

Care Assist Limited

# Care Assist in Harrow (Kings Road)

## Inspection report

236 Kings Road  
Harrow  
Middlesex  
HA2 9JR

Tel: 02088688240  
Website: [www.careassistuk.net](http://www.careassistuk.net)

Date of inspection visit:  
26 January 2016

Date of publication:  
24 February 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 26 January 2016. Care Assist in Harrow (Kings Road) is registered to provide personal care and accommodation for a maximum of 6 people with mental health needs. At this inspection there were 6 people living in the home.

At our last inspection on 23 October 2013 the service met all the regulations we looked at.

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

People informed us that they were satisfied with the care and services provided. They had been treated with respect and felt safe living in the home. There was a safeguarding adults policy and suitable arrangements for safeguarding people. Staff were caring and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and this information was easily accessible to staff. Staff prepared appropriate and up to date care plans which involved people and their representatives. Personal emergency and evacuation plans were prepared for people and these were seen in the care records. People's healthcare needs were monitored and attended to. Staff worked well with community healthcare professionals to bring about improvements in people's care. This was confirmed by three social and healthcare professionals who informed us that they were satisfied with the care provided.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Regular residents' meetings and one to one sessions had been held for people and the minutes were available for inspection. The home had an activities programme but more effort is needed to ensure that people were encouraged to participate in social and therapeutic activities. The registered manager was aware of this and a staff member had been identified to do this.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and cultural preferences were met. People were able to prepare meals which they liked and which met their cultural preferences. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people confirmed that they had been given their

medication.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their manager. There were enough staff to meet people's needs. Staff were knowledgeable and enthusiastic about their work. Teamwork and communication within the home was good.

People and their representatives expressed confidence in the management of the service. The results of the last satisfaction survey and feedback from people indicated that they were satisfied with the care and services provided. Staff were aware of the values and aims of the service and this included treating people with respect and dignity and promoting their independence.

The premises were clean and tidy. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and a fire equipment contract. However, no fire drill had been arranged after dark. This was done soon after the inspection.

Complaints made had been promptly responded to. We however, noted that one complaint made two years ago may need to be reviewed to determine if any further action needed to be taken. The registered manager responded promptly and consulted with professionals involved. Regular audits and checks had been carried out by the registered manager of the home and senior company staff. There was a record of compliments received which indicated that people and their representatives were satisfied with the care provided. Three social and healthcare professionals provided positive feedback regarding the management of the home. They indicated that the home was well organised and staff were communicative regarding the progress of people.

## 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 safe. Staff were aware of the safeguarding policy. They had received training and knew how to recognise and report any concerns or allegation of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Staff were carefully recruited. There were sufficient staff to meet people's needs. The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Good ●

### Is the service effective?

The service was effective. People who used the service were supported by staff who were enthusiastic, knowledgeable and understood their care needs.

People's healthcare needs had been monitored and attended to. People had access to healthcare services and the service worked with healthcare professionals to effect improvement in people's health. Their nutritional needs were met and they were able to prepare and have meals they liked.

Staff were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Good ●

### Is the service caring?

The service was caring. People and their representatives said staff treated people with respect and dignity. People's privacy were protected.

Staff were able to form positive relationships with people and they were responsive to their needs. Feedback from people and their representative indicated that staff were caring towards people and pleasant towards people.

Good ●

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

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

**Good** ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Staff had a good understanding of the care to be provided for people.

The home had an activities programme and there was evidence that people had gone on outings with staff. Action had been taken to encourage people to be as independent as possible.

People and their relatives knew how to make a complaint if they needed to. Complaints made had been promptly responded to.

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

**Good** ●

The service was well-led. People expressed confidence in the management of the service.

The results of the last satisfaction survey and feedback from people indicated that there was a high level of satisfaction with the care and services provided. Staff worked well as a team and they informed us that they were well managed.

Audits and checks of the service had been carried out by the registered manager and senior staff. This included medicines administration and health and safety checks.

# Care Assist in Harrow (Kings Road)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 January 2016 and it was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. Prior to the inspection the provider completed and returned to us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

There were six people living in the home. We spoke with four people. We also spoke with three staff, the registered manager and the deputy manager of the home. We observed care and support in communal areas and also looked at the kitchen, garden and one person's bedroom. We also obtained feedback from three social and healthcare professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, four recent staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the home.

## Is the service safe?

### Our findings

People stated that they were safe in the home and were satisfied with the care provided. One person said, "Yes, I feel safe here. Staff are very good." Another person said, "I am happy staying here. They treat me nicely."

We observed that people were cleanly dressed and appeared well cared for. Staff were constantly present and interacted regularly with people, greeting them and talking with them.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and staff had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were on display in the home.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated mental health problems, antisocial behaviour and self neglect. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency.

We looked at the staff records and discussed staffing levels with the registered manager. On the day of inspection there was a total of six people who used the service. The staffing levels consisted of the registered manager or deputy manager and two care staff during the day and one care staff on sleeping duty during the night. Staff we spoke with told us that there was sufficient staff for them to attend to their duties. People informed us that there were sufficient staff and they were satisfied with the care provided. There was a lone working procedure with details of staff who were on call. Night staff had been provided with a buzzer which can be activated in an emergency. Two staff we spoke with stated that they had been provided with buzzers when on night shift and they had no concerns regarding working during the night shift. The registered manager informed us that where potential risks were identified additional staff would be able to provide backup during the night.

We examined a sample of four records of staff. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There arrangements for the recording, storage, administration and disposal of medicines were checked. They were satisfactory. The temperature of the room where medicines were stored was monitored and was within the recommended range. There was a record confirming that unused medicines were disposed of and this was signed for by the pharmacist. The home had a system for auditing medicines. This was carried out by the registered manager and deputy manager or senior staff. There was a policy and procedure for the

administration of medicines. There were no gaps in the medicines administration charts examined. People we spoke with told us they had been given their medication.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out. However, none had been carried out after dark. Soon after the inspection, the registered manager informed us that this was carried out..

The premises were clean and no unpleasant odours were noted. Staff we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with the registered manager and care staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature.

## Is the service effective?

### Our findings

People informed us that staff were competent and they were satisfied with the care provided. A person who used the service said, "The staff work very hard. If we need help, the staff help us." Another person said, "I can go out and buy what I like and prepare my own food."

People's healthcare needs were closely monitored by staff. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of mental health problems. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP. Each person had a "hospital passport" containing information which would be useful if they were admitted into hospital.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. Monthly weights of people were recorded. Staff were aware of action to take if there were significant variations in people's weight. People informed us that they could discuss what meals they wanted at meetings and they were satisfied with the arrangements for meals. Two people informed us that they could go shopping and buy food they liked and cooked it with the help of staff. We observed people eating their lunch. The meals were presented attractively and appeared balanced. People told us they were satisfied with their lunch. We saw that people had access to the kitchen and could make drinks for themselves.

Staff were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included equality and diversity, moving and handling, health and safety, fire training and the administration of medicines. Staff confirmed that they had received the appropriate training for their role.

New staff had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. The registered manager informed us that she had attended a seminar on the Care Certificate and the service would be incorporating induction arrangements advocated by The Care Certificate in future inductions of new staff. Staff said they worked well as a team and received the support they needed. The registered manager and deputy manager carried out supervision and annual appraisals of staff. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. They informed us that communication was good and their manager was approachable.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that people living in the home had capacity and were able to make

decisions for themselves. We were also informed that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

## Is the service caring?

### Our findings

People who used the service told us they found staff to be helpful and caring. One person said, "I am happy here. I am nicely treated." A third person said, "The staff are supportive. When I was ill, they were very supportive."

We saw that people were able to approach staff and talk with staff. There were respectful and pleasant interactions between staff and people who used the service. Staff spoke in a gentle way with people and asked them how they were. On the day of inspection, staff celebrated the birthday of a person. Staff sung "Happy Birthday" to this person and gave this person a birthday card.

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw staff knocked on people's bedroom doors and waited for the person to respond before entering.

We saw detailed information in people's care plans about their life history and their interests. Staff could provide us with information regarding people's background, interests and needs. This ensured that staff were able to understand and interact with people.

People were supported to maintain relationships with family and friends. A relative wrote to say that their relative was well treated and this person had made progress while at the home. People told us they had been able to keep in touch with their relatives.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Staff we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Staff informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity. Staff confirmed they had E&D training. We saw in the minutes of a care review that one person stated that they wanted to attend a place of worship. We were provided with evidence that this had happened and this was confirmed by the person concerned. Another person informed us that they could have food which met their cultural and religious observances. We noted that the home had employed a staff member who had the same cultural background as a person who used the service. The registered manager explained that this was to ensure that staff could communicate well with this person.

Each person had their own room. We were only able to visit one bedroom as some residents did not want us to enter their bedrooms. The bedroom we saw was clean, well-furnished and had been personalised with people's own ornaments and belongings according to their preference. There was a well maintained garden on the ground floor and people had direct access to it.

## Is the service responsive?

### Our findings

People informed us that they were satisfied with the care provided and staff were responsive. One person said, "I know how to make a complaint. They have explained to me. I have nothing to complain about." Another person said, "I have one to one sessions with staff." A third person said, "I am very well. Coming to the home has helped me. I am a lot better."

The home provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed before they moved into the home. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. One person stated that they had a particular unhealthy habit but this was no longer a problem as they had improved mentally. Another person said they felt they had made progress mentally since coming to the home. Both stated that staff had been supportive towards them.

One person's care plan showed that they had at times exhibited antisocial behaviour. We discussed this with the registered manager and care staff. They were aware of action to take to care for this person. The care records contained guidance on how to care for this person's needs and respond to their behaviour. Staff were able to tell us how to ensure the safety of this person and the safety of others. Staff also stated that they had received training on caring for people with behavioural problems.

Reviews of care had been arranged with people and professionals involved to discuss people's progress. In one care record examined, we noted that staff had worked with professionals to prepare appropriate care plans and ensure that people settled well at the home when they came to the home. The reviews followed our CQC format and asked the questions related to whether the care was safe, effective, caring and responsive.

One person stated that they would like more activities while another person did not want more activities. The registered manager informed us that various activities had been organised for people but the response was poor and some people chose not to participate. She however, stated that further effort would be made and a member of staff had been allocated to arrange more activities. There was evidence that the home had organised for musicians to visit the home and provide entertainment for people.

The home had a complaints procedure and this was included in the handbook. People informed us that they knew how to complain and when they had complained, staff had responded appropriately. Staff knew they needed to report all complaints to the registered manager so that they can be documented and followed up. We noted that a complaint had been reported by a person two years previously and we were unsure if this had been fully responded to. The registered manager stated that she was not in post then and agreed to check this and consult with professionals concerned. This was done soon after the inspection and clarification was provided.

## Is the service well-led?

### Our findings

People expressed confidence in the management of the home. One person said, "The home is well run. They have a good staff team." Staff expressed confidence in the management of the home. One staff said, "I am very happy here. We have a good staff team. We work well together." Three social and healthcare professionals provided positive feedback regarding the management of the home. They indicated that the home was well organised and staff were communicative regarding the progress of people.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them.

The home carried out annual satisfaction surveys of people who used the service. The registered manager informed us that the report of the most recent survey was not ready as the feedback was in the process of being analysed. The results of the previous survey were all positive and indicated that people and their representatives were satisfied with the services provided.

Audits and checks of the service had been carried out by the registered manager, deputy manager and senior staff of the organisation. These were carried out monthly and included checks on care documentation, cleanliness, medicines, and maintenance of the home. Evidence of these were provided.

Staff were aware of the values and aims of the service and this included treating people with respect and dignity and encouraging them to be as independent as possible.

The home had a system for ensuring effective communication among staff. Staff informed us that there were meetings where they regularly discussed the care of people and the management of the home. They stated that their managers were approachable and listened to their views. Staff said they had confidence in their managers. The home had a clear management structure with a registered manager supported by a deputy manager and senior carers.

The home had a record of compliments received. They included the following:

"We feel our relative is with her second family. We admire all you do to keep our relative happy and safe."

"You and your team run a lovely home and do a fabulous job."

"We visited the home today. Our relative was calm and clean – overall very well run home. Keep up the good work."

We found the home had a culture of openness and responsiveness to people. This was confirmed by people who spoke well of the management and care staff and describe them as "approachable, caring, helpful, respectful and willing to help." Staff were cheerful, pleasant and told us they liked their job and were keen to

help people improve their lives.