

Ashram Housing Association Limited

Kalyan Ashram

Inspection report

231 Walford Road
Birmingham
West Midlands
B11 1QJ

Tel: 01212561406
Website: www.ashramha.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 04 January 2017 and was announced. This was the first inspection of this service since it was re-registered

Kalyan Ashram is an extra sheltered housing scheme where people can receive support to live in their own flat. At the time of our inspection there were nine people that received support.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the care and support they received and had built up good relationships with the staff that supported them and the registered manager.

People were protected from harm and abuse because staff were knowledgeable about how to keep people safe and the actions they should take if they had any concerns about people's safety.

People were supported by adequate numbers of safely recruited staff that ensured that people consented to the care they received so that their human rights were maintained.

People received care and support from staff that had the skills and knowledge they needed and that understood their cultural backgrounds.

People were supported to receive their medicines safely and to receive support with food and drink to maintain good health.

People were treated with care and respect by staff that understood their cultures and their need to remain as independent as possible.

People were able to raise their concerns and provide feedback about the quality of the service they received. The service was well managed by a registered manager that kept people involved in monitoring the quality of the service and ensuring improvements were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

People received support to take their medicines as prescribed.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met.

Is the service effective?

Good ●

The service was effective.

People received the care and support they needed because staff recognised them as individuals and they were provided with ongoing and training, support and supervision to provide good care.

People were supported to make decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and families generally supported people with their health appointments.

Is the service caring?

Good ●

The service was caring.

People were supported in a caring and respectful manner ensuring that people's choices, dignity and privacy were respected.

People's cultural and linguistic needs were met by staff that were from similar backgrounds.

People were supported to remain as independent as possible.

Is the service responsive?

The service was responsive.

People received a responsive, personalised service that was planned with them and kept under regular review.

People were able to raise concerns and felt reassured that their views would be listened to.

Good ●

Is the service well-led?

The service was well-led.

The registered manager provided leadership so that people received a good quality service. Staff were motivated and proud to work in the scheme and were involved in improving the service.

Quality assurance systems ensured that the service delivered support that met people's needs.

Good ●

Kalyan Ashram

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 January 2017 and was announced. The inspection was carried out by one inspector.

The provider was given 24 hours' notice because the location provides a domiciliary care service. The registered manager was also registered for another sheltered housing complex service and we needed to be sure that the registered manager would be available.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. This is information that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used this information to plan our inspection and ensure that any areas of concern were looked at. We also looked at information shared with us about services by the local authority who commission care on behalf of people.

We visited six people in their flats and spoke with an individual that had had some professional involved in the service. We visited the office and spoke with the registered manager and two staff.

We looked at a variety of documents which included two people's care plans to check that people received the care as planned. We also looked at two staff recruitment files to check that recruitment checks were carried out and training and support provided to staff. We also looked at other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

People told us they felt safe living in their flats and with the staff that supported them. All the people spoken with told us that they felt safe and happy with the support provided. One person told us, "I feel safe here." This person went on to tell us the reasons why they were unsafe in their previous accommodation and being at Kalyan Ashram gave them and their family members reassurance that the person was safe.

Staff spoken with told us, and records showed they had received training on how to recognise the signs of abuse and the actions to take if they suspected abuse was taking place. Staff spoken with were able to tell us about the things that would make them concerned. This included people telling them about incidents, bruising and changes in people's behaviours. We saw that the registered manager had referred any concerns to the appropriate authorities and we had been notified of these incidents as is legally required. The Provider Information Return (PIR) told us that and we saw evidence that a safeguarding scrutiny panel looked at issues that occurred across the organisation and ensured that any learning was passed onto individual services through regular reports. Staff confirmed that learning was discussed at meetings with the registered manager.

People told us staff knew how to keep them safe and that risk assessments and care plans were available in their home. One person told us that following an injury that limited their mobility staff supported them when they went for a walk so that they built up their confidence and minimised the risks of falling. Risk assessments and management plans were in place to ensure that people's needs were safely met. We saw that people's records included risk assessments that covered the environment and issues associated with people's needs. For example, moving and handling risks or nutritional risks. Staff were knowledgeable about the risks to people and were able to describe the actions that had been taken to keep people safe, for example, raising concerns with family members who actioned the removal of some items of furniture after discussing this with their relative.

We saw that people had the equipment they needed to live their lives safely. For example, one person was able to tell us why they had limited equipment in their kitchen and said that this was for their safety. We saw that people had equipment such as grab rails, raised seating and walking frames where needed. We saw that people had an emergency call system in their accommodation so that they were able to summon support if needed. People told us that staff responded quickly to the call system. However, we noted that although this was accessible when they were in bed it was not always accessible when they were sitting in their lounge areas. The registered manager told us that they were in discussions with the provider of the accommodation to provide neck pendants for people so that they [people] were able to access support at all times. Staff spoken with were able to tell us what actions they would take in the event of an emergency, such as someone falling, so that people were able to receive support and medical attention as needed.

All the people spoken with told us that they received support with their medicines and they received their medicines as prescribed. During our inspection we saw that one person had received the wrong medicines from the pharmacist and staff provided support to rectify this error in a timely manner. This ensured that the person received the correct medicines. Staff told us and records confirmed that they had received training to

safely administer medicines. MARs we looked at were fully completed with the details of the medicine names, doses and times of administration. We saw that there were no gaps on the MARs showing that staff were signing that they had supported people to take their medicines as prescribed. The PIR told us and the registered manager confirmed that there had not been any medication errors identified.

People told us that they received the support they needed and felt that staff were available to support them. People told us that they knew there were enough staff available although some people told us that there was no one available at night. However, staff spoken with and the registered manager told us that there was a member of staff available during the night to deal with emergencies. Staff told us that they felt there were enough staff available to meet people's needs. The PIR told us and the registered manager confirmed that there was a four weekly staff rota.

This meant that there was sufficient time to allocate permanent staff to shifts and enabled bank staff to commit to shifts not allocated to permanent staff. We were told that no agency staff were used as this system worked well and people received support from staff that knew them and that knew their needs. Staff told us and records confirmed that the appropriate recruitment checks were undertaken before staff were employed. These included a check on previous work experiences and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care.

Is the service effective?

Our findings

People told us they were happy with the care and support they received. One person told us, "I get the help [I need]." Another person told us they were happy with the support they received. A third person told us, "I get help with medicines, laundry and food. I'm quite happy."

People told us they received the number of calls at the time they had agreed so that they received the support they needed, when they needed it. One person told us that they received four calls a day to support them with medicines and personal care. They said, "It's a bit rushed (in the mornings) but it's okay." People were happy with the staff that supported them. Staff spoken with knew the people they supported and any risks associated with their care. Care records showed that people received varying amounts of support and prompting based on their individual needs.

People told us they needed minimal support and that they received the support they needed and wanted. Staff told us that they felt supported in their roles because they had rotas so they knew who they needed to support and received regular training in a variety of topics including infection control and first aid. The Provider Information Return (PIR) told us that all staff had completed vocational qualifications in care and the registered manager told us that new staff were completing the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training of care workers. This means that all staff should have the skills and knowledge needed to support people appropriately.

Staff told us and records showed that they were observed regularly whilst they carried out their roles. This was so that staff practices were monitored to ensure support was provided as planned. Staff told us they received supervision on a regular basis where they were able to discuss any concerns and training needs. Records looked at confirmed staff received regular supervision. The PIR told us that verification sheets were completed during supervisions. This meant that staff were assessed that their knowledge was up to date in against different topics. Staff spoken with and records looked at confirmed that this took place. Staff told us that the registered manager and senior care staff were available for support when needed.

We saw that people received care and support according to their assessed needs and families were also involved in ensuring people's needs were met. Most people spoken with told us that they were able to do their own personal care tasks but needed support with medicines, food and cleaning. We saw that some people needed more support with their daily living due to their physical or mental health needs. People told us that they were asked about what help they wanted and they and their families had been involved in planning their care. People told us that they were happy that their families were very involved in ensuring their needs were met. As a result of this people continued to have regular contact with their family members and continued to feel an important part of the family unit, where appropriate.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff

spoken with told us that they had had training in the Mental Capacity Act 2005 and they always asked people about the support they wanted. Staff told us that they always encouraged people to make choices and be involved in their care. People spoken with confirmed this.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority that they believe a person may be being deprived. This enabled an application to be submitted to the court of protection by the local authority for the authority to deprive a person of their liberty within the community in order to keep them safe. We saw that people were able to move around the service and sit in communal areas to chat with other people, some people went to day centres and some people went out with their family members. The registered manager had an understanding of these requirements and told us that everyone was able to make their own decisions and no one's liberty was being restricted.

People told us they were supported to have meals either in their own accommodation or in the dining room in the complex. People were able to choose to eat their own meals or purchase a meal from the communal kitchen if they wanted. Most people told us that they had their breakfast in their own accommodation. One person told us that they prepared their own breakfast whilst others told us that staff prepared them a breakfast of their choice. Food and drink was prepared to meet people's individual cultural needs. One person told us, "The staff bring me my lunch (that they purchased from the kitchen) if I don't want to go out." Another person told us that their family members brought them their meals from home. People told us that staff made them hot drinks and left cold drinks for them to help themselves if they were unable to get them for themselves. We saw that this was the case for one person who had drinks and snacks left accessible for the person to access between their calls. We saw that nutritional risk assessments were in place where needed and staff spoken with were knowledgeable about people's individual dietary needs in respect of their cultural and health requirements. For example, staff knew who only ate vegetarian meals or halal foods.

People told us that staff would support them to see medical professionals if needed. One person told us, "They [staff] helped me to get an ambulance when I had a fall." During our inspection we saw that one person was having their eyes checked. People told us that staff or their family members would ensure that they saw the doctor if they were not feeling well. Families generally supported people with hospital appointments and general GP appointments.

Is the service caring?

Our findings

At the time of our inspection Kalyan Ashram provided a service to people from an Asian background of a variety of cultural and religious backgrounds. The staff team reflected people's background so that they understood people's religious and linguistic needs and were able to meet them. During our inspection we saw and heard staff speaking with people in their own community languages with kindness and respect. For example, people were referred to as "Aunty" or "Uncle" as is the norm in the Asian community or by their surname where appropriate. People were happy that they had staff that they could converse with and that understood their needs.

We saw that people were supported to maintain contact with their family members and the registered manager worked closely with family members to ensure that people were happy.

People told us that staff spoke kindly and respectfully with them. One person told us, "They respect me, speak nicely and call me auntie(which they liked)." We saw that staff knocked on people's front doors and entered when asked to. One person told us, "They usually knock and wait to come in." Staff were able to tell us how they promoted people's privacy and dignity when providing personal care. This included ensuring doors and curtains were closed and covering people when personal care was provided. People told us that staff were supportive and helpful. We saw that when staff had time and were not providing personal care to people they encouraged people to go to communal areas so that they could interact with other people and reduce isolation and loneliness. People were very positive about the registered manager and told us he visited them to ask how they were and felt cared about. We saw that people sat in the entrance area to the complex and chatted with each other and staff, including the registered manager enabling them to have everyday conversations and know what was happening in the world.

We saw that people were supported to take care of their appearance and staff respected their cultural and religious needs. For example, one person told us, "They help me keep my flat clean but I also clean and tidy some areas such as my sofa." We saw that people were supported to dress in the way they liked and that reflected their personality and individual preferences.

Each person that received support had a plan in place that provided staff with background information about people's life history and likes and dislikes. This meant staff had the knowledge they needed to have everyday conversations with people based on an understanding of things that were important to them. Records looked at showed that they were detailed and based on the personal outcomes for people. People told us that they had been involved in deciding how they received support and from whom. For example, people told us staff and family member were involved in meeting their needs.

People told us that they were supported to do things for themselves where possible. For example, people were prompted to bath or shower, to eat and drink and to take their medicines. Equipment was available to support people to remain independent. For example, raised chairs to help people get up and sit down without the need for support from staff. Walking frames and walking sticks available to support walking independently and encouraging people to attend communal exercise classes to improve mobility.

Is the service responsive?

Our findings

People told us that they and their families had been involved in planning their care and the staff had got to know their individual needs. We saw that people received a service that met their level of need. For example, some people only received a prompt and supervision with medicines whilst others received several calls throughout the day to support them with all aspects of their lives.

People told us that their needs were met in the way they wanted. Staff told us and people confirmed that there were regular reviews of their needs so that any changes in need could be addressed. We saw that when people's needs changed their support needs were discussed with the placing authorities to ensure their needs could be met. One person told us how the support they received changes when their needs increased and how they had changed again when they improved their independence. This showed that people received a service that was responsive to their needs.

People told us that they felt able to raise any concerns they had. One person told us, "I would tell the staff if I wasn't happy with what they were doing. Otherwise I would speak with the manager."

People told us that they felt they could tell the registered manager if they were unhappy about the service provided and were confident that things would be addressed. We saw that there was a complaints procedure in the home and people told us that the registered manager often asked them if they were happy with the service. We saw that annual surveys were carried out and the results were made available to people. We saw that people were generally very happy with the service they received. The Provider Information Return (PIR) told us and the complaints log showed that no complaints had been recorded in the past 12 months. Surveys were carried out to get the views of people using the service and these showed that people were happy about the service.

Is the service well-led?

Our findings

People told us that they were happy with how the service was being managed and that their needs were being met. All the people we spoke with knew the registered manager and told us that they saw him on a regular basis and they were able to tell him of any concerns and felt they would be addressed. Everyone we spoke with was very positive about the registered manager and staff that supported them.

Staff told us that there was an open and inclusive culture in the service and they could speak with the registered manager to discuss any concerns they might have. One member of staff told us that the registered manager encouraged them to take further training to develop their skills and knowledge. We saw that there were only a small number of people that received support with care needs at Kalyan Ashram and the small staff team worked closely to ensure that people's needs were met during staff sickness and holiday. One member of staff told us, "I feel rewarded for helping people when I see them happy." Staff told us that there was on going learning from complaints and safeguarding that occurred in other services operated by the provider.

People and staff told us that they felt listened to through meetings and surveys. We saw that the results of the surveys showed that people were very happy with the service. As part of our inspection some staff completed surveys. The surveys showed that staff were happy working at Kalyan Ashram and showed that they felt confident that any issues of poor practice would be addressed by managers. Staff felt that they had opportunities to express their views about the service; were listened to and that they received the information they needed to carry out their roles and achieve the outcomes required for people.

There was a registered manager in post who was ensuring that they fulfilled all their legal requirements to keep us informed of accidents, incidents and safeguarding issues in the service.

The Provider Information Return PIR told us that there were systems in place to monitor the quality of the service and ensure that there was learning from incidents. We saw that there were management systems to monitor staff training, staff practices and understanding of regulations and requirements of the service. There was an established leadership and staff team in place that ensured that the service was organised and well run. There were systems in place to monitor and improve the quality of the service.

People's views were gathered and assessed across services run by the registered provider. Audits were carried out by the registered manager on all aspects of the service. The provider also carried out audits to verify that the registered manager's audits were accurate. We saw that the registered provider encouraged learning from incidents in other services through learning logs that were discussed during meetings with staff.