

## North London Asian Care

# North London Asian Care

### Inspection report

254 Bowes Road  
London  
N11 2JH

Tel: 02088880999

Date of inspection visit:  
19 January 2023  
20 January 2023  
24 January 2023

Date of publication:  
03 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

North London Asian Care is a registered charity that provides personal care to people living in their own homes. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people. The service specialises in providing a service for people from an Asian background but also supports people from all ethnic groups. People receiving a service included those with dementia, mental health issues and physical disabilities. There were 55 people receiving personal care at the time of the inspection.

Not everyone who used the service received personal care. 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.

The risk assessment and care plans for a person with diabetes did not provide enough information for care workers to ensure safe care.

People using the service and their relatives were happy with the service. They received their care from care workers who got to know their needs well.

Staff completed training relevant to their role. Mandatory training had been completed. Some staff did not have training in certain topics which would enable to ensure consistent effective care. Staff arrived on time and stayed for the agreed amount of time. People had no complaints about timekeeping.

People received good support with their medicines. 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.

There were enough staff to provide the support people needed, at times of their choice. People received compassionate care. Care workers enjoyed their work and felt supported by the service. The service was able to provide most people with care workers who understood their culture, religion and spoke the same language as them. People and their relatives were happy with this service. Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

The management team worked well together and everyone was aware of their responsibilities.

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 and update

The last rating for this service was requires improvement (published 27 April 2021). There was a breach of legal requirements found. 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 regulations.

#### Why we inspected

We carried out a comprehensive inspection of this service on 16 February 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North London Asian Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We made 2 recommendations. One was to improve the care plans and staff training for people with diabetes, which the registered manager started to do immediately. The other recommendation was to ensure good recruitment practice was followed consistently.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# North London Asian Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience made telephone calls to people who use the service and their relatives to ask their views on the 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.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was announced. We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the

inspection.

Inspection activity started on 19 January 2023 and ended on 25 January 2023. We visited the location's office on 24 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 4 people using the service and 16 relatives of people using the service about their experience of the care provided. We met with the registered manager, deputy manager, care coordinator and 6 care workers. We reviewed a range of records. This included 7 people's care records. We looked at 8 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, staff training, supervision and audits were also reviewed.

## Our findings

This means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection there were concerns that staff were not recruited safely. This was a breach of Regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

- Safe recruitment practices had been followed for the majority of staff.
- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults for most staff. However, we found one staff did not have a reference from their last employer in care and this had not been picked up at interview or when their file was audited. Another worker had an unexplained gap in employment.

We recommend that the provider reviews best practice in staff recruitment.

- The registered manager took immediate action to address this as soon as we raised it with them. We were satisfied that those workers were suitable to work for the service.
- There were enough staff employed, which meant the provider had sufficient staff to ensure people received their visits from consistent staff who they got to know well.
- People told us, "My carers are never late", "They are very punctual" and, "I have always had continuity of care."
- Relatives said, "They arrive on time and stay for the time they are supposed to and never rush my husband", "The care company are also very flexible, so if we need to change our times of calls for any reason they are happy to accommodate us" and, "There have never been any missed calls."
- The service had an electronic call monitoring system in place so office based staff could monitor staff arrival and departure from people's homes and respond to any alerts which meant a care worker was running late.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been managed effectively but the risk management for a person with diabetes was not robust.
- Records showed staff had not been trained in managing diabetes. This meant they did not have basic knowledge about this health condition to support people effectively and recognise symptoms of hypoglycaemia (low blood sugar) or when medical attention was needed. Many staff did not have up to date training on pressure ulcer awareness.
- One person's risk assessment and care plan did not contain important information about the risks associated with their diabetes nor details of who was responsible for administering their insulin and monitoring blood sugar. There was insufficient guidance on how to recognise and respond to hypoglycaemic attacks.
- The registered manager addressed this and ensured the person was receiving safe care and updated the records immediately. They also agreed to reassess all other people with diabetes using the service.

We recommend that the service review and update care plans for all people with health conditions, particularly diabetes, and ensure there is enough information and training for staff in understanding risks associated with diabetes and pressure ulcers to enable them to recognise warning signs and to provide safe care.

- People had risk assessments detailing risks to their health and safety including risk of falls, swallowing difficulties, pressure ulcers and self-neglect.
- Systems had been established to review and update the care records when changes of need or incidents occurred. Environmental risk assessments were in place. These assessed any potential hazards in people's homes..

#### Preventing and controlling infection

- People were protected from the risk of infection through the procedures that were in place.
- Care staff received infection prevention and control training (IPC) which included information about COVID-19.
- Staff had good knowledge of infection control requirements and said they had a good continuous supply of personal protective equipment (PPE).
- Relatives and people using the service told us the care staff always wore PPE when providing care.

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

- Safeguarding policies were in place to help protect people from the risk of abuse.
- Care workers understood their responsibilities to report any concerns to the office and also to call an ambulance where this was needed before contacting the office.
- Safeguarding training was provided to all care staff.
- Relatives we spoke with said they thought their family member was safe with their care workers. They also gave examples of where care workers had acted on concerns to ensure the person's safety.

#### Using medicines safely; Learning lessons when things go wrong

- The service was supporting people with medicines safely.
- Relatives said they were satisfied that the service supported people well with their medicines. One person told us, "The medication is given safely and at appropriate times.
- Staff had online and face to face training before supporting people with medicines. The assessment of their competency in giving medicines was not recorded although we saw this was checked at spot checks of care workers carrying out their duties in people's homes. We advised the registered manager that a record of each care worker's competence to administer medicines was required and they told they would ensure this

was completed without delay.

- Accidents and incidents were recorded, and the registered manager discussed any incidents, concerns and complaints with the management team in the weekly meeting so they could decide on any action required. They also discussed any concerns at these meetings and shared learning in team meetings with care workers.

## Our findings

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before or as soon as they started using the service.
- The assessment included people's care needs, what they wanted from their visits and individual preferences such as what time they would like their visits, the language they spoke and cultural preferences.
- Information from the assessments was used to develop the care plan. The assessments also helped to ensure the right care worker/s were matched with the person who had the appropriate knowledge and skills.
- People and their relatives were involved in their care planning. One person told us, "I have a care plan at home and a thorough assessment was completed by the manager before my care started."
- Care plans contained detail about what care and support a person needed and what they could do for themselves so that care workers could support the person effectively whilst encouraging them to retain their independence. An example of this was care plans stating that a person could wash their upper body and should be encouraged to do so while the care worker washed their back and lower body.
- The service matched people with care workers who spoke the same language where his was possible and who had an understanding of their religion and/or culture. This helped to ensure effective personalised care. One person said, "I feel safe as I have the same carer, who is from Bangladesh and that suits me as she understands me and what I like." Relatives said, "We went to this agency as they understand Asian culture and this makes Dad feel comfortable" and, "We are very fortunate to have such wonderful carers that understand our culture."

Staff support: induction, training, skills and experience

- Training for care workers had improved since the last inspection and staff had completed mandatory training for their role. They thought their induction was helpful and they were supported by more experienced staff until they were confident to work alone.
- A care worker said, "I am happy with the online training and the moving and handling training in the office. All the training is good."

- Other care workers told us they also had on the job training with more experienced care workers and that the registered manager helped them with their online training if they needed support due to IT or language issues.
- Staff did not have up to date training in certain topics as commented upon in the SAFE section of this report, but all mandatory training topics were completed.
- Some care workers told us they had received recent training in managing a percutaneous endoscopic gastrostomy (PEG) feed, where a person received their nutrition directly into their stomach, in preparation for providing care to a potential new client who received their nutrition in this way.
- New staff worked alongside an experienced member of staff, called "shadowing" until they were competent and confident to work alone.
- Care workers received regular supervision and spot checks. A spot check is where a senior member of staff checks up on a care worker while they are visiting client and observes them carrying out their duties.
- Staff told us they felt well supported and worked well with the management team.

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

- Some people managed their nutrition independently or had support from their relatives. Where people required support with their food and nutrition, the level of support was documented in their care plan. This included preparing meals and assisting people to eat.
- Care workers were able to prepare culturally appropriate food for people.
- Care workers completed food hygiene and safety training to ensure they handled and prepared food safely.
- Care workers demonstrated good knowledge of the dietary support people needed. Most care plans had a good level of detail of what people liked to eat for each meal. The care workers we spoke with gave us the same information as the care plans. Relatives told us they were happy with the support they received with their nutrition and hydration.
- Most people had pre-prepared meals, either ready meals or meals prepared by family, which care workers had to reheat and serve.
- Comments included, "She helps as well to make the food that traditionally comes from my country which is nice."
- A care worker told us that one person sometimes did not want their prepared meal and asked them to make some chapattis for them instead which they were able to do.

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

- Staff worked with other healthcare professionals to provide consistent care. People had support with their health.
- Although we found a lack of information about how to support a person with risks associated with diabetes, this was addressed quickly and we were assured that the person was receiving effective support.
- The service referred people to other healthcare professionals such as GP and district nurses to help maintain good outcomes for people.
- Relatives were satisfied that people's health was appropriately monitored. Comments included, "She had a fall recently and they contacted me, and the manager did a review of her care", "If anything has changed, they will ring the GP, and then the GP rings me. I prefer it this way because the GP responds to them quicker." and, "[...] has a stoma and the carers are very good at making sure the area is kept clean and will alert the nurses if there are any red marks or concerns."
- Oral care had improved since the last inspection. Care plans contained better detail on how to support people with their oral care.

## 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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.

- Some files contained details of the person's legal representative when they did not have one. For example, a relative was described as having lasting power of attorney in error. We explained to the registered manager that only people with legal authorisation were able to make decisions on behalf of a person and these files needed to be urgently corrected so that the service, and any other authority reading the care plan, could quickly identify whether the person had a legal representative or a relative who should be consulted but was not legally authorised to make decisions on their behalf. The registered manager started this work at the end of the inspection.
- Care workers demonstrated a good understanding of the importance of seeking people's consent.
- Staff told us they always asked the person's permission before providing their personal care.
- Nobody using the service was subject to a Court of Protection safeguard at the time of this inspection.

## Our findings

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 we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Systems were in place to ensure the effective running of the service.
- The management team had clear responsibilities and told us they worked well together as a team and helped each other.
- Care workers told us they were kept informed about people's changing needs by the management team.
- The registered manager had introduced new monitoring checks and audits to ensure improvements made since the last inspection were sustained.
- Senior staff carried out spot checks of care workers in people's homes to ensure they were carrying out their duties effectively. The spot checks included checking whether the worker read and followed the person's care plan, used any equipment safely, wore PPE, gave medicines safely and asked the person for their preferences. Records and staff confirmed unannounced spot checks were taking place.
- There was an effective call monitoring system in place which alerted senior staff if a worker had not arrived for their call or if medicines had not been recorded as given so that they could act quickly to ensure people's needs are met.

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

- There was a positive culture at the service.
- People told us they felt comfortable contacting the office staff.
- We recommended at the last inspection that senior staff complete training in customer service skills as some relatives told us office based staff were rude to them. There was only positive feedback about office based staff at this inspection and records showed customer service training had been completed.
- People told us they could contact the office at any time and they felt involved in planning their care.
- Comments on the service from people and relatives were very positive. One person said, "I would say it's well managed. They are responsive. I only have to pick up the phone and I get what I want from them. They

are a small agency who are a little less formal, but I prefer it that way. They don't just focus on getting the paperwork right, but understand the importance of personalisation and a homely service."

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

- The registered manager was aware of their responsibilities to report any notifiable incidents to the appropriate agency.
- The registered manager understood the requirements of the duty of candour, in the event of something going wrong.

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

- We received positive feedback from people using the service and their relatives about the care and support they received.
- The service contacted people and their relatives regularly by telephone to check if they were happy with the service.
- One person said, "The service is well managed, and the manager asks me about how things are going and if there is any room for improvement."
- The service worked with other healthcare professionals so that people's assessed needs were appropriately met, and their health and well-being maintained.
- One care worker told us they helped a person with physiotherapy exercises which the physiotherapist showed her to how to do.
- Senior staff called GPs and district nurses to discuss people's needs and ensure good care.
- People's equality characteristics were well met. People and their relatives gave very positive feedback about their cultural and religious needs being met. One person said, "They understand our religious and cultural beliefs and will go into another room to give us privacy while we pray", and, "We are very fortunate to have such wonderful carers that understand our culture."
- Most people had a care worker who spoke the same language as them.
- The service had translated one person's care plan into their preferred language.
- The registered manager was committed to making improvements.
- People said they felt able to raise concerns and were confident the registered manager would act on their concerns. They said; "If there is any issue or change, I just ring the office and they do what they can", "I know how to complain formally, but never felt the need to escalate matters. I only have to e-mail the office and they will respond or call back within an hour" and, "We haven't complained but know how to do so. I can ring up the manager at any time. We know they listen and will do their best to resolve any issues."