

Assist And Care Limited

Assist and Care Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 26, 28 and 31 October 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. This was our first inspection of the service.

Assist and Care Ltd is a domiciliary care agency located in south Manchester. It provides personal care to people in their own homes. At the time of our inspection 18 people were receiving personal care from the service.

The service had a registered manager. 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 we spoke with said staff at the service made them feel safe and acted professionally at all times. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. The service was not responsible for people's accommodation but did undertake risk assessments of people's homes to see if any steps were needed to improve their safety.

Accidents and incidents were investigated and monitored to see if any steps were needed to improve people's safety. Plans were in place to ensure people received a continuity of care in emergency situations that disrupted the operation of the service.

People's medicines were managed safely. Where staff supported them people told us their medicines were managed safely. Procedures were in place to minimise the risk of abuse occurring. The registered manager monitored staffing levels to ensure enough care staff were employed to support people safely. The registered provider's recruitment procedures minimised the risk of unsuitable staff being employed.

People and their relatives told us the service provided effective care, and that staff had the skills needed to support them. Staff received mandatory training in a wide range of areas and newly recruited staff completed an induction programme before they could provide unsupervised support to people. Staff were supported through regular supervisions and appraisals.

The service was working within the principles of the Mental Capacity Act 2005. Where people received support their dietary needs and preferences were clearly recorded in their care plans. The service supported people to access community professionals to maintain and improve their health.

People and their relatives spoke positively about the support they received, describing staff as caring and kind. People and their relatives told us staff treated them with dignity and respect, including by giving them choices over the support they received.

People and their relatives told us staff were friendly but professional, and able to communicate with people well. The service kept a written record of compliments and positive feedback received from people, which were shared with staff. Procedures were in place to ensure people's views on their care were heard through the appointment of advocates.

Care was based on people's assessed needs and preferences and delivered in a person-centred way. Where a support need was identified a care plan was created setting out how the person wanted to be supported in each area. People and their relatives told us they were involved in planning their care, and that regular reviews took place.

Some people received support with accessing activities as part of their care. Where this was the case this was clearly recorded in their care plans, with details of how they wished to be supported. People and their relatives said they knew how to complain or raise any issues they had with the service.

Staff spoke positively about the culture and values of the service. There was a registered manager in post, who was also the registered provider. Staff spoke positively about the registered manager, describing them as supportive and as someone who included them in the running of the service.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service, and regularly sought feedback from people, their relatives and staff. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people were assessed and actions taken to minimise them.

People were supported by staff who had been appropriately recruited and inducted.

People were supported to access and administer their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received suitable training and supervision to ensure they could appropriately support people.

Staff understood and applied the principles of the Mental Capacity Act and consent.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good ●

The service was caring.

People spoke highly of staff, and said that they were treated with dignity and respect.

People and their relatives said that care was delivered with kindness.

The service assisted people with advocacy services if needed.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed, personalised and focused on

individual care needs. People's preferences and needs were reflected in the support they received.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Good ●

The service was well-led.

The registered manager used audits to monitor and improve standards and understood their responsibilities in making notifications to the Commission.

Feedback was sought from people and staff in order to monitor and improve standards.

Staff felt supported and included in the service by the registered manager.

Assist and Care Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 26, 28 and 31 October 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. The inspection team consisted of one adult social care inspector and an expert 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed 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.

Before our inspection we sent questionnaires asking for feedback on Assist and Care Ltd to people using the service, their relatives and community professionals. 10 people and three relatives responded to our questionnaires and gave positive feedback.

We contacted the commissioners of the relevant local authorities who worked with the service to gain their views of the care provided by Assist and Care Ltd. We did not receive any feedback.

During the inspection we spoke with five people who used the service and five relatives. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager and care staff. We looked at four staff files, which included recruitment records, as well as other records involved in running the service.

Is the service safe?

Our findings

People we spoke with said staff at the service made them feel safe and acted professionally at all times. In the questionnaires we sent to people and their relatives before our inspection we asked whether people felt safe from risk of abuse or harm from the service. Every person and relative that responded said they did.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Before people started using the service their support needs were assessed. If an area of risk was identified a plan was put in place to minimise the risk of it occurring. For example, one person was assessed as being at risk of becoming distressed during support with personal care. Their risk assessment contained guidance to staff on how to support the person if this occurred, for example by using appropriate touch on their hand to reassure them and to explain again what they were doing. Another person was assessed as being at risk of dehydration, so their care plan directed staff to encourage them to drink when they were present.

The service was not responsible for people's accommodation but did undertake risk assessments of people's homes to see if any steps were needed to improve their safety. This included checking flooring, trip hazards, support equipment owned by the person and their medication storage. Risks to people were regularly reviewed to ensure they reflected their current support needs.

Accidents and incidents were investigated and monitored to see if any steps were needed to improve people's safety. Where they occurred we saw evidence of thorough investigations taking place, which the registered manager said they reviewed to see if remedial action was needed. The registered manager told us, "We don't have that many [accidents and incidents]. It tends to be small things and I keep an eye on it."

Plans were in place to ensure people received a continuity of care in emergency situations that disrupted the operation of the service. The registered manager described the back-up IT systems the service had to ensure people's care records were always accessible, and the arrangements in place with staff to provide emergency cover.

People's medicines were managed safely. Most people who were receiving personal care managed their own medicines or had them managed by relatives. Where staff supported them people told us their medicines were managed safely.

People who received medicine support had an individual medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We reviewed four people's MARs and saw they contained information on the medicines people had been prescribed, when they should be taken and records of when they had been administered. Where people had refused their medicines this was appropriately recorded on the MAR, and the registered manager told us frequent refusals would lead the service to request a GP review of the person's medicines. We did see that some MARs had gaps in recording which meant it was not possible to see if those medicines had been administered. We asked the registered manager about this, who said the matter would be

immediately investigated.

Even where people were supported with their medicines they remained responsible for ordering them and storing them in their own homes. The registered manager told us staff would raise any concerns they had about storage arrangements, which would lead to the registered manager or care co-ordinator visiting the person to discuss this. Staff had access to a medicines policy - based on recognised national guidelines – to guide them on medicine administration. Staff told us they received the training needed to support people with their medicines, and felt confident in doing so. One member of staff we spoke with said, "I have had medicine training recently. It was useful."

Procedures were in place to minimise the risk of abuse occurring. Staff had a good working knowledge of safeguarding issues and the types of abuse that can occur in care settings and said they would be confident to raise any concerns they had. Staff were supported in this by the registered provider's safeguarding policy. This set out the steps to be taken in reporting concerns. The service had not had any concerns reported to it but the registered manager was able to describe how these would be investigated, including with appropriate referrals to the local safeguarding team. One member of staff told us, "I have done safeguarding training and would be happy to report any concerns." Another member of staff said, "They (the registered manager) let us know who to report any concerns to."

The registered manager monitored staffing levels to ensure enough care staff were employed to support people safely. People told us they were supported by stable staffing teams, and that staff stayed for the duration of their designated call and did not have to rush off early to attend their next call. One person we spoke with said, "It pleases me that I know who is going to support me, this is my home and I feel I want to be safe here." Another person told us, "We are informed about every stage of who is coming and if there are any changes, which is reassuring."

The registered manager told us about their assessment process when new people asked to use the service. They told us, "When I do an assessment I think about how we could accommodate it. I come back to the office and discuss it. Because we have [privately paying] clients there is never a rush to accept a package. We don't do local authority contracts where we have thousands of hours thrown at us. We never take on a package if we can't cover it. I always say if [the care] becomes non-personal it is time to stop."

Absence through sickness and holiday was covered by staff working extra shifts, and staff said this worked well. One member of staff said, "I never feel there is no cover." Another member of staff told us, "We are asked to cover sickness. [The registered manager] keeps a pool of staff so each person has a team (to cover staff absence)." We reviewed a sample of staff rotas and saw that all required calls were covered.

The registered provider's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history. Notes of job interviews showed that they were asked care-based questions to test their suitability for care work. Proof of identity and written references were obtained, and Disclosure and Barring Service checks carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Newly recruited staff completed a probationary period before they were employed on a full time basis. The registered manager said this allowed them to ensure staff were suitable for their role.

Is the service effective?

Our findings

People and their relatives told us the service provided effective care, and that staff had the skills needed to support them. In the questionnaires we sent to people and their relatives before the inspection we asked if their support workers had the skills and knowledge to provide them with the support they needed. All 10 people and three relatives who responded said staff did.

Staff received mandatory training in a wide range of areas, including medication, fire safety, food hygiene, first aid, safeguarding, dignity and respect, the Mental Capacity Act 2005, dementia awareness and health and safety. Mandatory training is training the registered provider thinks is necessary to support people safely. The registered manager used a chart to monitor and plan staff training, and these showed that all staff had either completed mandatory training or had it planned. Mandatory training was refreshed every 12 months to ensure it reflected current best practice. The service was in the process of reorganising its training towards the Care Certificate format. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

The service moved into larger offices in 2014 as the registered provider wanted it to have room to organise and host training programmes. We saw training equipment in place at the office, and the registered manager told us that some staff had qualified to deliver training to their colleagues. All staff had also completed 'Dementia Friends' training with The Alzheimer's Society. Staff spoke positively about the training they received and were confident that if they requested more this would be arranged. One member of staff told us, "Training is good. It always gets refreshed. I think it makes us think and question how we do things."

Newly recruited staff completed an induction programme before they could provide unsupervised support to people. This consisting of reviewing the service's policies and procedures, shadowing more experience members of staff and then providing supervised support. People and their relatives confirmed that staff supporting people for the first time were always supervised by staff people were familiar with. The registered manager also carried out spot checks to review staff competency and see if any further training or support was needed.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff files contained records of the meetings, which involved discussions of the 'philosophies and aims' of the service, training and development and any support needs the member of staff had. Staff spoke positively about supervisions and appraisals, describing them as supportive. One member of staff told us, "We get supervision and appraisals. They are useful."

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.

We checked whether the service was working within the principles of the MCA. At the time of our inspection most people using the service were able to consent to their care and this was documented in their care records. Where people had Lasting Powers of Attorney in place the registered manager obtained evidence of this and it was clearly recorded. This meant only those with the legal power to do so were making decisions about people's care.

Staff received training on the MCA and had a good working knowledge of its principles. Some people who used the service were living with a dementia but still retained capacity to make decisions about their care. This was clearly documented in their care plans, with guidance to staff on monitoring people's capacity and raising any concerns about changes to capacity with the registered manager. This was in keeping with the principles of the MCA. People we spoke with told us they were given choices over the support they received.

Some people received support with food and nutrition but most people managed this themselves. Where people received support their dietary needs and preferences were clearly recorded in their care plans. For example, one person's plan detailed how they needed encouragement to eat and the ways that staff could do this. People told us they received a choice over the dietary support they received.

The service supported people to access community professionals to maintain and improve their health. Most people using the service managed their own appointments with professionals such as GPs, dentists, opticians and district nurses or had their relatives arrange them. The registered manager and staff told us how the service provided support to people in accessing these services where it was requested, for example in attending appointments with people or arranging transport. People's care plans contained details on their health conditions and the involvement of professionals, which meant staff had the information they needed to support people effectively.

Is the service caring?

Our findings

People and their relatives spoke positively about the support they received, describing staff as caring and kind. One person we spoke with said, "I couldn't ask for better care." Another person told us, "I would give them (staff) an A plus." Another person said, "I'm completely happy with their service." Another person said, "I am very pleased with them."

Relatives also spoke positively about the care provided by staff. One relative we spoke with told us, "They are local and if [named person] is going past the office on a walk out they come out and make a huge fuss of [named person]. They have a personal touch." Another relative said, "I don't know what I would have done without them." Another relative told us, "I was using social care support but found this inflexible for [named person], so I found Assist and Care and right from day one they have been marvellous."

In the questionnaires we sent to people and their relatives before the inspection we asked if they were happy with the care and support they received and whether staff were caring and kind. All 10 people and three relatives who responded said they were happy with the support they received and staff were caring and kind. People and their relative also submitted positive feedback on our questionnaires. One person replied, 'So far I am perfectly happy.' A relative replied, 'They keep [named person] active and positive and have a great relationship with them. [Named person] likes the carers and the management team very much, as we do. 100% support we get. No issues.'

People and their relatives told us staff treated them with dignity and respect, including by giving them choices over the support they received. They also said staff encouraged people to maintain their independence, which helped people to maintain their dignity.

A relative we spoke with told us, "They enable and help [named person] maintain their skills, which is important when you are being supported it should be helping you keep some of your dignity." Another relative submitted feedback on the questionnaires we sent out before the inspection, replying, 'The care workers do all they can to help [named person] retain their independence. They are always thoughtful and kind.'

People and their relatives told us staff were friendly but professional, and able to communicate with people well. One relative told us how staff used their knowledge of a person with behaviours that can challenge to offer kind and caring support. The relative said, "[Named person] can be a bit aggressive but having the right support from the staff seems to have calmed them down. [Named person] is totally different now [the person] has the right support. [Named person] has a book with photos in and a CD with their favourite music, which they use to work with [the person]. This helps calm [named person's] aggression down as they interact with things they remember."

The service kept a written record of compliments and positive feedback received from people, which were shared with staff. One person had said, 'Very happy with [Named member of staff]. Very polite, nice and professional. Does the job perfectly.' A relative had said, 'Many thanks for all of your hard work in attending

to [Named person]. It is much appreciated by all of the family.'

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us about the procedures in place to support people to access advocacy services, including multi-disciplinary teams with other professionals supporting the person and also their relatives. These meant procedures were in place to ensure people's views on their care were heard.

Is the service responsive?

Our findings

Care was based in people's assessed needs and preferences and delivered in a person-centred way. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

Before people started using the service an assessment was carried out to determine their support needs, in areas including their daily routine, dietary needs, mobility, health conditions and medication. Where a support need was identified a care plan was created setting out how the person wanted to be supported in each area. For example, one person's care plan contained a detailed overview of their daily routine that included the particular glass they liked to drink out during specific parts of the day. Another person's care plan detailed how the person could be supported with their behaviours that can challenge. Care plans were regularly reviewed to ensure they reflected people's current support needs. We saw that updates to people's support needs were clearly recorded in a 'service review' document, but in some cases this had not been updated in the support plan itself. We asked the registered manager about this, and they said they would check all care plans to ensure any changes identified in service reviews were used to immediately update the care plan.

Daily notes were used to keep a record of people's daily support needs, to ensure staff visiting them had current information on them. We reviewed a sample of these and saw they contained details of the tasks staff had completed, meals prepared and any medicines administered. This helped ensure that staff had the information they needed to support people effectively.

People and their relatives told us they were involved in planning their care, and that regular reviews took place. One relative we spoke with said, "They came out and asked lots of question about [named person's] personal care, likes and dislikes. We did a 'This is me' booklet and everyone is asked to read it, so they know about [named person's] persona. This is good when the staff are getting to know [named person]'. In the questionnaires we sent to people and their relatives before the inspection we asked if people were involved in decision making about their support needs and if relatives were consulted. All 10 people and three relatives who responded said they were.

Some people received support with accessing activities as part of their care. Where this was the case this was clearly recorded in their care plans, with details of how they wished to be supported. During the course of our inspection the registered manager was in the process of organising a Christmas party for people who used the service and their relatives. They said a benefit of having moved into larger offices in 2014 was having space to organise a party for people and their relatives, saying this was especially important for people who were socially isolated. During the inspection we heard the registered manager speaking with people on the telephone about the party, which people were clearly excited about. One person we spoke with said, "At Christmas the management come around and bring a personal gift and its really nice, as they deliver it themselves it makes you feel valued." The registered manager has also turned a section of the office into a 'coffee shop' area, and encouraged people who used the service and their relatives to visit for a drink and conversation if they were passing.

People and their relatives said they knew how to complain or raise any issues they had with the service, before going on to say they had nothing they wanted to complaint about. One person said, "I couldn't complain, as I don't have anything to change." Another person told us, "(I) haven't anything to complain about." There was a complaints policy in place, setting out how complaints would be investigated and the timeframes for doing so. The service had not received any complaints in the 12 months leading up to our inspection, but the registered manager was able to describe how the complaint policy would be applied.

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "There is lots of emphasis on the dignity and individuality of people, which I haven't always found in other services I have worked at. It is paramount here. It's not about just making money and popping in and out." Another member of staff said, "People always get a good, high standard of care. As a company I'd recommend it any day. It is better than any other company I've known."

There was a registered manager in post, who was also the registered provider. Staff spoke positively about the registered manager, describing them as supportive and as someone who included them in the running of the service. One member of staff told us, "[The registered manager] is very supportive." Another said, "I feel supported. It's like a family, really. [The registered manager] sorts any problems straight away and they have always been dealt with." Another member of staff told us, "[The registered manager] has helped me so much with my learning. You can contact her at any time of the day. They're basically available 24 hours a day." Staff confirmed that staff meetings took place, and minutes of these meetings showed that they were free to raise any support issues they had. Staff meetings were also used by the registered manager and staff to share information on the running of the service. For example, at the August 2016 meeting staff reviewed the service's mission statement, which read, 'To provide a first class service at all times.'

The registered manager clearly knew people and their relatives well. Throughout the inspection we saw the registered manager speaking with people and their relatives on the telephone, enjoying friendly conversations and discussing things of importance to people. A relative gave positive feedback on the registered manager in the questionnaires we sent to people and their relatives before our inspection, replying, 'I am satisfied with the level of care, the ease in which I can contact them at any time, and the conscientious attitude of both managerial staff and carers.' People told us they had a good relationship with both care staff and the office staff. They spoke about everyone on first name terms and spoke fondly of the registered manager.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. People's care plans were audited every 6 months, with the registered manager or care co-ordinator visiting people at home to discuss their on-going support needs. The registered manager told us, "Service reviews are generally every 6 months but because I tend to speak with people all the time it may be that they get done sooner." We saw evidence of how reviews had been used to improve standards, for example by ensuring documentation missing from care plans was added. The care co-ordinator also reviewed people's medicine administration records (MARs), and the registered manager said those checks would be reviewed to ensure they were effective in light of the gaps we found in some people's MARs that had not been identified.

The registered manager regularly sought feedback from people, their relatives and staff. A questionnaire had been sent out to people in 2016, but due to a low response rate the registered manager was reviewing how

the feedback process could be improved. We saw that the feedback received was positive. People, their relatives and staff confirmed that the registered manager, care co-ordinator and office manager regularly contacted them on the telephone for feedback.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.