

Care Assist Limited

Care Assist in Harrow (Whitehall 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

Care Assist in Harrow (Whitehall Road) provides accommodation and personal care to a maximum of six people with mental health needs. At the time of our inspection, there were six people using the service.

At the last inspection on 6 October 2015 the service was overall rated Good.

At this inspection we found the service remained Good.

People who used the service told us they felt safe in the home and around staff. We saw that positive caring relationships had developed between people who used the service and care workers. Care workers demonstrated a good understanding of how to recognise and report allegations of abuse.

Risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Appropriate arrangements were in place in relation to the recording, disposal and administration of medicines at the home. Medicines were managed safely. We observed that the home was clean and that an appropriate standard of hygiene was maintained throughout the home.

Care workers had completed training in areas that helped them when supporting people. Care workers spoke positively about the training they had received. Care workers told us they were well supported by management and received regular supervision sessions and appraisals.

People were supported to have maximum choice and control of their lives and care worker staff supported them in the least restrictive way possible. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that the appropriate DoLS authorisations were in place.

People spoke positively about the food arrangements in the home. They explained that they had a choice of foods and ate what they liked and when they liked. Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy were maintained.

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

There was a management structure in place with a team of care staff, senior care staff and the registered manager. There was an open and transparent culture, and that the morale amongst staff was good. They

also told us that staff worked well with one another and management. Care workers told us management was approachable and they did not hesitate about bringing any concerns to management.

Care workers were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred regularly. They told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The home had a complaints policy and there were procedures for receiving, handling and responding to comments and complaints. A formal satisfaction survey had been carried out in February 2016 and feedback received was positive and no concerns were raised.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. Checks had been carried out in relation to audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The home remains good.

Is the service effective?

Good ●

The home remains good.

Is the service caring?

Good ●

The home remains good.

Is the service responsive?

Good ●

The home remains good.

Is the service well-led?

Good ●

The home remains good.

Care Assist in Harrow (Whitehall Road)

Detailed findings

Background to this inspection

Care Assist in Harrow (Whitehall Road) is registered to provide accommodation and personal care for a maximum of six people with mental health needs. At the time of our inspection, there were six people using the service.

At the last inspection on 6 October 2015 the service was overall rated Good.

At this inspection we found the service remained Good.

People who used the service told us they felt safe in the home and around staff. We saw that positive caring relationships had developed between people who used the service and care workers. Care workers demonstrated a good understanding of how to recognise and report allegations of abuse.

Risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Appropriate arrangements were in place in relation to the recording, disposal and administration of medicines at the home. Medicines were managed safely.

We observed that the home was clean and that an appropriate standard of hygiene was maintained throughout the home.

Care workers had completed training in areas that helped them when supporting people. Care workers spoke positively about the training they had received. Care workers told us they were well supported by management and received regular supervision sessions and appraisals.

People were supported to have maximum choice and control of their lives and care workers supported them

in the least restrictive way possible. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that the appropriate DoLS authorisations were in place.

People spoke positively about the food arrangements in the home. They explained that they had a choice of foods and ate what they liked and when they liked. Staff demonstrated a caring attitude towards people who used the service and ensured their dignity and privacy were maintained.

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

There was a management structure in place with a team of care staff, senior care staff and the registered manager. There was an open and transparent culture. Morale amongst staff was good. They also told us that staff worked well with one another and management. Care workers told us management was approachable and they did not hesitate about bringing any concerns to management.

Care workers were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred regularly. They told us that they received up to date information and were able to share good practice and any concerns they had at these meetings.

The home had a complaints policy and there were procedures for receiving, handling and responding to comments and complaints. A formal satisfaction survey had been carried out in February 2016 and feedback received was positive and no concerns were raised.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. Checks had been carried out in relation to audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.

Is the service safe?

Our findings

We asked people who used the service if they felt safe in the home. One person said, "I feel safe here." Another person told us, "I am safe here. Staff are good so it is good. Staff are very nice. They couldn't be better." Relatives we spoke with raised no concerns about the safety of people in the home.

Training records indicated that care workers had received safeguarding training and the deputy manager confirmed that this training was provided by the local authority and an online training course. When speaking with care workers they told us how they would recognise abuse and what they would do to ensure people who used the service were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home and in the staff office.

Individual risks to people had been identified and actions were in place to reduce the risks. Risk assessments contained action for minimising potential risks such as physical violence, anxiety, self-injury and challenging behaviour. The assessments included details of concerns, the level of risk and details of how to manage the risk. Risk assessments were reviewed regularly and were updated when there was a change in a person's condition.

People who used the service and care workers told us there were sufficient staff deployed to meet people's needs. At the previous inspection in October 2015, we observed that there were a number of staff vacancies and that the home were consequently using agency staff. During this inspection, we noted that the staff vacancies had been filled, with the exception of one post. The registered manager explained that since the posts had been filled, the home did not have to rely on agency staff. This ensured that people in the home received care from the same care workers and received continuity of care.

The deputy manager told us there was flexibility in relation to staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out.

Medicines were managed safely. Each person had their own lockable cabinet in their room where their weekly stock of medicines were stored. The deputy manager explained that this enabled people to have more control and independence over their care. The monthly stock of medicines was stored in the staff room in a locked cabinet which was secure and safe. There were appropriate arrangements in place in relation to obtaining and disposing of medicines. Regular temperature checks were carried out in each person's bedroom cabinet to ensure that medicines were stored at the right temperature. We noted that there were instances where the temperature recorded as over 25 degrees Celsius and discussed this with the deputy manager. She explained that when the room temperature was over 25 degrees Celsius, care workers were instructed to put the fan on in the room. We saw that there was a portable fan in people's rooms. During the inspection in October 2015, we noted that when liquid medicines were opened, there was no

record of when these were opened. During this inspection in August 2017, we noted that this information was now documented.

We viewed a sample of medicines administration records (MARs) for people who used the service. We noted that there were some gaps and errors in the records we looked at and spoke with the deputy manager about this. She explained that the weekly audits had picked up on these errors and confirmed that the error had been made by a newly employed care worker. She confirmed that the medicines had been administered but the member of staff had failed to document this correctly on the MAR. She explained that these errors had been discussed with the member of staff. We saw that the gaps had been identified and recorded on the MARs.

Regular safety and maintenance checks of the premises to ensure they were safe and this was documented. We saw evidence that the gas boiler had been inspected and the electrical installations inspection had been carried out. There were arrangements for ensuring fire safety in the home and we saw that there were PEEPS (personal emergency evacuation plans) in place.

During this inspection we observed that the home was clean and that an appropriate standard of hygiene was maintained throughout the home.

Is the service effective?

Our findings

People and relatives spoke positively when asked what they thought of the home and care support staff. One person told us, "Everything has improved since the [deputy manager] has been here. Staff always work hard. Staff are very nice. They always make time for me." Another person said, "Staff are fine. Everything is ok."

Training records showed that care support staff had completed training in areas that helped them when supporting people. Topics included emergency first aid, safeguarding, the Mental Capacity Act 2005 (MCA 2005), infection control, challenging behaviour, medicine administration and food hygiene. This training was provided online. Care workers spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. One care worker told us, "Management encourage us to go on training and to improve."

During the inspection in October 2015, there was a lack of evidence to confirm that supervision sessions took place consistently. During this inspection in August 2017, we found that the home had taken appropriate action and care workers received regular supervision sessions which were documented. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that care workers had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress. There was a matrix in place which detailed when care workers had received supervision sessions and appraisals. The deputy manager explained that this enabled her to monitor this and ensured these occurred consistently.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection, we found care support plans included information about people's mental state and cognition. Care workers were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

During the inspection in October 2015 we found that where people were unable to leave the home because they would not be safe leaving on their own, the home had not applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). Our focused inspection in March 2017 found that the home had taken appropriate action in respect of this and DoLS authorisations were in place where necessary. This inspection in August 2017 found that the home continued to ensure that necessary authorisations were in place and the documentation was available. The deputy manager explained that she had recently submitted a DoLS application for another person and provided evidence of this.

People were provided with a well-balanced and nutritious diet and people's likes and dislikes were taken into consideration. The deputy manager explained that in order to ensure people were provided with a nutritious and varied meal, people who used the service planned their menu on a weekly basis during the

weekly residents' meetings. We noted that there was a variety of meals on the weekly menu we looked at. People we spoke with were positive about the food at the home. One person told us, "The food is very nice. There is a variety. They cook food that we like and always ask what we like. It is healthy." Another person said, "The food is good. I choose what I like to eat. It is good." On the day of the inspection, we observed that people were offered pasta bake for lunch which was cooked fresh by care workers. People appeared to enjoy the lunch provided and they told us this.

People with specific dietary needs such as diabetes were supported to understand their condition and to plan their meals. The registered manager explained that they monitored people's nutrition so that care support staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

Is the service caring?

Our findings

People told us that they felt well cared for in the home. One person said, "Staff are fine. They are kind and helpful." Another person told us, "This is a very nice home. There is a good atmosphere. It is homely and warm."

During the inspection we spent time observing interaction between care workers and people living in the home. We saw that people were relaxed in the company of care workers and were confident to approach them. All staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. During the day, some people were out and some people spent time in the lounge. We observed that there was a calm atmosphere in the home and people appeared to be comfortable and relaxed in the presence of care workers.

Care workers and management had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. They told us that they ensured people were listened to and valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. One care worker told us, "I spend time talking and listening to people. I reassure them and ensure that they know I am there to help them. If they need support, I help them." Another care worker told us, "I always listen to people and try and help comfort them. I make sure they feel safe. I always knock on doors. I respect their privacy."

The registered manager, deputy manager and care workers we spoke with had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and used this information to ensure that equality and diversity was promoted and people's individual needs met. These included detailed information about people's individual cultural and spiritual needs. We saw evidence that Halal meals were provided for one person as requested. The deputy manager explained that they asked people how the service can help support their individual needs and then acted accordingly.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. There were weekly resident's meetings where people had an opportunity to share their feedback and comments.

People spoke positively about their bedrooms and said that they had everything they needed. All bedrooms were for single occupancy. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People who lived in the home told us that care workers listened to them and responded to their needs. One person said, "Staff talk to me. They ask what I want." Another person told us, "Staff listen to me. They take time to talk to me. It is really nice." Relatives told us they were confident that people received care, support and treatment which they required.

There was a complaints policy in place which detailed the procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. The home had a system for recording and dealing with complaints. At the time of the inspection, we noted that there were no formal complaints since the inspection in October 2015. People and relatives we spoke with raised no concerns and said that they had no complaints. When speaking with care workers, they told us they were confident to approach management. They told us that they felt matters would be taken seriously and resolved quickly.

People's care plans included information about their individual care needs and clearly detailed people would like to be supported. They included information about how people's health, care, social skills, community living, finances and communication. These were individualised and person-centred. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. Care plans had been prepared with people's individual input and had been signed by them to indicate that they agreed with the information in the file. We noted that since our inspection in October 2015, the home had reviewed all care support plans and had created new format plans which included further detail. The home had also put together and introduced hospital pass books for all people in the home. This provided clear and detailed information for the hospital about the person, their care needs and their preferences.

People were provided with necessary information in respect of their care and the running of the home. We noted that each person had a folder which included a service user guide and their support plan and risk assessments.

Care plans were reviewed during monthly one to one meetings and care plans updated accordingly. This enabled care staff to keep up to date with people's changing needs and ensured that such information was communicated to all staff.

People were supported to take part in activities. These included household chores and social outings. Care workers told us people decided where they went. On the day of the inspection, we observed that some people were out. People we spoke with told us that there were sufficient activities available and had no complaints.

At the last inspection in October 2015, we observed that no formal satisfaction survey had been carried out. During this inspection in August 2017 we noted that the service had carried out a survey in February 2016. We saw evidence that the majority of the feedback was positive. We also saw evidence that management had analysed the information received and where action was required, they had documented this. The

deputy manager explained that she communicated regularly with people and encouraged people to raise issues with her directly. People we spoke with confirmed that they felt able to speak openly with the deputy manager. The registered manager explained that they found people provided more feedback during the resident's meetings and they used this as an opportunity to obtain feedback from people.

Is the service well-led?

Our findings

The home had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived in the home expressed confidence in the management of the home. One person said, "The manager is nice. She listens." Another person told us, "Everything has improved since [the deputy manager] has been here. I can speak with [the deputy manager] openly. I can tell management what I am thinking."

There was a management structure in place with a team of care workers, deputy manager and registered manager. Care workers had a positive attitude and were of the opinion that the home was well managed and the registered manager was supportive and approachable. They indicated to us that care workers worked well together as a team. One care worker said, "The support has been good. I can speak with [the deputy manager] or the manager definitely. They are approachable. The morale is ok but there have been staff changes so we are just getting used to it. Team working is good. We work well together." Another care worker told us, "Everyone is very, very helpful. It is a good team. I can always ask questions. There is very much a good working environment." Staff were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.

Staff told us they found the supervision sessions, appraisals and team meetings useful. One care worker told us, "The team meetings are very helpful. It is a good chance for us to get together and come up with solutions to any issues and queries."

Care documentation was well maintained, up to date and comprehensive. The home 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 and health and safety. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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

Accidents and incidents which occurred were recorded appropriately. These included information about what happened, information about the action taken by staff, the injury sustained as well as follow up information. This information was then reviewed by the registered manager to ensure appropriate action had been taken.