

Assist Home Care Ltd

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Inspection report

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18 April 2019
23 April 2019

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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 ●

Summary of findings

Overall summary

About the service:

Assist Home Care Limited is a domiciliary care agency situated in Bradford. It provides personal care to people living in their own houses and flats. At the time of the inspection it was providing a service to 62 people who lived in Bradford and Kirklees.

People's experience of using this service:

People and relatives told us the service was caring and safe. The length and times of visits were generally reliable and effective. People were supported by consistent staff who knew them well. The service employed several bi-lingual staff which ensured effective communication was maintained.

Records relating to the management of medicines were not always clear. This included inconsistent information about creams and "as required" medicines. We have made a recommendation about the management of some medicines.

People's care needs were assessed, and care was personalised to meet their individual needs and preferences. Care plans were detailed and reviewed regularly through telephone calls and face to face meetings. People's views were welcomed and used to update care plans and improve the service.

Staff were knowledgeable and received training, induction and supervision to ensure they carried out their roles well. Training was individualised to ensure staff had the appropriate skills to support people.

The registered manager fostered an open team culture where staff felt supported and involved. Quality assurance, audits and spot checks helped identify and drive improvements. The service worked closely with other providers, health agencies and commissioners to the benefit of people.

More information is in the full report.

Rating at last inspection:

At the last inspection on 29 January and 19 February 2016 the service was rated good.

Why we inspected:

The inspection was part of our routine scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report, which is on the CQC website, www.cqc.org.uk

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 always safe.

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good 

Assist Home Care Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

Service and service type:

The service is a domiciliary care agency providing care for people who live in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the provider a few days' notice about the inspection site visit. This was because we needed to plan with the provider to speak to people who use the service. We visited the office location on 18 April 2019 and 23 April 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information that we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked for feedback from the local authority and commissioning teams in Bradford and Kirklees.

We spoke with the registered manager and seven staff.

We spoke with six service users and four relatives.

We reviewed six people's care records and other records and audits relating to the management of the

service.

We asked the registered manager to send us further documents after the inspection. This was provided in a timely manner and the evidence was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

- Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Using medicines safely

- Information relating to medicines was not always clear. We saw there was insufficient guidance about administering 'as required' medicines. Information was unclear about when and why such medication should be administered. The medication policy had been recently updated and stated, 'as required' medicines should be detailed in people's care plans and a risk assessment completed. Staff were not following this procedure. Although this had the potential for risk we found no impact on people related to this issue and the provider made arrangements to address this. We recommended that detailed protocols were put in place to ensure that people were supported consistently and safely.
- There was insufficient information recorded regarding the management and application of people's creams. Instructions did not always indicate the frequency or where the cream should be applied. We discussed this with the registered manager who told us this had been picked up through recent audits and work was underway to address this.
- The registered manager had recently introduced a system to audit Medications Administration Records (MARs) monthly.
- Staff received training in medicines management and administration. Regular spot checks were completed to ensure staff administering medicine were competent to do so.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person said, "Oh yes, I'm safe. They are nice people."
- Staff said they had received safeguarding training. They had a good understanding about how to raise concerns. Staff could give a range of examples when they would raise a concern.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risk to people's health and safety were assessed and appropriate care plans and risk assessments put in place. They were person centred and detailed and provided staff with information to ensure that care was carried out safely.
- Risk assessments covered medication, manual handling and the environment.
- Accidents and incidents were recorded with examples of lessons being learned and acted upon. Staff knew how to report any concerns if they occurred.
- Information about lessons learned were shared with staff.

Staffing and recruitment

- Staff were recruited safely.

- Staffing levels were maintained and people generally received regular and timely support. The service employed a team of bank staff who worked flexibly with experienced staff to cover for any emergencies.
- Staff said there was enough time for calls. They confirmed when call times were not adequate they contacted the office and this was addressed promptly. The care coordinator confirmed staffing was reviewed before any new package of care was agreed.
- People confirmed that generally they were happy with call times. One person said, "Usually we have a chat, don't feel rushed." We saw that some people had expressed concern about call times but this had been reviewed and addressed.
- Call times were not always clearly recorded in people's notes. We discussed this with the registered manager and we were confident this would be addressed.

Preventing and controlling infection

- Staff completed training in infection control.
- Staff confirmed they had access to aprons and gloves when supporting people with personal care or preparing food. Information about infection prevention was included in people's care plans

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before offering a service. People were positive about the way the assessment was carried out. One person said, "[staff] came to see me and found out what I needed. It is personal care." People said call times were generally of a sufficient length.
- People's care plans described the support required for each call and reflected their personal choices and preferred routines. We saw care plans promoted people making choices. One person was encouraged to wear a care pendant, but they often chose not to. This decision was respected by staff. People and relatives said care plans were reviewed regularly.
- Staff said care plans were clear and updated if people's needs changed.
- Staff said call times were of a sufficient length to meet people's needs.

Staff support: induction, training, skills and experience

- People received effective care and support from competent and skilled staff who had the relevant training and skills to meet their needs.
- Staff spoke highly of the range of training they received. All staff undertook mandatory training. Individualised training was also undertaken. For example, some staff had received additional training on the use of a cough assist machine as the person they supported needed help with this equipment.
- New staff received a comprehensive induction which included training, one to one meetings and shadowing experienced staff.
- The training matrix confirmed there was a system in place to ensure all training was completed and updated.
- Staff had regular supervisions in which they could discuss a range of subjects.
- People and relatives were confident in the abilities of staff. One person said, "[Staff] know exactly what they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were recorded in care plans. People's preferences were clearly recorded.
- People's daily records evidenced the support they received.
- People who needed help with food said food preparation was good.
- We saw one person needed to have their daily food intake monitored. Charts had been completed at each call to record this. In a review meeting another person had requested that a snack be left near them at the end of the call. This had been included in their care plan.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about people's health needs. Staff had a good understanding about how and when to contact other agencies. We saw that a referral had been made for manual handling advice as it had been identified a person's mobility had changed.
- People confirmed they felt supported with their health needs.
- The service worked closely with health professionals to meet people's needs. We saw district nurses had provided specific individualised training for some staff to ensure people's health needs were supported effectively.
- People and relatives said communication was good and messages were passed on. One relative said, "I can always rely on contact."
- Telephone handover meetings were held daily between care coordinators and staff. This ensured any changes in people's needs were responded to promptly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We saw that the service was acting within the legal framework of the Mental Capacity Act (MCA) People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence that they had consented to their care and support.
- Staff gave us examples about how they talked with people to gain their consent. One staff member said, "I always ask for permission before I do anything."
- We saw evidence in the care records we reviewed people had consented to the care they received.
- The registered manager understood the principles of MCA and how to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff we spoke with were kind and caring. They knew people's preferences and used this knowledge to care for them in the way people wanted.
- Comments on recent feedback surveys included, "[Staff] take good care of me, they are all very helpful."
- People's care plans were clear about communication and cultural needs.
- We received positive feedback from some people and relatives. One relative said, "[Staff] are very kind and caring. [Person] cannot talk now and they are good at working out what they need."
- Consideration was given to match staff with people with the same culture and preferred language.

Supporting people to express their views and be involved in making decisions about their care

- Staff had formed good relationships with people who used the service and engaged positively with people. People's choices and independence were promoted.
- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences.
- Some people needed aids to help them communicate effectively. Care plans recorded if people needed glasses or hearing aids. Staff described how they assisted people with this.
- Everyone we spoke with was aware of their care plan and we saw plans had been reviewed and changed to include people's wishes.
- Most people said they felt listened to and included in their care.
- We received some feedback that communication from some staff was not always clear. We discussed this with the registered manager and we were confident this would be addressed.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of maintaining people's dignity and gave a range of person-centred examples of how they respected this. One staff member said, "I always ask [the person] for permission and reassure them."
- There was evidence in care planning to show people's independence was promoted.
- People and relatives gave examples about how they had been supported in a respectful and dignified manner. One relative said, "[Person] likes all the staff and is very grateful for everything they do."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to offering a service and the information used to formulate detailed plans of care. Care plans were reviewed regularly and there was evidence of recent amendments to reflect changes.
- We saw that care plans and the service user guide had been translated into Urdu. This meant it was accessible to people using the service who spoke Urdu. The service employed people who were bilingual and matched people accordingly for calls.
- People were offered choices, including what to wear and eat and drink.
- The service identified people's communication needs by assessing them. Care documentation explained what communication aids people required as part of their plans.
- Visit times and call lengths were specified in people's care plans. We saw that people generally received calls at consistent times of day. We saw the service was responsive and flexible to people's needs.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. We saw concerns and complaints had been clearly recorded and the appropriate action taken.
- People told us that they knew how to complain and would feel comfortable talking to the staff or the manager if they had any concerns. One relative said, "Whenever I raise anything, they sort it out."
- We saw changes had been made to a person's care plan because of a concern being raised. The registered manager told us, "Complaints can only improve you as a service. We learn from everything to improve."

End of life care and support

- At the time of the inspection the service was not supporting anybody who was receiving end of life care. The registered manager said information would be included about people's wishes if they supported somebody who was at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was well run and organised. People, relatives and staff praised the management and said the service was well organised. The manager was committed to providing high quality, person centred care.
- The service had a clear Statement of Purpose.
- The registered manager had reported statutory notifications to CQC so we could monitor events happening.
- We saw robust audits and checks were in place. This identified where improvements were needed. Regular announced and unannounced spot checks were carried out which included checks on medication, call times and record keeping. There was detailed evidence of people's records being reviewed monthly and the appropriate follow ups put in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about her roles and responsibilities and had a good knowledge of the service. They were committed to improving the quality of the service.
- The registered manager held a weekly briefing with the care coordinator team. This ensured staff were up to date and aware of current priorities. Staff told us this fostered a positive team culture and excellent communication. One staff member said about the weekly briefing, "It keeps us on top of everything."
- Staff praised the registered manager and said they were supportive and approachable. Comments included, "[Manager] is always there. [Manager] makes us feel comfortable and whenever we need help we just ask."
- People and relatives said the registered manager was helpful and responsive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relative's views were sought by regular face to face quality reviews.
- The registered manager had recently carried out an annual survey and the feedback was generally positive. There had been 20 surveys returned. The registered manager told us she intended to analyse the feedback when more surveys had been returned.
- Staff meetings and individual supervisions were held regularly and this gave the opportunity to discuss and share ideas. The registered manager described meetings as being an 'opportunity to listen and learn from

others.'

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood her legal responsibilities.
- The registered manager was committed to learning and improving care through engaging closely with commissioners and other local providers. They told us they were working as part of a pilot group to improve person centred care and people's experiences of accessing new services.