

Assist Care Limited

# Assist Home Care

## Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Assist Home Care is a domiciliary care agency which provides care to people living in their homes. The agency provides a range of support services to people living in their own homes. The agency has recently changed its name and was previously called Carewatch East Surrey. The provider, manager and all staff have not changed.

The inspection took place on 16 October 2015 and was unannounced. Following the inspection we made telephone calls to people who used and were involved with this agency.

The agency 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 agency was experiencing staff shortages which meant that care staff were required to cover back to back calls to people. Where people lived geographically close

# Summary of findings

to each other, this was not an issue, but when care staff had to travel in the car this meant they were frequently running late. People said that they mostly still received the necessary care, but felt the scheduling system was “Ridiculous” and “Unfair”. The agency were fully transparent about the challenges they faced to recruit good staff, but this situation was insufficient staff meant that on occasions people’s care was compromised.

The agency was well organised, although communication between office and care staff sometimes caused tension. In particular, care staff told us that they felt frustrated at being rostered to cover work outside of their stated availability. Most care staff understood the challenges faced by the office and were willing to take on the extra work, but not being asked first made them feel like they were not valued or respected.

Risks to people’s safety were managed well and all staff were aware of their personal responsibility in reporting new or changing risks to people. We found that where people’s needs had changed and as such required greater support or specialist equipment, this was promptly identified and acted on.

There were systems in place to safeguard people from abuse. The agency had robust recruitment processes in place to ensure only suitable staff were employed. Staff received annual safeguarding training and demonstrated to us that they understood their roles in protecting people from harm.

Staff had the skills and knowledge to meet people’s needs. Training and support were provided to ensure staff undertook their roles and responsibilities in line with best

practice. The agency had a strong commitment to training and employed a full-time trainer and staff were allocated regular training which they were required to attend.

Staff were knowledgeable about people’s support needs and care records evidenced person centred care. The agency was responsive to changes in people’s needs and tailored their services accordingly. People were involved in the planning and reviewing of their care and supported to be as independent as possible.

People benefitted from mostly receiving support from a regular team of staff. People spoke highly of care staff who they said were caring, treated them as individuals and respected their privacy and dignity.

People were assisted to maintain good health and supported to access appropriate healthcare services. Where the agency supported people with their medicines, this was done safely and appropriately. There were good systems in place to ensure those people who required assistance with eating and drinking, received adequate nutrition and hydration.

The agency had good systems in place to monitor and improve the quality of its services. People were regularly asked for their feedback and satisfaction surveys sent to both people and staff were used to identify areas of concern or improvement. Where people raised complaints, these were thoroughly investigated and attempts made to resolve issues to the satisfaction of people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were not enough staff to support people. The agency was experiencing staffing shortages and people did not always receive staff support for the amount of time they should have.

Risks to people were identified and managed effectively.

There were processes in place to ensure people were safeguarded from abuse.

Robust recruitment processes helped ensure the suitability of new staff.

Where the agency supported people with their medicines, this was done safely and appropriately.

Requires improvement



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically. Staff demonstrated an understanding of the Mental Capacity Act 2005.

People were supported to eat and drink in accordance with their care plan.

People were assisted to maintain good health and supported to access appropriate healthcare services.

Good



### Is the service caring?

The service was caring.

People spoke highly of the staff who supported them.

People usually benefitted from being supported by a regular team of staff who treated them as individuals.

People's privacy and dignity were well respected.

Good



### Is the service responsive?

The service was responsive.

The agency was flexible to people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care.

Care records were individualised and person centred. Staff were knowledgeable about people's support needs, their interests, preferences and individual needs.

Good



# Summary of findings

Staff supported people to retain their independence and adopted the agency's principles of enabling people to lead their lives as they wished.

There were systems in place to effectively listen and learn from people's complaints.

## Is the service well-led?

The service was well-led.

The agency was well organised, although communication between office and care staff could be improved.

The agency had good systems in place to monitor quality and improve.

People who used the service and their relatives were regularly asked to provide feedback about their experiences of the services provided.

**Good**



# Assist Home Care

## 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 was 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 16 October 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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. Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the agency. Using this information we sent out questionnaires to a range of people. We received responses from 10 people, two relatives and 14 staff.

During our inspection we went to the agency's office and spoke to the provider, the registered manager and five staff. We reviewed a variety of documents which included six people's care plans, four staff files and other records relating to the management of the service.

After the inspection, we conducted telephone interviews with eight people who used the service and four relatives of people who received care. We also telephoned four care staff to seek their views on working for the agency.

We also spoke with three other health and social care professionals who were involved in the care provided to people who used the service.

Assist Home Care was last inspected on 16 October 2015 where we had no concerns.

# Is the service safe?

## Our findings

People told us that they felt safe with the service they received from the agency. People gave us examples about how the agency took steps to ensure the safety of them and their property was protected.

The agency did not always have sufficient staff to provide the services required. People told us that this meant that sometimes care staff were late arriving with them or they received different care staff. People told us this was particularly a problem at weekends. The feedback from the questionnaires we received highlighted this as the main area of concern and care staff reiterated that their calls were usually scheduled back to back which meant they had no time to travel between calls. For some people, this had little or no impact because they lived in close proximity to other people who received services from the agency, but for others this was an issue. One person told us “The travel time scheduling is ridiculous.” Some people highlighted occasions where the agency had cancelled their call or changed the time or length due to insufficient staff. People said that their regular care staff did everything they could to minimise the problem and let them know when they expected to arrive.

The care staff we spoke with raised the number of calls they were expected to cover within a certain time frame as an issue. It was evident that some geographical areas were more affected than others. For example, where staff had to travel in the car between calls, this was a much bigger problem than those care staff who provided care to multiple people living within the same warden assisted properties. Care staff told us that they never left people without providing the care they required, but said that they sometimes had to be creative in the way they managed their time. For example, some staff said they started their first call five minutes early in order to create a gap between the end of that call and the beginning of the next. Similarly, where people required two staff to support the mobility of a person, the second staff member would move on to the next person once the mobility support had been provided. The agency’s training lead told us that they advised staff that they must stay a minimum of ¾ of the length of the care call and always check that the person was happy that

they had received the support they required before they left early. People confirmed that they mostly received the care they needed, but the lack of staff meant that their care was compromised on occasions.

The impact of staffing shortages at weekends meant that supervisors had to undertake a large number of care calls themselves in addition to their other duties of supporting staff. Care staff highlighted this as a risk because it meant that supervisors might not be able to respond to them immediately if they had a problem. Only one example was cited where this had been an actual problem.

The agency was transparent with us about the staffing shortages it was experiencing and talked to us about the action they were taking to address the issues. This included taking steps to revise the wage structure to encourage more care staff to join the agency and not taking on more calls than they could realistically provide cover to. Care staff however, expressed to us that they did not feel listened to by the office. In particular, we were repeatedly told that they were allocated work outside of their stated availability. Some care staff said they would be happy to pick up extra calls to people, but felt they should be asked rather than this being assumed. Other staff felt unhappy that this happened because they had been penalised for handing back calls to people when it was known that they could not cover them.

The lack of sufficient staff to meet the needs of people receiving services was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks were identified and managed proactively to protect both people’s safety and independence. Supervisors completed a comprehensive assessment with people before they offered a service to them. This included assessing risks in respect of people’s needs, environment and any equipment.

We read in care records that these assessments were kept under ongoing review and staff confirmed that they understood the importance of highlighting any new risks to their supervisor to assess. When people’s needs changed, such as their mobility decreased or they experienced falls, we saw that care records had been updated in a timely way and appropriate action taken.

The agency had processes to protect the safety of people and their homes. People said that the agency took

## Is the service safe?

appropriate steps to keep their property secure. Systems were in place to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. The agency operated an on call service. People said that whenever they called the office, they always received a response, regardless of the time of day. We read that the agency had systems in place to manage and report any accidents and incidents. We found that any such incidents were fully investigated and preventative actions taken where necessary.

There were systems in place to protect people from the risk of abuse and ensure any safeguarding concerns were acted on quickly. People told us that they had not experienced harm as a result of the care they received. From the questionnaires we received, all of the people and their relatives who responded felt that people were safe from abuse.

Staff were confident about how to keep people safe from abuse. They understood their roles and responsibilities in relation to safeguarding procedures and what to do if they suspected abuse had taken place. All staff had received regular training in safeguarding adults at risk and confirmed that they would have no hesitation in reporting any concerns they had to the registered manager, the provider or if necessary the local safeguarding team at Surrey County Council and CQC. We saw where

safeguarding concerns had been raised or complaints which could be considered safeguarding made, the agency had acted quickly and appropriately. We saw immediate action was taken to ensure people were safeguarded whilst investigations took place. Professionals from Surrey County Council said that the agency had always cooperated fully with them in safeguarding investigations.

The agency carried out appropriate checks to help ensure they employed suitable people to work at the agency. Staff files had all the required information, such as a recent photograph, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were supported to take their medicines safely by staff who had a good understanding of how to administer them safely. Most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow.

# Is the service effective?

## Our findings

People told us that they were supported by competent and well trained staff. Feedback from the questionnaires sent to people and their relatives mostly confirmed that care staff had the skills and knowledge to support people effectively.

Staff had access to regular and relevant training to enable them to perform their roles. Staff were confident in the work they did and told us they had sufficient training to enable them to do their work well. The agency employed a full-time trainer who ensured that the agency had a comprehensive programme of training. Staff were required to undertake ongoing mandatory and specialist training. Staff were allocated to training in the same way as they were assigned work. This meant that staff were paid for attending training and therefore expected to attend the courses they were booked on to. The agency's commitment to training meant that they could be assured that staff had the necessary skills and knowledge to do their jobs. For example, all staff were expected to attend annual training in core topics such as moving and handling, infection control, emergency first aid and safeguarding.

There was system in place to effectively train new care staff. The agency provided an induction programme based on the Care Certificate. The Care Certificate is a recognised way of training and competency assessing staff devised by Skills for Care, the employer-led workforce development body for adult social care in England. As such, we found that new staff were given time to complete a meaningful programme of learning plus the opportunity to shadow experienced staff to equip them with the skills to do their job.

Through the process of regular spot checks on staff and supervisions, staff practices were competency assessed on an ongoing basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

The agency took steps to ensure care was only provided in accordance with people's consent or best interests. People told us that staff routinely asked them if they consented to their care. We saw consent forms in people's care records. These included consent for the agency to provide care and record information. We saw consent forms in people's records explaining the importance of people making their own decisions that could affect their life and wellbeing in line with the Mental Capacity Act (MCA) 2005. Where people had given their relatives legal permission to act on their behalf, this was recorded in their care plans. The agency had a policy on the MCA and staff were aware of the principles of this legislation and the importance of giving people as much choice and control over their own decisions as possible.

People received appropriate support to ensure adequate nutrition and hydration. Where people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about people's likes and dislikes and how they should be assisted. Where there were concerns about people's weight or hydration, care staff maintained records about the quantity of food and drink they consumed so this information could be shared with relevant professionals, such as the doctor or dietician.

People were helped to maintain their health and wellbeing. The agency supported people as necessary to access other healthcare support. One person said the agency arranged all their healthcare appointments, whilst other said that they liked to do this for themselves.

Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP and occupational therapists. Staff told us that they received regular training in nutrition and hydration. They said they would notify the office if people's needs changed and we read examples of how additional support from various healthcare professionals helped people maintain good health. For example, we saw that the agency had been in regular liaison with the district nursing team with regards to one person.



# Is the service caring?

## Our findings

People spoke positively to us about the care staff who supported them. People said that staff treated them with privacy and respect. Relatives described how staff provided care that was person centred. For example, one relative said “Staff take the time to treat X as an individual” and another said “Staff are interested in X as a person.” Feedback from the questionnaires sent to people and relatives reflected that staff were caring and kind.

We saw numerous letters of compliments and thanks to the agency for the care they had provided to people. The theme of these letters showed examples where care staff had “Gone above and beyond” what was expected. In one instance, we read that a care worker had stayed with a person for an entire day when their spouse had died and supported them to move into residential accommodation. In other cases, we saw that staff had been praised for “Going the extra mile to provide caring and considerate care to people in times of distress.”

Staff were split into geographical teams which meant that people mostly received care from the same small number of staff. People told us that they really appreciated having the same care staff because it meant that the care they received was consistent and they didn’t have to keep

explaining how they wanted to be helped. Care staff confirmed that they mostly supported the same people which meant that they were able to get to know people and how they liked their care to be provided.

The staff we spoke with were motivated and enthusiastic about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided more than just basic care to people. Care plans recognised the need to support people emotionally as well as physically. Staff communicated effectively with people who used the service. Through having the opportunity to support people regularly, staff were able to develop understanding of them and recognise nonverbal cues.

People’s privacy and dignity were protected. People told us that staff always treated them with respect and that their privacy was never compromised. People said that where they had specific choices about the gender of care staff this was always respected. Relatives re-iterated that personal care was provided sensitively and discreetly. Staff were able to describe the steps they took to ensure this was always the case. For example closing doors when care was provided, keeping people covered and allowing people private time to use the toilet or commode.

# Is the service responsive?

## Our findings

People said they received the care that met their needs and expectations. Feedback collated from the questionnaires indicated that people were mostly involved in decisions about their care.

There were processes in place to enable staff to deliver person centred care. Each person had a plan of care that provided personalised information about them. We saw that the agency had recently introduced pen portraits that provided an overview of the person, their interests, needs and expectations of their care, along with a photograph. People confirmed that copies of their care plan were kept in their own home and staff said that they could read the information either there or at the office. Staff said that they found the information enabled them to deliver effective support and was always available before to them before they were asked to support someone.

Whilst care plans were paper documents, we saw that current information about people's support needs, health and wellbeing were updated on the live electronic system. This meant that both care and office staff had access to the same most up to date information at all times.

Staff wrote daily records documenting the care provided at each visit and any issues of concerns. We saw that these were used as an effective way of handing information over to the next member of care staff. For example, where someone had not been hungry at lunch, this was highlighted for the next care staff to be aware at tea time. Staff also recorded the length of time they were in the person's home. We saw that where someone was unwell or requested something different, this was followed up by either the supervisor or office staff.

People received responsive care that was tailored to their individual needs. The agency had formal systems to ensure people's care was monitored by supervisors. This included a face to face review after the first week that a person received care from the agency. Care was then further

reviewed at two month intervals. We found that this process was followed across the agency and in some cases, reviews had occurred more often. For example, where care staff highlighted concerns or issues with a person's care then this was followed up with a review by the supervisor.

One supervisor showed us how they had supported a person to increase their care package in response to their declining mobility. Similarly, care staff provided us with examples where people's support needs had changed and they had worked with the funding authority to adjust the care accordingly. In some cases this meant that people's support needed to be increased, whilst on other occasions packages of support had been reduced because the person had become more independent. Feedback from other professionals confirmed that the agency responded well to people's changing needs.

The risk assessments and guidelines for people were enabling and encouraged people to be as independent as possible. Staff echoed this principle and described how they had supported people who had high needs to gradually do more for themselves and as such reduce the help they required from them. In other cases, we saw that where a person required more support to mobilise, this was reflected in the person's risk assessment and the agency had arranged for appropriate equipment to be sourced so care could be delivered safely and comfortably to the person.

There were systems in place to effectively listen and learn from people's complaints. The agency had a clear policy and procedure for the handling of complaints. People told us that they felt able to complain should they need to. We saw that where people or their relatives had raised concerns about their care in writing, these were dealt with appropriately and in a timely way. We read detailed investigations into people's complaints which demonstrated that the agency had taken the concerns seriously and made real efforts to resolve issues to the person's satisfaction.

# Is the service well-led?

## Our findings

People told us that they were regularly asked about their views on the service. People told us “I think the management strive for improvement” and “Things can get chaotic, but by and large they play the right tune.” The feedback we received indicated that things had changed or improved for people as a result of their comments to the agency, but many still remained concerned about the lack of travel time care staff had between their calls.

We found the agency was well organised with good systems in processes in place to manage the services it provided. Other professionals spoke highly of the agency and described them as “Efficient” and “Knowledgeable” about the people they supported. The funding authority said that they had not received concerns about missed calls and had always received a professional service from the agency.

There were good systems in place to monitor quality and improve. The agency had a number of ways to monitor and check the quality of services provided. For example, supervisors completed regular spot checks on care staff to ensure they were working appropriately. We saw that each care staff was checked in this way at least every two months, but more frequently for new staff or where concerns had been raised. In addition to spot checks, supervisors also undertook supervisions with staff which included watching their practice in people’s homes. We saw

that feedback from these supervisions were recorded in staff files. It was clear that where care staff had not followed the agencies policies or values, this was challenged and appropriate action taken.

The agency sought and acted on feedback. We found people who used the service were often asked to provide feedback about their experiences of the services provided. In addition to the regular face to face reviews, the agency sent out satisfaction surveys to people to gather their views on the service. We saw that feedback was analysed and actions set in response to any areas identified for improvement. The current main theme was regarding staff shortages and the agency was working hard to improve this situation.

Regular surveys were also sent out to staff and we saw that issues raised in these were then discussed in subsequent staff meetings. We read that staff meetings were also used as a forum to improve staff practices in areas such as recording, maintaining confidentiality and managing medicines.

Records were well maintained and stored safely. Confidential information was held securely and the agency used a computerised system which enabled care and office staff to have live access to people’s current information. Regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies.

The agency was aware of the notifications that needed to be submitted to CQC and routinely completed these in a timely way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider had not ensured there were sufficient numbers of staff to meet the needs of people it provided services to.</p>