

Care Assist Limited

Care Assist in Harrow (Kings Road)

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

We undertook this unannounced inspection on 15 January 2018. Care Assist in Harrow (Kings Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection. Care Assist in Harrow (Kings Road) is registered to accommodate a maximum of six people. On the day of this inspection there were five people living in the home with mental health needs.

At our last comprehensive inspection on 26 January 2016 the service met the regulations we inspected and was rated Good. At this inspection we found the service remained Good.

People who used the service informed us that they had been treated with respect and dignity. The service had arrangements to protect people from harm and abuse. Care workers were knowledgeable regarding types of abuse and were aware of the procedure to follow when reporting abuse. Risks assessments had been carried out and risk management plans were in place to ensure the safety of people. The service followed safe recruitment practices and sufficient staff were deployed to ensure people's needs were met. There were suitable arrangements for the administration of medicines and medicines administration record charts (MAR) had been properly completed.

The premises were kept clean and tidy. Infection control measures were in place. There was a record of essential maintenance and inspections by specialist contractors. Fire safety arrangements were in place. These included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. The dietary needs of people had been assessed and arrangements were in place to ensure that people received adequate nutrition.

The Care Quality Commission (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 are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

Care workers worked well as a team and there was effective communication amongst them. They had received a comprehensive induction and training programme. There were arrangements for staff support, supervision and appraisals.

Care workers prepared appropriate and up to date care plans which involved people and their representatives. People were encouraged to be as independent as possible and to engage in various

activities.

The service listened to people who used the service and responded appropriately. There were opportunities for people to express their views and experiences regarding the care and management of the home. Complaints made had been recorded and promptly responded to.

Comprehensive checks and audits of the service had been carried out by the registered manager and the deputy manager to ensure that the service provided care of a good quality.

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 Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Care Assist in Harrow (Kings Road)

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 15 January 2018 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications from the home, complaints received and reports provided by 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 five people living in the home. We spoke with four people who used the service, one relative and a healthcare professional. We spoke with the registered manager, deputy manager and three care workers. We received further feedback from two social care professionals and a healthcare professional.

We looked at the kitchen, medicines cupboard, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people, four staff recruitment records, supervision, training and induction records. We checked the audits, policies and procedures and maintenance records of the home.

Is the service safe?

Our findings

People told us that they felt safe in the home and they were well treated. One person said, "I am happy here. I feel secure here." A second person said, "Nobody has attacked me. I feel safe and secure here." A relative said, "They are very good. My relative is safe here-enough staff here."

During the inspection, we observed that people care workers were attentive, welcoming and interacted well with people.

The home had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. 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 team and the CQC if needed.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks when associated with neglect, medical conditions and the use of electrical equipment. Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined three medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. This was also confirmed by people we spoke with. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The emergency lighting had been checked monthly by care workers. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out regularly. Fire procedures were on display in the home. Care workers had received fire training and were aware of action to take in the event of a fire. The registered manager stated that following a recent fire in a London building the home had now introduced closer audit of their fire safety. Documented evidence of this was provided. Three people in the home smoked. The home had a no smoking policy and there was a designated area outside the home for people who smoked. Regular checks of people's bedrooms had been carried out and documented by care workers. The care records of people contained individual risk assessments in relation to smoking. The home had a fire risk assessment. The fire risk assessment was not sufficiently comprehensive as it did not have reference to people who smoked or had been administered medication which may affect their response time in the event of a fire. The registered manager sent us their updated risk assessment soon after the inspection.

The hot water temperatures had been checked weekly by care workers. The temperature of the water prior to people being assisted by care workers to have shower or bath had been recorded. The home had a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas

boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Hand held emergency buzzers had been provided for care workers so that they can summon assistance in an emergency.

The home had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of four records of care workers. We noted that all the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The deputy manager informed us that they had a low turnover of staff. This meant that the service could provide consistency of care to people.

People and a relative informed us that the staffing levels were adequate. On the day of inspection there were a total of five people who lived in the home. The staffing levels during the day shifts normally consisted of the deputy and two care workers. During the night shifts there was one care worker on duty. The registered manager also managed two other service run by the same provider. The days when she was at the home were displayed on the notice board. The registered manager informed us that dependency levels of people were monitored to ensure that there was adequate staffing.

The premises were clean and tidy. No unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Gloves and aprons were available. Care workers were aware that soiled linen should be washed at a sufficiently high temperature. Colour coded bags had been provided for soiled linen.

We reviewed the accident records. Accident forms had been fully completed and signed. Where appropriate, there was guidance for care workers on how to prevent a re-occurrence.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People told us that care workers were competent and they were satisfied with the care provided. They stated that they had access to healthcare services. One person said, "I can see my doctor and psychiatrist if needed." Three care professionals told us that staff were capable and able to care for their clients.

People's care records indicated that they had received an initial assessment of their needs with involvement from their representatives or relatives before moving into the home. The assessments contained important information about people's health and other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed.

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 their mental state or behavioural issues. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's medical consultant, psychiatrist and GP. A healthcare professional stated that people's medicines had been regularly reviewed and their healthcare needs attended to.

Arrangements were in place to encourage healthy eating and ensure that the nutritional needs of people were met. One person said, "The staff help me when I need help. I go shopping with staff. I can cook different foods." The registered manager stated that they encouraged people to eat fresh fruits and vegetables and have a balanced diet. She further provided us with a folder which contained information for people and care workers on healthy eating and stated that they had discussed the topic with people. People's needs had been assessed and this was recorded in their care records. Care workers were aware of the special dietary needs of people such as those needing special diets. To ensure that people received sufficient nutrition, monthly weights of people were documented in their care records.

The registered manager informed us that people were given a sum of money to purchase their own food. This was aimed at encouraging people to budget and be as independent as possible. However, two people informed us that the sum of money they were given each week for purchasing food was insufficient. The registered manager informed us that certain items like milk had already been provided. However, she stated that the amount of money provided would be reviewed with senior management.

Care workers confirmed that they had received appropriate training for their role. Some of them were educated to degree level. When interviewed, they were aware of their roles and responsibilities. We saw copies of their training certificates which set out areas of training. Topics included the administration of medicines, health and safety, Mental Capacity Act and safeguarding.

Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. One care worker had completed the Care Certificate. This course

is comprehensive and has an identified set of standards that care workers work through with their trainer. The registered manager stated that new staff would be enrolled on the Care Certificate if required.

Care workers said they worked well as a team and received the support they needed. Records of care workers contained evidence of supervision and appraisals meetings. Care workers we spoke with confirmed that these took place and we saw evidence of this in their records.

We checked whether the home 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. Where people lacked capacity, details of their advocates or people to be consulted would need to be documented in the assessments. The registered manager informed us all people in the home had capacity to consent regarding their care, support and treatment.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The registered manager informed us that no one required DoLS authorisation. We noted that people could go out of the home freely on their own.

Is the service caring?

Our findings

People and their representatives spoke highly of care workers and informed us that care workers were caring. One person said, "Yes, the staff treat me nicely. I can approach them. They respect my privacy and knock on my door before coming in. I am happy with the facilities and my bedroom." Another person said, "Staff can communicate well. They are respectful."

A social care professional told us that they were very satisfied that their client was well treated and well supported. Another professional stated that care workers were able to communicate well with their client.

We observed that care workers were pleasant and interacted well with people. Care workers smiled and talked with people in a friendly manner. People appeared comfortable and at ease with care workers. We saw that people could go into the kitchen and prepare drinks and snacks they wanted. Care workers treated people with respect and dignity. We observed care workers knocking on people's bedroom doors and waiting for the person to respond before entering.

Care plans included information that showed people had been consulted about their individual needs including any special preferences, their spiritual and cultural needs. The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. The service had an E & D calendar to inform care workers of special cultural and religious events. The registered manager informed us that they had celebrated special events such as Christmas, the Iranian New Year, Eid and Hanukkah. People could buy and prepare food which they liked or which met their special needs and preferences.

The care records contained communication profiles of people. These provided guidance on how people expressed themselves and what would help when communicating with people. People informed us that care workers communicated well with them. Regular residents' meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as health and safety, smoking and the effect of excessive noise at night. In addition, one to one meetings between care workers and people were carried out on a monthly basis to review the support provided as well as identifying new needs.

Effort had been made to provide a pleasant environment for people and help them feel at home. The garden at the back of the home was well maintained and seating was available for people. The lounge had comfortable seating. The bedrooms were well-furnished and had been personalised with people's own ornaments and memorabilia.

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 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 registered manager stated that the service had translated documents for a person whose first language was not English. This was

confirmed by the person concerned. Some documents such as care plans were in easy read pictorial format.

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. They stated that there was a variety of activities available for them. One person said, "They listen to me. I have complained before and they have responded." Another person said, "I have had my care reviewed. I have made improvements."

A social care professional told us that their client who was not happy elsewhere was able to settle in the home. This person was treated with respect and well cared for by the staff. Another professional described staff as proactive and responsive to the needs of their client in a timely manner.

The care needs of people had been carefully assessed. These assessments included information about a range of needs including those related to their medical health, mental health, nutritional needs and behavioural needs. Care plans were then prepared by care workers. People and their representatives were involved in planning their care and support. Care records contained photos of people so that they could be easily identified by care workers. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of how to care for people.

One person in the home had a healthcare need which required them to be closely monitored and supported by care workers. This person's care records contained an appropriate care plan for the specific need. Care workers we spoke with were aware of the dietary needs of this person. The care records contained guidance on action to take if this person appeared to be deteriorating or experiencing problems. This person's care had been reviewed regularly. The person concerned stated that they were satisfied with the care provided.

A second person had behavioural issues. Their care plan contained guidance on how they should be cared for. Care workers were aware of how to care for this person and their care had been reviewed regularly. This person informed us that they were well cared for by staff and felt supported by them.

The care records contained evidence that formal reviews of care had been arranged with people, their relatives and professionals involved. We also noted that the home carried out its own regular evaluations of care plans to ensure that the care provided for people was appropriate.

The care records contained an individual programme of weekly activities to ensure that people received adequate social and therapeutic stimulation. Activities that people had chosen to engage in included shopping, walks, outings and attendance at a day centre. People were also involved in the cleaning of their bedrooms and preparation of their meals. Three people informed us that there were enough activities for them and they could go out when they chose to. One person said they did not want to join in formal activities and they were capable of organising their own activities.

The home had a complaints procedure. We noted that one complaint had been recorded in the complaints folder. This had been promptly responded to. People and relatives we spoke with were aware of who to complain to if needed.

One person informed us that they were concerned regarding the specific aspects of personal care given to a particular person who used the service. This was discussed with the registered manager who stated that personal care had been given and recorded. Documented evidenced was provided. The registered manager agreed to discuss progress with the person concerned.

Is the service well-led?

Our findings

The feedback we received from people and their relatives was positive and they expressed confidence in the management of the home. A person stated, "I have confidence in the management of the service. They are very good and always talk to me." Professionals informed us that the service was well managed. One care professional described the service as one of a few care homes which demonstrated that they could care for their client's needs. Another professional stated that overall the home was a very good service and delivered according to their service objectives.

The home had a quality assurance system for assessing, monitoring and improving the quality of the service. Comprehensive weekly checks of the home had been carried out by the deputy manager and registered manager in areas such as cleanliness of premises, health and safety, fire safety, medicine administration and care documentation. Audits were carried out by the registered manager three monthly.

There was 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 and health and safety. Care documentation was up to date and well maintained. With one exception, records associated with the running of the service were up to date and well maintained. The fire risk assessment which was not sufficiently comprehensive was updated soon after the inspection.

The home had carried out a satisfaction survey in 2017. The results of the survey were positive. Comments made by people indicated that they were satisfied with the care provided and had been well treated. There was an action plan to address concerns and suggestions made.

The home had a management structure. The registered manager was supported by a deputy manager and a team of care workers. The home had an effective communication system. Hand-over meetings took place at the beginning and end of each shift. Care workers informed us that there were also team meetings where they regularly discussed the care of people and the management of the home. They stated that communication with their managers was good. They had confidence in the management of the home and found their managers approachable.

Care workers were aware of the aims and objectives of the service and stated that they aimed to treat people with respect and dignity and assist them to be as independent as possible. They told us that they were well treated by management and their managers were supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. There were regular meetings where care workers were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.