cultural and religious beliefs. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

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. 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Records showed if people had capacity to make decisions and consent to their care. Capacity assessments were completed where needed. People that lacked capacity were supported to make decisions in their best interests by family members, who were legally authorised to do so, for example with a Lasting Power of Attorney (LPA).
- Staff had received training on the MCA and understood its principles. They told us they sought consent from people before providing personal care to them. A staff member said, "I always tell person what I am doing and get permission from them."

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

- People were supported to eat and drink to maintain their health. One person said, "[Staff] cooks what I want and even brings me food they have cooked for themselves sometimes." A relative told us, "[Staff] will cook food that I ask them to and will do it in a culturally sensitive way."
- People's food and drink preferences, was recorded in care plans and they were supported to maintain a balanced diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were monitored. The service worked with other agencies to provide effective and timely care to people to ensure they were in the best of health.
- People's care plans included contact details of health professionals such as GPs). Staff told us they could contact them if they had concerns about a person's health. A relative said, "Staff will tell me if they see something is wrong with my [family member], like a mark on their skin."

# 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.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were respectful, kind and caring. Relatives felt staff supported their family members well. One person said, "Oh yes, [staff] cares a lot. If I ask them a question, they will answer it." Another person told us, "Most definitely caring. They are so nice." A relative said, "They talk to [family member] and laugh together."
- The provider ensured people's characteristics such as age, race, disability, gender and sexual orientation, were protected from discrimination.
- Staff understood that all people had equal rights to good care. One member of staff told us, "A person's religion, culture or sexuality is not my concern. We are all human and our job is to look after people."

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

- People could express their views and were supported by relatives to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered. A relative told us, "Yes, [family member] speaks for themselves with staff."
- People and their relatives were consulted and agreed the contents of care plans. One relative said, "Yes the service did a review when [family member] went into hospital as they had a fall and needed more care when [family member] came home."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. One member of staff told us, "I close the door and curtains and make sure the person is comfortable in a private room."
- Staff encouraged people to maintain their independence as much as possible. Their level of independence was detailed in their care plans, such as their ability to walk or move themselves without the use of walking aids. A relative said, "[Staff] does encourage [family member] to be independent."
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### Improving care quality in response to complaints or concerns

At our last inspection we made a recommendation for the provider to reviews its processes to ensure all complaints were responded to within the correct timescales. At this inspection, we found improvements had been made and complaints were responded to and investigated according to the provider's complaints procedures.

- There was a complaints procedure for people or their relatives to use if they were not happy with the service.
- Complaints that were received were investigated by the registered manager or office manager. They sent a response with an outcome to the complainant within the timescales set out in their complaints policy.
- People and relatives told us they knew how to make a complaint and that if they had concerns, the office staff and managers would listen to them and attempt to resolve their complaint. One relative said, "Never had to complain. Whenever I phone the office, they are helpful."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans recorded their needs, abilities and preferences for their care. They were person-centred and contained details about their interests, personalities and histories. One relative told us, "Yes they [staff and family member] are well matched."
- Care plans were reviewed regularly or as and when people's needs changed. One relative told us, "Yes they did a review when [family member] went into hospital as they had a fall and needed more care when [family member] came out." This ensured people's needs continued to be met.
- Staff completed daily notes about each person to share important information that required attention or following up. These were logged electronically for all staff and office staff to see.

### Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information from the service in a suitable format. Their communication needs were

documented in their care plan and provided information to staff on how to communicate with them effectively, should the person have difficulty speaking or hearing.

- Some staff were matched with people if they spoke the same language, for example if the person's first language was not English. We found some staff spoke a range of languages such as Gujarati, Urdu and Hindi which a number of people who used the service also spoke. This helped staff and people communicate with each other and avoid misunderstandings. A relative said, "Yes, [family member] and staff are well matched."

#### End of life care and support

- The service supported people receiving end of life care and systems were in place for people's end of life wishes to be recorded and acted upon.
- The management team told us they worked with specialist end of life care professionals to ensure people's end of life needs were met.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The service was managed by the registered manager, who was also the provider. They were supported by the office manager, who managed the day to day running of the service and other senior staff.
- The management team carried out spot checks of staff performance and work practices to ensure they provided safe care. These included checks on their punctuality, wearing of their identity badge and medicine recording.
- Quality assurance systems involved audits of medicine records and daily notes and call logs. The registered manager had identified errors with medicine records and action was taken to improve staff performance in this area. We saw improvements had been made in more recent medicine records we looked at. This showed that the provider's audit systems were effective.
- The registered manager also acknowledged there had been issues with training and supervision and a plan was in place to improve this. However, audits had not identified the issues we found with risk assessments. The management team told us these would be reviewed.
- Staff told us they were clear about their roles and responsibilities to ensure people received good quality care and support.

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

- People were supported to obtain positive outcomes for their care. For example, they were supported to maintain their health and independence. People were complimentary of the service. One relative said, "When my [other family member] got married the [staff] were so kind in helping to get my [family member] ready for the wedding. The whole team works well and gels together."
- People and relatives were satisfied with the management of the service. One person said, "[Registered manager] comes around sometimes with the care staff." Another person told us, "Yes, they are very good at answering the phone. They accommodate what I want." Some people we spoke with were not happy with the service and we discussed their concerns with the management team. They told us they were aware of some of their issues and would continue to follow them up with the relevant care staff to ensure improvements were made.
- Staff told us there was a positive culture and told us they enjoyed working for the provider. A staff member said, "The managers are very good and very supportive. I love working for them, they are like family." Another staff member told us, "I am well supported and very happy with everything."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest with people who used the service.
- Records showed the management team took action to address concerns with staff performance. For example, reminding staff of their responsibilities to remain professional, wear their uniform and arrive on time.
- An action plan was devised to identify areas that needed further work. These included reviewing records, staff files, spot checks and preparing for inspections. This meant there was a culture of continuous learning and improvement in the service.
- The registered manager notified the CQC of serious incidents that occurred in the service as is their legal responsibility to do so.

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

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. We saw that feedback was positive. People told us they were contacted by the registered manager or other senior staff. One person told us, "Yes, they come and check to see how I am."
- Staff felt engaged with the management team and were encouraged to provide a good service to people. A staff member said, "We are well supported and everyone in the office is very nice."
- The registered manager invited available staff to meetings to discuss issues and share important information. Items discussed included health and safety, call logging, training and team working.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.
- The provider worked with local colleges who placed student social workers to work in the service to gain experience. Records showed spot checks were also carried out by the student social workers.