

Care Assist Limited

# Care Assist Limited

## Inspection report

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Date of inspection visit:  
11 October 2018

Date of publication:  
30 November 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

We undertook this announced inspection on 11 October 2018. Care Assist Limited is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medication. At this inspection the service was providing care for a total of 19 people with mental healthcare needs living in two supported living accommodation settings located in Harrow and Hillingdon.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; In respect of supported living, this inspection looked at people's personal care and support.

At our last inspection on 11 March 2016 the service met the regulations we looked at and was rated as overall Good.

The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service informed us that they were satisfied with the care and services provided. They informed us that they had been treated with respect and they felt safe when cared for by care workers. There was a safeguarding adult's policy and suitable arrangements for protecting people from abuse.

There were suitable arrangements for ensuring that people received their medicines as prescribed. Audit arrangements were in place and people stated that they had been given their medication.

Infection control measures were in place. Care workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy.

Care workers had been carefully recruited and provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. There were enough staff to meet people's needs. Teamwork and communication within the service was good.

People's healthcare needs were monitored and when needed, care workers arranged for people to have appointments with healthcare professionals. Care workers worked well with social and healthcare professionals to bring about improvements in people's mental state.

Care workers were helpful and caring in their approach. They listened to people and were aware of the

individual needs and preferences of people. There were arrangements for encouraging people to express their views and make suggestions regarding the care and management of the service.

People's care needs and potential risks to them were carefully assessed. Care workers had been provided with guidance on how to care for people. People had appropriate and up to date care plans. People and their representatives were involved in care planning. Regular reviews of care had been carried out with people and professionals involved to ensure that people received appropriate care. People were encouraged to be as independent as they can and to engage in educational and therapeutic activities which they liked. The service had a complaints procedure. People knew who to complain to if they had concerns. Complaints made had been promptly responded to.

People who used the service and two care professionals expressed confidence in the management of the service. Audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included checks on incidents, complaints, medicines administration and health and safety checks of premises. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting people's independence.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Care Assist Limited

## 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.

The inspection took place on 11 October 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service and the local authority. The provider completed and returned to us a provider information return (PIR). 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.

There were 19 people who used the service. We spoke with nine people who used the service and two relatives. We visited one of the two supported living accommodation and spoke with people there. We telephoned and spoke with people who lived in the other supported living accommodation. We spoke with the registered manager who was also the Head of Performance for the company, the deputy manager and six care workers. We obtained feedback from two care professionals who had involvement with people who used the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, five recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

# Is the service safe?

## Our findings

People stated that their care workers staff took good care of them and they felt safe with them. One person said, "I feel safe here. They treat us nicely. This is a happy place." A second person said, "I am satisfied with the care. There are enough staff here. The staff can deal with any disturbance there may be." A third person said, "I am happy with the care. The staff are hygienic." A care professional informed us that one person who used the service they supported, was safe. This was reiterated by a relative we spoke with.

When we visited one of the supported accommodation schemes, we observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present to interact and converse with people. People appeared comfortable with their care workers and were able to approach their care workers when they wanted to talk with them.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and details of the local safeguarding teams and knew how to contact them if needed. A small number of safeguarding concerns were reported to us. The service had co-operated with investigations and followed up on agreed action.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with self-neglect, antisocial behaviour and mental health conditions. Care workers were aware of emergency arrangements for ensuring the safety of people.

We looked at the staff records and discussed staffing levels with the registered manager. The staffing levels in each of the supported living schemes ranged from two to three care workers during the day shifts and one at night. People who used the service informed us that there were enough care workers to care for them. Care workers we spoke with stated that they were able to attend effectively to the needs of people. We noted that there was only one care worker on duty during the night shifts. The registered manager stated that when needed, additional care workers would be provided. To ensure that people and care workers are not put at risk we recommend that the night staffing levels be reviewed. A care professional stated that there were currently enough care workers. However, they told us that there had been some changes in the care workers and senior staff prior to the inspection. This had been due to the departure of some care workers. The registered manager explained that they were making effort to recruit more care workers and the vacancies had been advertised in various outlets.

The registered manager informed us that where potential risks were identified or if needed, additional staff would be provided. The service had a lone working policy and care workers had been provided with buzzers which they could use in an emergency.

We examined a sample of six records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements to ensure that people received their medicines as prescribed. There was a policy and procedure for the administration of medicines. People assessed as being able to self-medicate administered their medication while others were assisted by care workers. Arrangements were in place whereby care workers disposed of unused medicines by returning them to the pharmacist. The service had a system for auditing the arrangements for medicines. This was carried out weekly by care workers and monthly by senior staff. We noted that there were two gaps in a medicines administration charts (MAR) examined. The registered manager checked and informed us that this was due to a person not needing the medicine. The reason for non-administration should have been recorded. Soon after the inspection, registered manager informed us that this had been done.

The premises had been kept clean with the help of care workers and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. People informed us that their care workers observed hygienic practices. The service kept a record of essential inspections and maintenance carried out on the premises. These included inspections on the electrical installation. There were arrangements for fire safety which included alarm checks, fire training, drills and fire risk assessments.

# Is the service effective?

## Our findings

People informed us that care workers were competent and they were satisfied with the care provided. One person said, "Yes, the staff have helped me. I have improved with help from care staff." Another person stated, "The staff help me with my shopping. I can cook my own food." A third person said, "The staff encourage me to eat healthily, but I find it difficult." A relative said, "They are fantastic. My relative is well looked after, is settled and happy. She can cook for herself and has access to healthcare."

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of behavioural problems or mental health conditions. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

There were suitable arrangements whereby care workers ensured that the nutritional needs of people were met. People's dietary and nutritional needs had been assessed so that care workers knew what the dietary needs of people were. In one nutrition assessment for a person, care workers were provided with guidance to discourage "junk food" and encourage healthy eating. Care workers had been provided with training on nutrition and were aware of the need to promote healthy eating. People informed us that they could choose what they wanted for their meals and they could go out to the shops and buy food for themselves.

The service provided care workers with support they needed. The registered manager stated that each of their employees had individual career plans and they consider it vital to talk and plan with care workers how they could assist them with their careers. This was done via appraisals and supervision sessions. Care workers we spoke with confirmed that they found management to be supportive and approachable. They confirmed that supervision and appraisals took place. Care workers confirmed that they had received the appropriate training for their roles. We saw copies of their training certificates which set out areas of training. Topics included Mental Capacity Act, equality and diversity, safeguarding, health and safety and the administration of medicines.

New care workers had been enrolled on the Care Certificate course. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety. New care workers said they found the induction to be helpful and informative. The registered manager stated that six care workers had completed the Care Certificate.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The registered manager informed us that all people using the service had capacity. They were aware that where people lacked capacity, close relatives such as people's spouses can be consulted.



The service had a policy on the MCA and care workers were aware of the implications of the MCA. They were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. Care workers we spoke with had a basic understanding of the MCA. There was documented evidence that care workers had been provided with MCA training.

## Is the service caring?

### Our findings

People spoke highly of their care workers and described them as caring. They told us that they had formed positive relationships with their care workers. They informed us that they were well treated. One of them said, "I can talk to all the staff. They treat me with respect." Another person said, "The staff are relaxed and easy going. They talk to me and are very helpful." A third person said, "We got a Caribbean night and we also celebrate Diwali. They have staff who understand my culture. One relative told us, "My relative is happy there. They listen to my relative. There are no communication problems. The staff are very understanding.

We observed that care workers interacted well with people. Care workers chatted with people in a gentle and friendly manner with people. People appeared at ease and the atmosphere was homely.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw detailed information in people's care records about their life history and their interests. Care workers could provide us with information regarding people's background and their care needs. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture, sexuality and their individual background. Training on equality and diversity had been provided.

The service actively encouraged people to be involved in the running of the service. It had involved a person in carrying out a satisfaction survey. This service user was given guidance and coaching to carry out the survey and they reported that they enjoyed it. This was an example of good practice.

The service had a cultural calendar. They organised special cultural events and cultural awareness days. On such days people would provide food, interesting facts and information on the chosen culture.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells 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 service had an Accessible Information Policy. Documents could also be translated for a person whose first language was not English. We saw that this happened in practice when we visited a person's bedroom. Guidance for this person had been translated into their first language. Some policies and guidance were available in big print.

## Is the service responsive?

### Our findings

The service actively sought to assist people in improving their life and improve their mental health. People informed us that they were satisfied with the care provided and their care workers were responsive to their needs. One person said, "They take good care of me. I have been seen by the psychiatrist. They did a care review recently. They have enough activities although I do not always join in." Another person said, "I had problem and told staff about it. They listened and were supportive and understanding. I am aware of the complaints procedure and can write a letter if needed." A third person said, "It's alright. They are excellent. They look after me fine. I am happy with care here." A relative said, "My relative is difficult to care for. However, the staff are supportive and have been able to do a good job and my relative is now settled." One care professional stated that care workers provided the care that people needed and the person they supported had made improvements in their life as a result of the care provided.

The service provided care which was individualised and person-centred. People's needs had been carefully assessed before services were provided. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were then prepared. People and their representatives were involved in planning care and support provided. People had signed their care plans to evidence this. Care workers had been given guidance on how to meet people's needs. We noted that the care plans of a person with a neurological disorder contained guidance regarding action to take if they deteriorated. This included calling the emergency services. There was also guidance on the care of a person who had diabetes. This included guidance on their diet and tests they needed.

Reviews of care had been arranged with people on a regular basis with their representatives and care professionals involved with their care. This was confirmed by people we spoke with. They stated that they were involved and able to express their views regarding their care and care workers listened to them.

Care workers encouraged people to be as independent as possible and participate in various academic and therapeutic activities. Activities organised for people included a trip to the seaside, a movie night, a barbecue, eating out at a restaurant, going for walks and to the gymnasium. One person informed us that they had been abroad for their holidays and was going abroad again. Pancake day and Valentine's day were celebrated. Photos of such activities were available. The registered manager informed us that one person was enrolled on a course of study and another person had a voluntary job. She also stated that three people had made improvements and moved out to independent living in the past twelve months.

The service had a complaints procedure and this was included in the service user guide. People told us that they knew how to complain. However, they stated that they were satisfied with the services and had no need to complain. Care workers knew that they needed to report all complaints to the registered manager so that they can be documented and followed up. We examined the complaints record and noted that these had been promptly responded to.

We discussed the care of people with behaviour which challenged the service. Care workers said they had

been provided with training on assisting people with their special needs. They were able to tell us how they would attempt to defuse a situation and keep people safe. This included reassurance, ensuring that other people were safe, administering medication and may include summoning emergency help.

## Is the service well-led?

### Our findings

People expressed confidence in the management of the service and informed us that they could approach senior staff when they wanted to. A relative said, "My relative seems to be well looked after. It is on the whole well managed." Another relative said, "They do a good job. My relative is happy there. They listen to my relative. There are no communication problems." Two care professionals informed us that the service was well managed. One of them added that there was good liaison and communication with the staff.

The service managed care workers well and made effort to motivate them. The registered manager and a director of the company visited the service and showed an interest in the welfare of people and care workers. Care workers were consulted and included in important decisions affecting the service. The registered manager stated that this had helped to sustain motivation and increased company loyalty, morale and pride. Care workers had a positive attitude towards management staff. They informed us that the service was well managed and management staff were supportive and approachable. They indicated that morale was good and they had received guidance regarding their roles and responsibilities. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing a high-quality service and encouraging people to be as independent as possible. We noted that the service encouraged an open and transparent culture. Their code of conduct advised staff to be honest, respectful and to treat all people as individuals. The registered manager stated that these values were discussed at staff meetings and in their newsletters.

The service had a system for ensuring effective communication amongst care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the service. The service had a clear management structure in place with a registered manager supported by a group manager who had applied for registration with the CQC. There were deputy managers in each of the supported living units. Administration support was also available in the office.

Care documentation was well maintained, up to date and comprehensive. The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, code of conduct and health and safety. Care workers were aware of these policies.

The service had carried out a satisfaction survey of people in October 2018. We noted that the feedback was mostly positive. It indicated that care workers did very well at respecting people who used the service. There was an action plan in response to the findings. This included guidance on being aware of body language and action which could affect behaviour and continue listening to people. Care workers were also reminded that any issues raised should be discussed during the monthly meetings with people.

Audits and checks of the service had been carried out by the registered manager, deputy manager and senior staff of the organisation. These were carried out monthly and included checks on care documentation, cleanliness, medicines and care documentation. Medication checks were done daily. Documented evidence of these were provided. We noted that the audits were structured in accordance with

the five CQC questions which checked if the service was safe, effective, caring, responsive and well led. Records were well maintained and information requested was provided promptly.

The service worked at engaging people and kept them informed. There was a three monthly newsletter with news and information on activities such as a trip to Southend, a music event and message from the operations director. A dignity action day had been organised in March of this year to explore what it meant to be treated with dignity and upholding people's rights and dignity. A person who used the service was involved in assisting in the annual satisfaction survey.

The service had a record of compliments received. These included the following ; "On behalf of the council, thank you for providing a safe, wonderful and kind support for our client." (a social care professional), "I am extremely happy with the care provided. Staff are very supportive and helpful. The staff / management and care and support is very significant. They do this job because they care and likes to help it comes from the heart." (a relative of a service user), "I would like to also take this opportunity to compliment the speed in which you have developed the protocol and the professionalism of your team. They were very welcoming and made myself and my team feel that this will be an ideal placement for my client." (a healthcare professional).

The registered manager provided us with examples of good practice where people had made progress when at the service. Examples included one where a person who previously did not want to have a bath or shower had improved and was taking showers. Another example was that a person who wished to lose weight signed up to a slimming class and was assisted with healthy eating and activities. This helped the person lose a significant amount of weight. A third example was related to a person who would not engage with the service, leaving early and returning home late. With encouragement from care workers, they now interacted well with care workers and other people living at the service. Finally, another person with help from care workers had been able to attend college and had a voluntary job and managed to pass exams.