

Care Assist Limited

Care Assist in Harrow (Park Drive)

Inspection report

36 Park Drive
Rayners Lane
Harrow
Middlesex
HA2 7LT

Tel: 02089669004

Website: www.careassistuk.net

Date of inspection visit:
26 January 2018

Date of publication:
26 February 2018

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

Care Assist in Harrow (Park Drive) is a care home that provides care and support to people with mental health needs. The home is registered to provide care for six people and at the time of the inspection six people were living at the home.

At the last inspection the service was rated Good with no breaches of regulation.

At this inspection we found the service remained Good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 we spoke with told us they had been treated with dignity and respect in the home. They said they felt safe in the home and in the presence of care support staff. On the day of the inspection, we observed there was a calm and homely atmosphere in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults. Comprehensive risk assessments were in place which clearly detailed potential risks to people and how to protect people from potential harm.

Systems were in place to ensure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal. People told us they received their medicines on time and raised no concerns in respect of this.

People who lived in the home and staff told us there were sufficient numbers of staff to safely meet people's needs.

Fire and emergency procedures were in place and there was evidence to confirm that necessary checks were carried out regularly.

On the day of the inspection, the home was clean and there were no unpleasant odours. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored.

People had an initial assessment of their needs with their families' involvement before moving into the home and care documentation demonstrated this. People's healthcare needs were closely monitored by care support staff and contained important information regarding medical conditions, behaviour and allergies.

Care support staff were provided with a range of role specific training and management provided regular support through supervisions and appraisals.

People were supported to have maximum choice and control of their lives and care support staff supported them in the least restrictive way possible. People were involved and encouraged to be responsible for the preparation of their meals.

People's capacity to make decisions and communication preferences were clearly documented in their care support plans. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The registered manager confirmed that no one in the home was subject to any restriction of their liberty. On the day of the inspection we observed people went out when they wished to do so without any restrictions.

Care records were person-centred, detailed and specific to each person and their needs. Care preferences and cultural requirements were also noted.

Each person in the home had an individual varied activities programme which was devised with their input. People told us there were sufficient activities available for them and spoke positively about the activities they participated in. On the day of the inspection we noted that one person went out for the morning to a jewellery making course. Another person went out to get a haircut.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. A formal satisfaction survey was carried out in April 2017 and feedback received was positive and no concerns were raised.

People who lived in the home told us that management were approachable and they were satisfied with the management of the home. They said they had confidence in the registered manager. The home had a clear management structure in place. Staff were supported by management and were able to have open and transparent discussions. The quality of the service was regularly and consistently monitored and we saw evidence that regular audits and checks had been carried out by management.

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 home remains good.

Is the service effective?

Good ●

The home remains good.

Is the service caring?

Good ●

The home remains good.

Is the service responsive?

Good ●

The home remains good.

Is the service well-led?

Good ●

The home remains good.

Care Assist in Harrow (Park Drive)

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 checked 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 comprehensive inspection took place on 26 January 2018 and was unannounced. One inspector carried out this inspection.

Before we visited the home we checked the information that we held about the home and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During this inspection we observed how staff interacted with and supported people who lived in the home. We spoke with four people who lived in the home and one relative. We spoke with the registered manager, one care support staff with additional responsibilities and two care support staff.

We reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

We asked people who used the service if they felt safe in the home. One person said, "I feel safe. Staff are nice to be around." Another person told us, "I feel safe. There are always staff here and it's all girls here." Feedback from people who lived in the home demonstrated that they felt safe and secure in the home and in the presence of care support staff. One relative we spoke with told us, "[My relative] is safe in the home."

Risk assessments were in place for all people. These detailed the actions to take to minimise risks to people. They covered risks such as emotional abuse, aggression, self-harm and alcohol consumption. Risk assessments identified the level of risk and included comprehensive information about the action needed to be taken to minimise risks as well as clear guidelines for care staff on how to support people safely. There was evidence that risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

Training records indicated that care support staff had received safeguarding training. When speaking with staff they told us how they would recognise abuse and what they would do to ensure people who lived in the home were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home.

People who lived in the home and staff told us there were sufficient numbers of staff to meet people's needs. The registered manager explained there was consistency in terms of care support staff so that people were familiar with them. This was evident through our observations. We saw that people were comfortable around staff during the inspection. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. Staffing levels were assessed depending on people's individual needs and occupancy levels. There was a lone working policy which applied to staff that worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff.

The home had appropriate fire safety arrangements in place. Each person had a personal emergency evacuation plan (PEEP) in place. This included clear instructions of what action to take in the event of an emergency. There was documented evidence that the fire alarm was tested weekly and fire drills had been carried out. We noted that the most recent fire drill had been carried out in January 2018. The emergency lighting had been checked monthly and fire extinguishers had been checked by staff and an external organisation. Fire procedures were clearly on display in the home. We also saw documented evidence that all staff had received fire training. The home also had an emergency grab bag available for use if the home had to be evacuated in an emergency. The registered manager explained to us that following a recent fire in a building in London, the home had implemented further fire safety audits and checks. We observed that two people in the home smoked. There was a no smoking policy in the home. There was a designated area outside the home for people who smoked. The home had a smoking risk assessment in place.

Regular safety and maintenance checks of the premises were carried out to ensure they were safe. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out.

The hot water temperatures had been checked regularly and these were documented. The care support staff with additional responsibilities explained that the water temperature in the home was controlled to ensure the water temperature did not exceed the recommended safe water temperatures. This ensured that people were not at risk of scalding.

There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

There were appropriate systems in place to ensure people received their medicines safely. Each person had a lockable cabinet in their room where their weekly stock of medicines were stored. This was to help encourage people to be independent. The monthly stock of medicines was stored in the staff room in a locked cabinet.

Arrangements were in place in relation to obtaining and disposing of medicines appropriately. Regular temperature checks had been carried out to ensure that medicines were stored in people's rooms and the staff room were at the right temperature.

During the inspection we looked at a sample of medicines administration records (MARs) for people. These were completed fully and signed with no gaps in recording when medicines were administered. People we spoke with told us they received their medicines on time.

Regular audits were carried out to ensure medicines procedures were being followed. There was documented evidence that medicine audits were carried out on a weekly basis. This check ensured that the correct numbers of medicines were in stock and that MARs were completed correctly. The home also carried out a comprehensive monthly medicines audit which looked at medicines management such as storage, temperature checks, quantities and MARs. An external pharmacy carried out a medicines management audit in the home in November 2017 and raised no concerns.

Accidents and incidents were consistently documented. These included detailed information about action taken by staff, the injury sustained as well as follow up information.

There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. On the day of the inspection, the premises was clean and there were no unpleasant odours.

Is the service effective?

Our findings

People told us they were satisfied with the care provided in the home and said care support staff were competent. One person said, "I really like it here. The establishment is good. There are good facilities." Another person told us, "Staff are lovely. They are really friendly." Another person told us, "It is nice here. It is homely. All staff are nice. They are supportive. They are kind and helpful. They are great."

One relative we spoke with spoke positively about the home and care support staff. This relative told us, "It is a good home. Very good. [My relative] is happy there."

People had an initial assessment of their needs with their families' involvement before moving into the home and care documentation demonstrated this. One person had moved into the home recently and we saw documented evidence that a comprehensive assessment of their needs had been carried out. This included a pre-admission assessment which detailed important information about the person's health and care needs. An individualised care support plan was then prepared using the detail from pre-admission assessments. This included details of the person's preferences, needs, and details of how staff were to provide the required care.

People's healthcare needs were closely monitored by care support staff. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP.

Newly recruited care support staff had undergone a period of induction to prepare them for their role. The induction programme covered various areas which included policies and procedures, staff conduct and information on health and safety. Newly recruited care support workers were in the process of or had completed the Care Certificate. This is a comprehensive course which sets an identified set of standards that care support staff work through with their trainer.

Training records showed that care support staff had completed training in areas that helped them when supporting people. Topics included emergency first aid, safeguarding, infection control, fire, the Mental Capacity Act 2005 (MCA 2005), medicine administration and food safety. The training was a combination of internally and externally provided training. Staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. We saw documented evidence that care support staff received monthly supervisions where they discussed their progress and goals previously set. Care support staff received yearly appraisals where they discussed their individual objectives, performance and learning and development action plan.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People in the home all had capacity to make their own decisions and care support plans demonstrated they were involved in making decisions about their care. Staff had received training in the MCA.

The registered manager told us that no one in the home was subject to any restriction of their liberty. On the day of the inspection we observed people went out when they wished to do so without any restrictions.

Arrangements were in place to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. There was a protocol for restoring healthy eating in relation to eating disorders. The registered manager explained that some people in the home had issues with food and therefore the home implemented protocols for those concerns so that when their weight reaches a level that is unhealthy, the service liaises with care professionals to help the person reach a healthy weight. The protocol provided guidance for restoring regular eating patterns and swapping foods so that people consumed higher calories.

People's weights were recorded monthly so that the home was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. There were people in the home who were at risk of low body mass index and there was documented evidence that staff monitored their food and fluid intake.

People were encouraged to be independent in relation to preparation of their meals. People went to the shops weekly and purchased their food and cooked their own meals with support from staff where required. On the day of the inspection we saw people preparing their own meals when they wished to do so with the support of staff.

During the inspection we checked the kitchen and noted that it was clean and there were sufficient quantities of food available. We checked a sample of food stored in the fridge and found that food was within the expiry date and food that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

In January 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

Is the service caring?

Our findings

People told us they were treated with respect and dignity and said care support staff were caring. One person told us, "Staff are respectful and polite. They really care here. We all get along." Another person said, "Staff give me my privacy. It feels like a home. Everyone is really nice. There is a calm atmosphere." Another person said, "Staff are very nice. They are caring and helpful."

During the inspection we observed interaction between care support staff and people living in the home. We saw people appeared relaxed and comfortable in the presence of staff and the registered manager. Staff interacted positively with people, showing them kindness, patience and respect. We observed the atmosphere in the home was homely and relaxed.

The registered manager explained that the home supported people to be independent and helped people gain confidence so that where possible they could move onto independent living if they wished to do so. They therefore helped people prepare for this by encouraging them to take responsibility for aspects of their daily life where possible. On the day of the inspection, we observed one person did their laundry and a member of staff assisted them to use the machine. Another person went out for a haircut. One person at the home had a specific routine that they liked when taking their medicines. We observed a member of staff respect this and encouraged and assisted the person with their routine.

The home had a Dignity Champion in place that was responsible for raising awareness about the importance of dignity. A "Dignity Day" had been scheduled for 1 February 2018 where the Champion had arranged various talks about dignity and invited some external parties. The aim was to give people in the home an opportunity to take about dignity and what it means to them. The Dignity Champion told us, "We plan to make a day of it and get everyone involved."

The registered manager and staff had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported where required. One person explained to us that care support staff supported her to attend Church. She also explained that one care support staff had helped her to get confirmed by the church by finding a church that would do this and arranging for her to attend Sunday classes. This person said that this had made her happy and staff were supportive.

The home had a pet cat called "Princess" which they collectively looked after. The pet was part of the family in the home and people spoke positively about the cat and said they liked having her in the home.

We discussed the steps taken by the home to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tell organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager

explained that some important policies were available in easy ready format. We observed that the complaints policy and house rules were displayed in the home in an in easy read pictorial format.

Is the service responsive?

Our findings

People who used the service told us care support staff listened to them and responded to their needs. One person said, "They listen to what I say." Another person told us, "I can talk to them openly. They encourage me to be independent." One relative told us, "I could complain if I need to but I haven't had to. They keep me informed of what is happening."

People were encouraged and supported to express their views and be actively involved in making decisions about their care and support. Care records contained communication profiles of people. These provided guidance on how people expressed themselves and what would help when communicating with people. There was documented evidence that people had monthly meetings with their key worker to discuss their progress and review their action plan and goals. The registered manager explained that it was important for people to have these meetings consistently as it helped to "keep people on track and know what direction they are travelling in". She explained it was a good way of motivating people to achieve their goals.

Regular residents' meetings had been held where people could express their views and be informed of any changes affecting the running of the home. There was a suggestions box for people to communicate their feedback and comments.

There was a complaints policy which was clearly displayed in the home which detailed the procedures for receiving, handling and responding to comments and complaints. People said that they did not hesitate about bringing any concerns to management. We noted that the home had a system for documenting and resolving complaints. The registered manager explained that she encouraged people to speak with her or staff about concerns openly and this was confirmed by people we spoke with.

A formal satisfaction survey had been carried out in April 2017. We noted that the feedback received from people was positive.

People's care plans included information about their individual care needs and clearly detailed how each person would like to be supported. These were individualised and person-centred. These included detailed information about people's preferences, likes, dislikes, routines, background and information about people's goals. It was evident that these files had been prepared with people's individual input and had been signed by them to indicate that they agreed with the information in the file.

People we spoke with told us that there were sufficient activities available and said that the home encouraged them to get involved and participate with them. Each person had their own activities timetable which was devised based on their specific interests. Activities included attending the local leisure centre, park and going shopping. On the day of the inspection we noted that one person went out for the morning to a jewellery making course. Another person went out to get a haircut. The registered manager explained to us that people were going to take part in a candle making session which was going to be run by one person in the home who knew how to do this. The home also arranged culinary awareness weeks where people cooked different types of food so that people could learn about other cultures.

Is the service well-led?

Our findings

The home had a manager registered with the Care Quality Commission. 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 expressed confidence in the management of the home. One person said, "Both [The care support staff with additional responsibilities] and [registered manager] are really nice. I am really comfortable around them. I can talk to them." Another person told us, "The manager is nice."

There was a management structure in place with a team of care support staff, one care support staff with additional responsibilities and the registered manager. Care support staff had a positive attitude and were of the opinion that the home was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and staff worked well together as a team. One care support staff said, "I am well supported. Management are good at listening. They listen to our opinions. The team gels well together." Another care support staff told us, "The support is really good. Everyone is supportive."

There were regular meetings where care support staff were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and how to access them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The home undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, cleanliness of the home, medicines and staff training. Where action was required, this was clearly documented along with what action the home had taken to make improvements.