

Care Assist Limited

# Care Assist Domiciliary Care Services

## Inspection report

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04 October 2016

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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 29 September and 04 October 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The last inspection of the service was in October 2013 when we found the provider was meeting all of the standards we inspected.

Care Assist Domiciliary Care Services is a supported living service for up to 12 men and women with mental health care needs. People have their own, self-contained flats in the location and there is a team of staff on site to provide care and support. When we carried out this inspection, 12 people were using 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.

The provider had systems in place to protect people using the service and staff had the training they needed to provide safe care and support.

The provider carried out checks on new staff before they started to work in the service and there were enough staff to meet people's care and support needs.

Staff supported people with their physical and mental health care needs and made sure people received the medicines they needed safely.

Staff had the training they needed to care for and support people using the service. The provider supported staff and had systems to ensure they received regular supervision and an annual appraisal of their performance.

People told us staff supported them to prepare food they enjoyed.

Staff who supported people using the service were kind and caring. They respected people's privacy and dignity and offered people choices about aspects of their daily lives.

The provider assessed, recorded and reviewed people's care and support needs with them. Their support plans reflected their individual preferences and included information about what was important to the person.

People told us their health, community living skills and mental wellbeing had improved since they moved to the service.

People took part in a range of social and leisure activities in the service and the local community.

There was a positive culture and people using the service, their representatives and staff were happy with the service and thought it was well managed. They told us they were able to contribute their views and felt listened to.

The provider had systems for auditing the service and plans for continuous improvements.

## 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.

The provider had systems in place to protect people using the service and staff had the training they needed to provide safe care and support.

The provider carried out checks on new staff before they started to work in the service.

There were enough staff to meet people's care and support needs.

People received the medicines they needed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had the training they needed to care for and support people using the service.

The provider supported staff and had systems to ensure they received regular supervision and an annual appraisal of their performance.

People told us staff supported them to prepare food they enjoyed.

People had access to the health care services they needed.

### Is the service caring?

Good ●

The service was caring.

Staff who supported people using the service were kind and caring.

Staff respected people's privacy and dignity.

Staff offered people choices about aspects of their daily lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The provider assessed, recorded and reviewed people's care and support needs with them. Their support plans reflected their individual preferences and included information about what was important to the person.

People told us their health, community living skills and mental wellbeing had improved since they moved to the service.

People took part in a range of social and leisure activities in the service and the local community.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a positive culture and people using the service, their representatives and staff were happy with the service and thought it was well managed. They told us they were able to contribute their views and felt listened to.

The provider had systems for auditing the service and plans for continuous improvements.

There was a registered manager at the time of the inspection.

# Care Assist Domiciliary Care Services

## **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 29 September and 04 October 2016. We gave the provider 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us about incidents and events that affected people using the service.

During our visits to the service we spoke with six people using the service, three members of staff and two of the provider's management team. We reviewed care records and risk assessments for three people and checked other records, including records of staff recruitment and deployment, medication records and audits and checks the provider, manager and staff carried out in the service.

Following the inspection we spoke with the relatives of three people using the service and three health and social care professionals to get their views on the support people received.

# Is the service safe?

## Our findings

People using the service told us they felt safe. Their comments included, "It's very safe here," "I'm perfectly safe," "I'm not worried about my safety" and "It's the safest place I've lived in."

People's relatives also said people were cared for safely. Their comments included, "I don't worry about [person's name]. I know they are safe where they are living" and "[Person's name] has lived in places where I've been worried about their personal safety but I'm confident they are safe where they are now."

A social care professional told us, "The service manages situations very well, without taking unnecessary risks."

People were protected because the provider had systems in place and staff had the training they needed to support people safely. We saw the provider reviewed and updated their safeguarding adults policy and training records showed that staff had completed training run by the local authority and the provider's own training on safeguarding people using the service.

Staff we spoke with understood the provider's procedures for safeguarding people and were able to tell us about the types of abuse that people using the service could experience. They were also able to tell us what actions they would take if they had concerns about a person. Their comments included, "We are told to tell someone straight away if we are worried about someone, there are procedures and the manager would report to the local authority," "I've done safeguarding training recently and we have to tell the local authority if there are any safeguarding concerns, they will arrange for an investigation" and "The most important thing is to tell someone, the manager or their manager and follow it up to make sure they report it."

The provider ensured that staff working with people were suitable to work in the service. Staff records included application forms, interview records, proof of the person's identity and right to work in the United Kingdom, references and Disclosure and Barring Service (DBS) criminal records checks.

People using the service told us there were enough staff available to support them. Their comments included, "There's always somebody around if you need help" and "There are usually enough staff if you need anything." Staff rotas showed there were two staff available during the day and one member of staff on duty in the service overnight.

People received the medicines they needed safely. The provider told us staff did not administer people's medicines but they did prompt and supervise people to make sure they took the medicines they needed. People told us they had a lockable storage space in their flats and they said staff supported them to make sure they took their medicines. People's medicines records included information about the medicines they took, a sheet for recording PRN ('as required') medicines and a record of people's appointments to obtain their medicines.

The provider carried out health and safety checks to make sure people received the care and support they

needed safely. We saw the provider arranged for an annual health and safety check by a qualified contractor. They completed the most recent check in August 2016 and the provider confirmed that they had addressed all of the actions identified in the report. The provider also carried out quarterly health and safety inspections that included a check of opening restrictors fitted on windows above the ground floor. The provider also completed health and safety checks in the service's laundry and kitchen, the most recent in September 2016.

The provider also completed a fire safety risk assessment in April 2016 and recorded regular checks of the service's fire detection, fire alarm and emergency lighting systems.



## Is the service effective?

### Our findings

People told us and we saw that they were consulted and consent to their care and treatment was obtained verbally. Their comments included, "Yes, the staff make you feel involved, they ask if it's OK before they help" and "They do explain and they make sure I understand what they want to do." People signed their support plans and there was evidence they were involved in regular reviews.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider understood the principles of the MCA and had followed its requirements. They told us that there were no restrictions in place at present but they told us that they would refer people to the local authority if they were aware that a person was losing the capacity to make their own decisions about their care and treatment. All staff employed at the service had received training in the MCA. Staff we spoke with demonstrated a good understanding of the MCA.

The provider told us they expected all new staff in the service to complete the Care Certificate training as part of their induction. The Care Certificate provides a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. The provider also told us they would review the training needs of existing staff in supervision to ensure they met the requirements of the Care Certificate. Staff told us they enjoyed the training they attended and that it helped them in their roles. Their comments included, "The induction training has been very good" and "I have found all of the training useful, I think it is all very good quality."

Training records showed staff had completed training in areas the provider considered mandatory. This included, health and safety; fire safety; consent; diversity and equality; food hygiene; infection control; safeguarding and the Mental Capacity Act.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported in their roles. Staff told us and we saw evidence that they received regular supervision meetings from a member of the service's management team. They told us that this provided an opportunity to discuss their work, address any issues and receive feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People's care records included information about nutrition and we saw they included food budget sheets

and weekly planned menus. People told us they discussed with their key workers the importance of planning a balanced diet, budgeting, shopping and cooking meals. Individual's flats included cooking facilities and they told us they often ate together with one person cooking a meal for one or two others. All of the people we spoke with said they enjoyed the food they prepared for themselves in the service. This showed that the service recognised the importance of food, nutrition, hydration and a healthy diet for people's wellbeing generally, and as part of their daily life.

The service responded to people's health needs. One person who used the service told us, "t's not a problem seeing the GP and staff remind me when I have appointments." A second person said, "When I have not been too good they have arranged appointments for me." A third person told us, "I don't need a lot of support with this but staff will remind me about appointments to make sure I haven't forgotten."

Records showed that staff monitored people's health care needs, recorded and followed up any concerns. This included people's physical and mental health care. Staff received appropriate training and people's support plans contained information about their health care needs and guidelines for staff to follow to ensure that these were met. Support plans contained information about people's medicines and health care professionals involved in their care. This showed that the service was meeting people's health needs effectively.

## Is the service caring?

### Our findings

People told us the staff working in the service were kind and caring. Their comments included, "They are good, all the staff help you if you need it," "The staff are very good, very kind" and "The staff try and understand what's going on, they listen and do their best to help." A relative told us, "The staff are very good, they really seem to care about each person as an individual."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and people did not have to wait for staff to help them. Most of the people using the service went out for part of the day during our visits.

The staff knew people's care and support needs well. They were able to tell us about significant events and people in each person's life, their individual daily routines and preferences. People's care records included a biography and information about how they spent their time each day. Care records also included a weekly activity planner as the provider supported people to have an 'active day' to reflect the daily routines of people in employment, education or training.

People using the service were able to choose where they spent their time. During the inspection, people spent time in their flats when they wanted privacy and in communal areas when they wanted to be with other people. Staff respected people's privacy and dignity when they supported them with their personal care. For example, staff told us they made sure they closed doors if they supported people with their personal care and always knocked on the door and waited for people to invite them in.

During the inspection, support staff offered people choices about aspects of their daily lives. We saw people made choices about what to eat and how and where they spent their time. Staff made sure people understood what they were being offered and gave them time to make a decision. If staff were not able to respond immediately to a person's request, we saw they explained the reasons why and agreed a time when they would be able to support the person. If people chose not to accept the support they were offered, we saw support staff respected this choice and offered the support later.

Staff recorded people's needs in respect of their gender, religion and culture in their support plans. For example, people's care records included information about their spiritual and cultural needs.

## Is the service responsive?

### Our findings

People told us the service identified and met their care and support needs. They also told us the provider considered their preferences and wishes about the ways they were supported. Their comments included, "I feel I get the care I need," "I don't mind who supports me but they do ask if I'm happy with the care here" and "I definitely get the help I need here. A social care professional told us, "They communicate very well. If there are any changes in my client they let me know straight away, they are very on the ball."

The provider recorded most people's care and support needs in clear and appropriately detailed care plans. These included how they would like care to be delivered and how they expressed their choices and communicated. The care plans were written in a way which was easy to understand with actions for the staff. They reflected people's specific needs and preferences and recorded actions focused on the person who was being cared for. Staff wrote plans in the first person and included clear objectives for each person. For example, one person's plan stated, "I would like the staff to assist me with my weekly budget," "I would like staff to support me to attend all appointments" and "I would like to lose some weight."

On the first day of the inspection we did find that some care plans were incomplete or did not reflect the support the person was receiving currently. For example, one person's care plan included a goal that they should move on to more independent accommodation. However, the goal had not changed for more than two years, the plan did not include a section on moving on and the daily contact notes staff completed did not refer to any activities connected with a move to more independence. A second person's plans included goals around their personal care and daily living skills. Again, the daily contact notes staff completed did not refer to these goals and there was no way of measuring the person's progress towards achieving them.

We discussed this with the provider's Group Supported Living Manager and Head of Performance and they told us they would address the gaps we identified. When we returned for the second day of this inspection we found the provider had taken action to review all of the care plans for people using the service and had produced an annual profile for each person that showed the progress they had made towards achieving identified goals. For example, we saw staff had supported the person who was ready to move on to contact housing providers and complete financial assessments to support their housing applications. The person who said they wanted to improve their ability to manage their personal care and their daily living skills had achieved some of the identified objectives and staff had updated their care plan to reflect this.

Staff regularly reviewed and updated people's care plans. They were accessible on the computerised system which all staff had access to and were also printed so the staff had access to paper copies. Individual health and care needs had been assessed and these assessments were updated each month and changes recorded in the care plans. The staff kept records of the daily care they provided. These were up to date and showed that staff delivered care and support in line with people's care plans.

For people who had a specific care need, such as risk of weight gain due to unhealthy food choices, there was a detailed plan which included actions for the staff to support the person. For example, the person's GP prescribed exercise sessions at a local gym and staff supported the person with healthy food shopping and

menu planning. Where people were at risk of a relapse in their mental health, their care plans detailed the indicators and the actions staff should take to ensure the person received the support they needed.

As part of the provider's care planning systems, they had set up a number of groups for people using the service to provide support with specific issues. These included a smoking cessation group, a diabetes awareness group and an introduction to sign language. Staff facilitating the groups attended training and completed the courses themselves before rolling out the training and support to people using the service.

People's care plans included a weekly programme of activities they agreed with their key worker. The provider told us they believed each person using the service should have an 'active day' each day of the week and key workers told us they discussed hobbies and interests with individuals to plan their week. We saw people were involved in voluntary employment, adult education classes and leisure activities they chose, in the service and the local community. People told us they enjoyed the activities they took part in. Their comments included, "The voluntary work has really helped me. Now I want to look for a paid job" and "There's always something to do and the staff will help if you ask them."

People knew how to make a complaint and felt that their concerns and complaints were listened to and acted upon. Some of the comments from people living at the service and their relatives were, "I've never needed to make a complaint," "If there's a problem, I'd talk to the management," "I'm sure the manager would sort out any problems," "I've no complaints" and "When I complained, they dealt with it, I am happy to tell them if something is wrong."

The provider's complaint procedure was displayed in the service and included information about who to contact if a person was not happy with the initial response to a concern. The provider recorded all complaints, the investigation of these, actions taken in response to the complaint and the response to the complainant. We saw that the provider had recorded no complaints in 2016. They recorded three complaints in 2015 and we saw they had investigated and responded to these appropriately and within reasonable timescales.

## Is the service well-led?

### Our findings

People using the service and their relatives told us they knew who the registered manager was and said they could speak with them when they needed to. Their comments included, "[Registered manager's name] is in charge. I would go to her if I had a complaint" and "[Registered manager's name] is the manager."

The Care Quality Commission (CQC) registered the provider, Care Assist Limited, in January 2011. The provider added the location Care Assist Domiciliary Care Services to their registration in March 2012. The location is registered for the regulated activity personal care. It is a condition of the provider's registration that the location has a registered manager. Records showed there has been a registered manager in post since the location was registered. The provider's website says that the service "Provides a step down service either from hospital or a residential care home for people with a medium or low dependency."

The provider communicated well with people using the service, their relatives and staff to ensure they maintained good standards of care and support. There were clear communication systems in place, for example handovers between staff at shift changes and communication books.

The provider worked with people using the service to monitor the quality of the service. Eight people completed quality satisfaction questionnaires the provider sent to them in January 2016. The provider collated and analysed the results of the survey and developed an action plan. We saw the provider reviewed the action plan in September 2016 and noted that a number of actions had been completed or were in progress. This included developing move on plans for all 12 people using the service, developing weekly activity planners for each person and developing the use of person centred care plans and risk assessments.

The provider arranged regular meetings for people using the service and staff to discuss issues in the service and ways they could improve the delivery of support to people. Monthly 'house meetings' gave people the opportunity to comment on how the service met fundamental standards of care and support and this was linked to the five questions the Care Quality Commission asks. People also commented on other issues including maintenance, complaints activities and health care.

The provider monitored quality in the service and identified areas where they could make improvements. A representative of the provider's management team carried out monthly monitoring visits to the service. Copies of reports written after visits showed they spoke with people using the service and staff, checked records and the environment. The provider commissioned an annual health and safety inspections by a qualified contractor and also carried out quarterly health and safety checks. The last annual health and safety check was in August 2016 and the provider told us they had completed most of the actions identified in the report. This helped to show the provider monitored standards in the service and ensured staff maintained the standards they expected.

The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. We saw from accident and incident reports that the provider notified the local authority

appropriately of incidents or events that affected people using the service. The provider was aware of the need to inform the Care Quality Commission of certain events and sent these notifications appropriately and promptly.

Most of the records we reviewed during this inspection were accurate, up to date and appropriately maintained. Where we found gaps in record keeping during the first day of this inspection, the provider was able to locate or update the records before we finished the inspection. This helped to show the provider monitored standards in the service and ensured staff maintained the standards they expected.