

Ahmed & Gul Ltd

# Ahmed & Gul Ltd

## Inspection report

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14 August 2019

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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

### About the service

Ahmed & Gul Limited is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the service was supporting 147 people.

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

People told us they felt safe and were well supported by staff. One person said, "Staff are very understanding, they help me with any of my problems straight away. They are very kind and speak to me nicely. One staff in particular is truly brilliant."

People were safe as staff had received training in safeguarding adults and had a good understanding of the types and symptoms of abuse. Staff knew how to report concerns and were confident to do so.

People said they received their medicines on time and correctly. Staff worked with the local health professionals and pharmacies to ensure people had the right medicine and health support at the right times.

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. Staff had a good understanding of the Mental Capacity Act and how to support people to make decisions or report concerns of capacity where people's abilities had changed.

People were supported by staff to follow their own preferred diets and religious and cultural needs. This included specialist diets recommended by health professionals. Staff supported people to access a range of health professionals as they required it.

People told us staff were kind and caring and never rushed them. Staff supported people to review their care needs regularly involving their relatives and health professionals as requested. People were supported to live independently and find ways to maintain this.

People were supported to receive care that was in line with their preferred methods and needs, taking into account their abilities and cultural sensitivities. Staff responded to complaints quickly and effectively and people told us complaints were resolved and the same issues did not reoccur.

People were encouraged by staff to give feedback on the service and suggest ideas for improvements. The manager had created an open, person centred culture and a clear vision of high-quality personalised care

that was shared by the staff team and experienced by people receiving care.

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

#### Rating at last inspection

The last rating for this service was good (published 25 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Ahmed & Gul Ltd

## 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

Two inspectors carried out this inspection.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 07 August 2019 when we visited the office site and ended on 14 August 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

#### During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, care manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We sought further information from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because they received good quality care and staff treated them well and met all of their needs.
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice as the process for reporting concerns was on their name badges.
- Staff had a good awareness of different types of abuse and the signs and symptoms of these. One staff member gave an example of how they brought a local charity for older people in to support one person when staff were concerned about a lack of available food.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling and falls.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety, emergency evacuation plans and infection control, which made sure that risks had been identified and managed.

Staffing and recruitment

- There were enough staff on duty to support people safely and staff confirmed this to be the case. One person told us, "Sometimes staff are late but they always have a very good reason, like the person before me has been ill or there was traffic. I think over the three years there have only been a handful of missed care visits and there's been none at all recently." The registered manager had discussed this issue in staff meetings and people were reminded about the importance of arriving on time.
- The registered manager explained they have a missed care visit policy where if staff cancel a care visit without enough notice, the staff member who cancelled was charged for the cancellation and the money is given as a bonus for staff who then pick up the shift. This has helped to avoid missed care visits and reduce the risk of care or medicines being missed for people.
- Pre-employment checks such as disclosure and barring checks were carried out before staff started work.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.
- Staff completed electronic medicine administration records to show if people had taken their medicines or the reason if they had not. There was information in people's care plans about the type and level of support they needed from staff to take their medicines

### Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and understood how to help prevent the spread of infection.

### Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. One health professional told us, "Ahmed & Gul are very thorough with their initial assessments, we rely heavily on them and their staff when doing personalised care plans and support, so far they have been forthcoming, we have no concerns and everything has been positive."
- People's needs and choices were clearly documented throughout the care plan in line with their assessed needs and where people were able to make their own decisions, the care plan instructed staff to ask the person what they would like. One person told us, "Staff are lovely. They do everything right. They do everything for me and always have a nice talk with me."

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- Staff said their training was reinforced in staff meetings and anyone who felt they needed additional training were encouraged to come forward. The registered manager explained how they used 'immersive learning', which is where staff take the place of the person receiving care. This helped staff understand how it felt to be hoisted. The registered manager said they were considering expanding this type of training for eating and drinking support.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

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

- People were supported to eat and drink if this was needed. This included supporting people with a variety of types of diets to meet their medical, cultural or religious needs.
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a healthy weight.

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

- Staff completed electronic records but hard copies were kept in people's homes. This recorded important

information about them, their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

- Senior staff made referrals to specialist health and social care professionals such as district nurses, occupational therapists, community nurses and dieticians when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.
- One health and social care professional told us, "We use quite a lot of agencies and Ahmed & Gul, I have worked with them on a few people, they are very proactive. We also started a collaborative care model and Ahmed & Gul are using the templates we give them and monitor any deterioration in people's condition and monitor early to avoid hospital admission. Staff respond well to medicines, reviews and the falls team, they work well with our pharmacy technician. Everything seems to be up to date and the manager is very proactive and always works well."

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA and of the new Liberty Protection Safeguards which replace the Deprivation of Liberty Safeguards. They knew how to support people to continue making decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff. One person commented, " I think the care is truly excellent. I've had an awful experience in the past with another care agency, but I can't fault the care I get now. They are truly great."
- People told us staff were patient and caring and made sure they had everything they needed. Staff were aware of people's individual needs and preferences.
- People were supported to maintain relationships with their families and friends. One person who experienced high anxiety and whose family relationships had completely broken down, was supported by staff to take their medicine regularly and manage their anxiety and has now rebuilt their relationship with their family.
- Information was available in different formats, such as picture format or other languages. This helped people to communicate and understand information clearly.

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

- Staff continued to support people to make decisions about their care and these were recorded in their care plans. Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care through daily discussion and formal reviews. People invited their relatives and social and health care professionals to their reviews and the review and outcomes were documented on their file. One person told us, "Staff come and talk to me and check I am happy." Another person said, "Someone came and sat down with me and asked if I was happy. I didn't need anything changed so things stayed the same."
- The registered manager said that no-one who received care was using an advocate, but there was a local advocacy service if people needed this.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very nice and polite and respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their homes.
- People's confidentiality was maintained; records were kept securely and information was shredded when no longer required.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Care records were electronic but staff accessed all records through a handheld phone. This meant records were updated instantly and everyone involved in the persons care had instant access to the correct information.
- Staff had built good relationships as people spoke very highly of the care they gave. Staff knew people's likes, dislikes and preferences. There was also clear information about people's long-term health conditions to guide staff.
- People's care needs were met and they were happy with the care they received. People told us that staff supported them to do what they could for themselves. Staff were matched to people's needs, one person had a team of four staff who kept to a routine of who supported which care visit in order to support them to orientate in time of day.
- Staff told us about how they worked with social workers and the local pharmacy to support a person addicted to drugs to safely take their medicines. To enable the person to remain living independently, staff arranged for the person to come to the office Monday to Friday for their medicine and the local pharmacy on weekends. This was working really well for this person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person who had a speech impairment stated in their care plan that staff must be very attentive and use clear English. Another person used their eyes and facial expression to communicate. Staff were allocated to support people whose first language was not English such as staff who spoke Urdu, Polish, Bengali or Hindi to enable people to freely and easily communicate their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person said, "Staff have given me back my life" after being isolated at home and drinking alcohol alone. The staff supported the person to access a mobility scooter which meant they could get out and about and socialise with friends at the local pub instead of drinking at home alone.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns.
- The service fully investigated all complaints and escalated complaints to social services to seek advice when necessary and when families asked for this. One person told, "I have complained twice but only very minor things. They were dealt with by the management straight away and I've not had to complain since. They were only things I had to have a quick word about."

#### End of life care and support

- Staff had discussed the concept of death and dying with people as a way of opening further discussions about people's own wishes. Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives and relevant health professionals in the event this care was needed, if the person was unable to tell them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required. Staff religious requirements had also been discussed and the work had been adjusted to accommodate this without disruption to people.
- Staff were also committed to providing high-quality care and support. One person told us, "[The agency], are 100% brilliant." People and staff spoke positively of the registered manager explaining how they were very supportive. One staff member told us, " I like working with the team, we are a small team but we come together. I have worked elsewhere but they were never as friendly as they are here."

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

- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff. They said they could raise issues with any of these staff and their concerns would be listened to.
- The registered manager knew people well and was supported by senior staff. This made sure that the agency ran well at those times when the registered manager was not available.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and we received notifications about safeguarding incidents during the inspection process.

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

- People and their relatives had completed a survey in 2018 and 2019, which showed positive comments about the agency with only one area for improvement around times of care visits. Action had been taken to address this issue at staff meetings. Staff surveys were also sent regularly and the results were analysed. Action plans were drawn up from these surveys and we saw evidence that these were completed and that the following surveys showed improved results.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly, which gave them support and information was shared quickly with them.

#### Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and the organisation's internal audit team carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement and made those improvements in a timely way. Records of complaints, accidents and incidents were analysed to find trends or themes.

#### Working in partnership with others

- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services, local charities and healthcare teams. The registered manager worked proactively with organisations which has supported people to promote their independence and good quality of care. One staff member told us the agency was also mentioned positively during provider meetings.