Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Dominion Centre

112 The Green, Southall, Middlesex, UB2 4BQ

Date of Inspection: 04 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Asian Health Agency
Registered Manager	Mr. Mohammad Jawaid Khurshid
Overview of the service	The Dominion Centre (The Asian Health Agency) provides a range of services to people in their own home including personal care.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 September 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection there were two people receiving support with personal care from the service. We were unable to speak with people using the service as they had complex needs which prevented them from sharing their experiences with us. However, we were able to speak to a relative, two care staff and the manager of the service and we looked at records to gain information about people's experiences.

People and/or their representatives were asked for their consent prior to care being provided and staff were able to demonstrate how they involved people in decision making. We found that people's needs were assessed prior to care provision and a care plan developed outlining the action staff should take to meet these. However, care plans did not always contain personal information important to the individual in relation to their likes, dislikes and preferences.

The relative we spoke with told us that staff provided "consistent care and attention" and said, "they (staff) are flexible and we have a relationship with them."

Staff checks were undertaken before they commenced working for the agency to ensure they were suitable to work with vulnerable adults.

Staff received appropriate support and training to equip them with the skills and knowledge to meet people's needs effectively.

The manager of the service monitored the quality of care provided to ensure that people's needs were met and changes made where areas for development were identified.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes. We looked at four people's care records. We found that people's views had been recorded and where they were able the person using the service or a representative had signed their consent to the agreed care and the times this was to be provided.

We spoke with two care staff. They told us that they always asked people what they wanted to eat or what they wanted to wear to ensure they were involved in decision making. They were able to demonstrate that they offered people choices and respected their wishes.

The provider may find it useful to note that staff had not received training around the topic of mental capacity. This meant they were not equipped with the skills and knowledge to ensure they fully understood their responsibilities in relation to supporting people to make their own decisions wherever possible.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at the care records for four people. We saw that an assessment had been completed prior to people receiving a service and the manager had requested a copy of the local authority support plan where this was relevant. All of the records contained a care plan detailing the person's care needs. However, the provider may find it useful to note that these did not include sufficient detail about people's individual likes, dislikes and preferences. Therefore the care plans did not fully inform staff about how to meet people's needs in a person centred way. We saw that care plans had been reviewed at regular intervals or as people's needs changed and we saw that a full assessment was taking place on an annual basis to identify any changes in the support people required.

The staff we spoke with told us that they reported any changes in a person's condition to the manager immediately to ensure the person received appropriate support and medical intervention where required. The relative we spoke with told us that staff provided "consistent care and attention" and said, "they (staff) are flexible and we have a relationship with them."

Care and support was generally planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that identified risks had been assessed and considered as part of people's care planning. However, the provider may find it useful to note that care plans did not always contain full information about the action staff should take to minimise the identified risks. Therefore staff may not have always been equipped with the information required to ensure people were kept safe.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our last inspection on 11 December 2012, we found that none of the staff recruitment files viewed contained a full employment history and it was evident that this had not been followed up. We also found that references had not been sought for all staff and one member of staff did not have a current criminal record check in place. The provider sent us an action plan informing us that all files would be updated to ensure they contained the required information.

At this inspection we found that appropriate checks had been undertaken before staff commenced work for the service. We looked at the recruitment records for three care workers. We saw that all of the required recruitment checks had taken place. For example, each person had two references, criminal record checks had been completed and photographic identification had been provided to the service along with evidence of each person's right to work in the UK. The provider may find it useful to note that there were some gaps identified in the employment histories for two members of staff and no evidence to demonstrate that this had been fully explored to ensure that the staff members were suitable to work with vulnerable adults.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We looked at staff training records. All staff had completed mandatory training in areas such as moving and handling, food hygiene, safeguarding adults and dementia care as part of their induction to the service and this was repeated at regular intervals to ensure staff knowledge was kept up to date. However, the provider may find it useful to note that staff had not received training about infection control and therefore were not equipped with the knowledge and skills to ensure they took reasonable steps to prevent the risk of the spread of infection.

We saw in the staff records that regular supervision meetings were taking place between the manager of the service and care staff. The records showed that staff were given the opportunity to discuss the needs of the people they provided care for in these meetings. We also saw that regular staff team meetings were taking place. The provider may find it useful to note that staff were not receiving annual appraisals of their performance. Therefore there was no process in place to identify staff strengths and areas for development on an on-going basis to ensure they were meeting people's needs effectively.

The service had an induction programme for new staff. Staff were given a handbook with information about key policies and procedures relating to their role and the importance of reporting concerns. The manager told us that he introduced new care staff to the people they would be providing care for that staff had the opportunity to 'shadow' experienced carers before working independently.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and support and they were acted on. The manager told us that he regularly telephoned people to ask them for their views about the care provided by the service and we observed this taking place during our inspection. The relative we spoke with also confirmed that they were asked for their views about the care their family member received. The manager told us that he also visited people in their homes to ask them or their representatives about their experiences, however there were no records to confirm this. We saw that the manager responded promptly to any complaints and monitored the outcome of these to ensure they were satisfactorily resolved.

The provider may find it useful to note that there were no formal, documented quality monitoring systems in place. Therefore, the service would be unable to clearly identify any patterns arising in areas of concern such as incidents, accidents and complaints or accurately identify areas for development over a period of time.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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