

Asian People's Disability Alliance Limited

APDA Homecare c/o

Daycare and Development
Centre

Inspection report

Alric Avenue
London
NW10 8RA

Date of inspection visit:
17 December 2020

Tel: 02084591030
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	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 seven people.

People's experience of using this service:

Risk assessments for people covered areas such as the environment, physical health and personal care. These contained guidance for minimising potential risks such as risks associated with the COVID-19 pandemic. However, we noted that some risk assessments were not available on the day of the inspection.

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.

The service followed safe recruitment practices and records contained the required documentation. The staffing levels were adequate to ensure that people's needs were met.

The 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.

Feedback 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.

Infection prevention and control measures were in place to keep people safe and prevent the spread of COVID-19 and other infections. Staff had received appropriate training. They had access to sufficient stocks of personal protective equipment (PPE).

Our previous inspection identified that there were a number of instances where care workers required refresher training and we found a breach of regulation in respect of this. During this inspection we found that the service had made improvements in respect of this and staff had completed relevant training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service supported people to meet their individual dietary needs. People followed religious diets and care workers were fully aware of people's individual dietary requirements. Care support plans included information about people's dietary needs and requirements, likes and dislikes.

We noted that there were instances where documentation was not available and well-maintained. We have made a recommendation in respect of this.

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.

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 requires improvement (published 25 June 2019) and there was one breach of regulation in respect of staff training. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected:

We undertook this focused inspection in order to check what improvements had been made since our last inspection. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for APDA Homecare c/o Daycare and Development Centre on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

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. 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 visit was carried out by 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. At the time of inspection the service provided personal care to seven 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

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.

Inspection activity started on 17 December 2020 and ended on 5 January 2021. We visited the office location on 17 December 2020.

What we did before the inspection

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.

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.

We reviewed the last inspection report and information we had received about improvements made.

During the inspection

We spoke with the registered manager and nominated individual, who was the director of the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We also spoke with one person who received care from the service and three relatives. We also spoke with three care workers.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with the environment, personal care and moving and handling. We also noted that the service had implemented COVID-19 risk assessments for people and this included risks associated with social distancing, PPE and symptoms.
- We noted that two people were diabetic. However, on the day of the inspection we found no risk assessments in place to identify this potential hazard and detail the risks associated with this. Following the inspection, the provider sent us these risk assessments.
- 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.
- Feedback we received indicated that care workers were mostly on time and there were no issues with regards to care workers' punctuality and attendance. The service did not have an electronic system in place for monitoring timekeeping and attendance as they provided care to a small number of people. Instead, care workers completed time sheets and the director told us these were regularly checked by management to ensure that punctuality and attendance was monitored. Management also monitored punctuality and attendance through regular telephone calls to people and relatives.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt safe when being cared for by care workers. Relatives we spoke with confirmed this. They told us they felt reassured and at ease knowing that their family member was safe and appropriately supported. One relative said, "I am sure [my relative] is safe when the carers are at home." Another relative told us, "I have no concerns about safety when carers are in [my relative's] home."
- Safeguarding and whistleblowing policies detailed the process for reporting concerns.
- 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 completed safeguarding training. 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.

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 provider contacted people and their relatives at the beginning of the COVID-19 pandemic, and provided information about the action they would be taking, which included the use of Personal Protective Equipment (PPE), including gloves, aprons and masks.
- There were suitable arrangements for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control. They had access to sufficient stocks of PPE such as gloves, aprons and masks.
- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance.
- Care workers told us they washed their hands regularly and wore personal protective equipment and this was confirmed by feedback obtained.

Staffing and recruitment

- Staff records showed 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 director told us they were safely able to meet people's needs with the current number of care workers they had. The service did not have a high turnover of staff and many care workers employed by the service had worked there for many years.
- People received care from the same members of staff and this was confirmed from feedback received. One relative said, "We have had the same carer coming for many years. We like this." Another relative told us, "My [relative] gets care from the same group of care staff. Mainly the same one. We have no issues with this." The director told us that consistency and continuity of care was an important aspect of the care provided by the service.

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 director. 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.
- Staff had an understanding of the action they should take in an emergency, or when a person was feeling unwell.

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 our last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This means that people's outcomes were consistently good, and people's feedback confirmed this. the service responsive.

Staff support: induction, training, skills and experience

- Our previous inspection identified that there were numerous instances where the service had failed to provide refresher training for care workers. We therefore did not see evidence that care workers had been consistently supported to fulfil their roles and responsibilities through regular training and we found a breach of regulation in respect of this. During this inspection, we saw evidence that staff had 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. We also noted that staff had completed further training with an external training agency.
- The director explained that since the last inspection, they had updated and reviewed their training matrix so that they were able to monitor training completed and ensure care workers completed refresher training.
- We saw evidence that staff had received regular supervision sessions throughout the year. This was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual development and performance.
- Care workers we spoke with told us they were well supported by the registered manager. One member of staff said, "I am well supported. I can contact the office. No problem. If I am not sure about something, they are always there." Another member of staff said, "[The registered manager] is very nice. She is very supportive."

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 person said, "I am very happy with the care. Care staff are very helpful. They ask what kind of carer I would like." One relative told us, "I am happy with the care. Our situation is [my relative] wants someone who speaks Gujarati and [the agency] fits the bill. [Care workers] are able to understand [my relative's] culture. They spend time talking and interacting."
- One person and relatives told us they had been involved and consulted with during the assessment process. They told us that the service focused on their individual needs and preferences. 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. However, we noted that the level of detail recorded was limited. We raised this with the registered manager and director. They advised that they would

review this and ensure that the log sheets included the appropriate level of detail.

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 some information about people's levels of capacity to make decisions and provide consent to their care. However, we noted that these lacked specific detail about people's individual ability to make specific decisions. We raised this with the director and she confirmed that the service would review and amend these.
- 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. Care workers 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.

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

- The service supported people to meet their individual dietary needs. The registered manager and director explained that care workers supported people to prepare their meals from scratch. People followed religious diets and care workers were fully aware of people's individual dietary requirements. The director explained, "Some people have requested Gujarati meals and therefore the care staff allocated to them are able to prepare authentic Gujarati meals." The registered manager told us, "Food is an important aspect of the Asian culture and we want to ensure people enjoy their food." Both the registered manager and director were fully aware of various Asian diets.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes.
- 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.
- Feedback about the support provided with meal preparation was positive. One person said, "[Care workers] make food I like."

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 we spoke with 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.

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 our last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Service management and leadership was not always consistent.

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

- Our previous inspection found that a number of staff had not completed refresher training and therefore it was not evident that care workers had the necessary skills and knowledge to deliver high-quality care. During this inspection, we found that the service had addressed this shortfall and staff had completed appropriate training and the service monitored this.
- During this inspection, we found that documentation relating to the running of the service was not always well maintained, comprehensive and easily available. For example, on the day of the inspection, some risk assessments were not available for review. Further, we noted that care worker log sheets lacked detail about the care staff had supported people with. Instead, staff completed a generic tick box document to record information. It was therefore not clear how people's daily needs were being monitored. We also noted that care plans lacked detail about people's capacity to make decisions.
- 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 supervisions. However, we noted that these were not always formally documented and therefore there was a lack of evidence that these took place consistently.

We recommend the provider seeks advice from a reputable source on effective recording, access and management of documentation in relation to the service.

- One person we spoke with and relatives spoke positively about the management of the service and told us that they were kept well informed about people's needs and any changes. They told us that staff were caring and understood people's needs and they were responsive to requests made by people. One relative said, "I feel able to speak to the office with no hesitation. [The registered manager] has always taken care of it. They have always addressed issues."

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 and director were aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong.
- 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.
- Care workers spoke positively about communication within the service. They told us they received up to date information and this had consistently occurred during the COVID-19 pandemic. One care worker said, "Communication is very, very good. I get all the information I need."

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

- The provider asked people and relatives for their feedback through service users' satisfaction surveys and regular telephone calls. We viewed a sample of the satisfaction surveys completed throughout the year and noted that feedback obtained was positive and no concerns were raised. The registered manager explained that she had regular conversations with people and their relatives about the care they received. However, we found that these conversations were not always documented.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. During the pandemic, these meetings were held virtually. Staff said they were able to have open discussions and share their opinions and feedback without hesitation.
- We discussed with the director and registered manager the aims of the service. The director told us, "Quality over quantity. That is our driving factor. We do not want to compromise that. We are mindful of this. The next 12 month plan is to ensure people are safe."