

Care Assist Limited

Care Assist in Harrow (Whitehall Road)

Inspection report

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Harrow
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 October 2015 and was unannounced. 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.

The provider met all the standards we inspected against at our last inspection on 30 October 2013.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

Positive caring relationships had developed between people who used the service and staff and during the inspection we observed people were treated with kindness and compassion. People who used the service told us they felt safe in the home and around staff. Systems and processes were in place to help protect people from the risk of harm.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. People who used the service told us that staff always had time to speak with them.

There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal. People told us that they received the medicines on time and had no concerns regarding this.

We noted that the service had recently employed a number of new staff and at the time of the inspection they were still in the process of completing necessary training. Staff confirmed that they had received an induction and said it had been useful. Staff spoke positively about their experiences working at the home. They said they felt supported by management within the home and said that they worked well as a team. We noted that staff had not received regular supervision sessions consistently over the last year. However, we noted that in recent months staff had started to receive supervision sessions.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were also noted. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

Staff we spoke with had a basic understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was not recorded in people's care plans and there was a lack of information about consideration of specific decisions they needed to make.

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. During this inspection we found that people were potentially being deprived of their liberties because the home had not made attempts to identify whether any people were subject to restrictions on their liberty.

People spoke positively about the food in the home and told us that there was a variety of food available. Staff were aware of special diets people required either as a result of a clinical need or a cultural preference.

People spoke positively about the atmosphere in the home and we observed that the home had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home.

We found the home had a management structure in place with a team of care staff and the registered manager. The home had an open and transparent culture. Staff were encouraged to have their say and were supported to improve their practice.

The service had a system in place to monitor and improve the quality of the service which included resident's meetings, staff meetings and a programme of audits and checks. However, we noted that the service had not carried out a satisfaction survey in 2015 and discussed this with the registered manager. She explained that one would be carried out by the end of 2015.

We found the premises were clean and tidy. The home had an Infection control policy and measures were in place for infection control.

We found a 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?

People told us that they felt safe in the home and around care staff.

Risks to people were identified and managed so that people were safe. Staff were aware of different types of abuse and what steps they would take to protect people.

Arrangements were in place in relation to the recording and administration of medicines.

Appropriate systems were in place to manage emergencies.

Good



Is the service effective?

The service was not always effective. The service was not following the requirements of the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS).

Staff had not received regular supervision sessions in line with the provider's policy. However we noted that more recently staff had started to receive supervisions.

People were provided with choices of food and drink. People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Requires improvement



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were noted in the care plans.

People who used the service told us that there were activities available to them. However on the day of our inspection we did not see evidence of activities taking place.

Good



Summary of findings

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was well led. Staff were supported by management within the home and felt able to have open and transparent discussions. They said that morale was good within the home.

The home had a clear management structure in place with a team of care staff and the registered manager.

Systems were in place to monitor and improve the quality of the service.

Good



Care Assist in Harrow (Whitehall 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 6 October 2015 of Care Assist in Harrow (Whitehall Road). The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed three care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three people who used the service and one relative. We also spoke with the registered manager, senior support worker and two care staff.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, “Yes I feel safe.” And another said, “I do feel safe here.” One relative told us that they were confident that people were safe in the home and said, “[My relative] is absolutely safe.”

Staff said they would recognise changes in people’s emotional behaviour if things were not right. Staff were able to identify the different kinds of abuse that could occur in a home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding team, police and the CQC. Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We noted that they made reference to the relevant authorities.

The service had a whistleblowing policy and the majority of staff were familiar with the whistleblowing procedure and all were confident about raising concerns about any poor practices witnessed.

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 such as 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. They outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed every six months or more frequently if required and were updated when there was a change in a person’s condition.

On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. The registered manager explained that a number of staff had recently left the service and they were currently recruiting. As a result of the number of staff vacancies, the service had been using agency staff. The registered manager explained that the service usually avoided using agency staff where possible because it was important for people who used the service to be familiar with staff.

However due to the staff vacancies, the service had no other alternative but to use agency staff until the permanent roles were filled. We looked at the staff duty rota and saw that during the day there were two staff on duty and at night there was one member of staff on duty. There was a lone working policy which applied to staff that worked during the night shift. The registered manager also explained that to ensure staff were not working long hours, they had recently introduced a policy whereby staff that work during the day were unable to work the night shifts and the staff rota reflected this.

We looked at the home’s recruitment process to see if the required checks had been carried out before staff started working at home. There were recruitment and selection procedures in place to help ensure people were safe. We looked at the recruitment records for four members of staff and found background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

There were appropriate arrangements in place for managing people’s finances which were monitored by management and we saw people had the appropriate support in place where it was needed. Money was accounted for and there were accurate records of financial transactions.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display clearly indicating fire exits and escape routes.

Medicines were managed safely. Each person had their own lockable cabinet in their room where their weekly stock of medicines were stored. The registered manager explained that medicines were kept in people’s bedrooms to encourage independence. We noted that the monthly stock of medicines were stored in the staff room in a cabinet. The facility was kept locked and was secure and safe. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature. However, we saw that when liquid medicines were opened, there was no record of when these

Is the service safe?

were opened. We discussed this with a senior support worker and she acknowledged this and confirmed that in future such information would be recorded on the medicines. The home had a comprehensive policy and procedure for the management of medicines to provide guidance for staff.

We viewed a sample of medicines administration records (MARs) for people who used the service. We noted that there were two gaps in the records we looked at and spoke with the senior support worker about this. She explained that the weekly audit had picked up on this error and she confirmed that the person concerned had received their medicines but staff had failed to complete the MAR chart appropriately. As part of the audit carried out they had counted the medicines to check that all necessary medicines had been administered. The senior support worker explained that they had discussed the importance of recording administration of medicines accurately with staff including agency staff.

There was evidence that comprehensive medicine audits were carried out weekly and monthly to ensure medicines were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

The premises was generally well-maintained and clean. People who used the service and relatives told us that the home was always clean. One person said, "The home is very clean." One relative told us, "The home is immaculate. It is clean and tidy." The home had an Infection control policy and measures were in place for infection control. We visited the laundry room and discussed the laundering of soiled linen with staff. They were aware that soiled and infected linen needed

to be washed at a high temperature. We also saw that the home had a cleaning record to ensure that necessary cleaning was carried out.

Is the service effective?

Our findings

People who used the service spoke positively about the service. One person said, “It is very good here. I am lucky to be here. It’s friendly here.” Another person said, “It is very nice here. Staff are so helpful and they listen to me.” Another person told us, “Everything is perfect here.” One relative said, “I am very happy with the home. Staff are friendly and patient.”

Staff told us that they had completed an induction when they started at the home and said that the induction had been beneficial. The induction covered manual handling, medicine awareness, food hygiene, safeguarding awareness and fire safety. One member of staff said, “The induction was really good. I did shadowing.”

We were provided with a matrix detailing what training staff had undertaken. It was evident that newly appointed staff had not yet received all necessary training which included topics such as medicines administration, safeguarding, Mental Capacity Act 2005 and DoLS. Staff we spoke with confirmed this. We discussed this with the registered manager and she confirmed that these staff were scheduled to attend the necessary training and explained that staff did not administer medicines until they had received training with the pharmacist. She also explained that staff had received basic training as part of their induction.

We saw evidence that some supervision sessions had taken place recently, however there was no evidence to confirm that these sessions had taken place consistently over the last year. We spoke with the registered manager about this. She explained that a number of staff had left the service and that newly employed members of staff had not yet received supervision sessions as they had not been in post for very long. Newly appointed members of staff told us that they had regular meetings with the senior support worker and felt able to speak with management openly.

The registered manager acknowledged that the home had not followed their own supervision policy which stated that supervision sessions should take place a minimum of six times per year at regular intervals. However, she did show us evidence to confirm that supervision sessions had taken place more recently for those staff who had worked for the home for a significant period of time. The registered manager confirmed that in future staff would receive at

least six supervision sessions per year. Following the inspection, the registered manager sent us a timetable setting out when staff would be having supervision sessions over the next year.

We saw evidence that staff had received annual appraisals about their individual performance in May 2014. The registered manager confirmed that annual appraisals were therefore due and these would be carried out.

Staff we spoke with told us that they felt supported by their colleagues and management. One member of staff told us, “I feel supported here. Management are approachable. The manager is really open and I feel able to approach her.” Another member of staff said, “The support here has been fine.”

Capacity to make specific decisions was not recorded in people’s care plans and there was a lack of information about consideration of specific decisions they needed to make. Care plans contained limited information about people’s mental state and cognition and there were a lack of best interest meetings to ensure decisions made were in people’s best interest. Training records showed that some staff had received training in the MCA. However, those members of staff who had recently been employed had yet to complete this training.

We also found that people were potentially being deprived of their liberties because the home had failed to make attempts to identify whether any people were being deprived and such information was not recorded in people’s care plans. Where people were unable to leave the home because they would not be safe leaving on their own, the home had not made attempts to apply for the relevant safeguarding authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that an individual being deprived of their liberty, for example, by not being allowed to leave the home, 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. At the time of the inspection the service had failed to take the necessary steps and had failed to liaise with the local authority in respect of this.

This was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The arrangements for the provision of meals were satisfactory. We saw that there was a set weekly menu and

Is the service effective?

people were able to choose what they wanted to eat and this was accommodated for. One member of staff explained that people discussed what they would like on the menu on a weekly basis and therefore there was a different food menu every week. 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, "Food is very good. I get a choice and they listen to my likes and dislikes." Another person said, "Great food here. I get a choice. I can always ask for an alternative." One person also told us that they don't like eating much meat and they home always made sure there were alternatives.

During the inspection we observed lunch and noted that there was a relaxed atmosphere. People were sitting together on the dining table and staff spoke with people, interacted with them and assisted them when required.

At the time of our inspection, the kitchen was clean and we noted that there were sufficient quantities of food available. Further, we checked a sample of food stored in

the kitchen and saw they were all within their expiry date. Food that had been opened was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We saw evidence that the service completed a record of people's food intake so that they could monitor people's nutrition and ensure that they were eating sufficient quantities of food. However we noted that this was not consistently recorded and raised this with the senior support staff who confirmed that in future these would be kept updated. We noted that at the time of our inspection, there were no concerns about people's weight.

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

When asked about the home and how they felt about living there, one person told us, “The quality of care is good and getting better.” Another person said, “Staff are ok. They listen and communicate. Whenever I need them they always help out. They are very kind.” One relative told us, “I have always found them to be caring and effective. They are very professional.” People spoke positively about the care and support they received at the home and no concerns were raised.

The registered manager and care staff 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. We saw evidence that Halal meals were provided for people if they wished. The registered 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 and this was confirmed by people we spoke with. We saw evidence that people had monthly meetings with staff to discuss their care needs and progress.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the

day. 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. We saw people were able to spend time the way they wanted. Some people chose to watch television in the communal lounge and some people chose to spend time in their bedroom.

The registered manager and senior support staff explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. For example; we saw people being encouraged to help prepare their lunch on the day of our inspection by setting the table and preparing drinks.

Staff 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 personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I always talk to people and comfort them and reassure them.”

People spoke positively about their bedrooms. One person said, “My room is very nice. I have everything I need.” Another person told us, “I have a nice room.” All bedrooms were for single occupancy. This meant that 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 told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, “Staff listen. Staff are very nice. They spend time talking to me.” Another person told us, “I am very much satisfied with the care. No issues.”

We looked at three care plans and found they contained information that enabled staff to meet people’s needs. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. There were appropriate risk assessments and detailed guidance for staff so people could be supported appropriately.

People we spoke with told us that there were sufficient activities available and had no complaints. One person said, “I go shopping and out for walks.” Another person said, “I read and I like time to myself and they respect that.” We noted that each person had their own activities timetable which included activities such as going out for walks and to the shops. On the day of our inspection, we saw that there were no formal activities available for people to participate in. We observed that some people spent the morning watching television in the lounge. In the afternoon they spent time in their bedrooms or watched television. We spoke with the registered manager about this and she explained that the service was currently liaising with the community to organise more activities for people to participate in such as the local college. She also explained that a newly employed member of staff was the dementia themed activities lead and was going to introduce more dementia specific activities.

People who used the service and relatives told us they were happy to raise any concerns they had with the staff and management at the home. One person told us, “I feel able

to bring things to their attention. All management are friendly. I can approach them.” Another person said, “I feel able to ask questions if I need to. I feel comfortable doing that. All is good. No improvements are needed.”

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. We noted that the service had a system for recording complaints. The registered manager confirmed that the service had not received any complaints since the last inspection.

The home had a quality assurance policy which provided information on the systems in place to ensure the home sought feedback about the care provided at the home. We saw evidence that a satisfaction questionnaire had been carried out by the provider in 2014 and that these results had been analysed. We discussed with the registered manager how the service obtained feedback from people in respect of the care they received. She explained that the monthly review meetings between people and staff enabled people to discuss their care and aspects that were going well as well as areas where the service could improve. She also explained that people were encouraged to raise issues with management and staff whenever they wished to and not to wait for a satisfaction survey. We noted that resident’s meetings were held monthly and this was confirmed by people we spoke with. People told us that they felt comfortable raising issues with staff and management at these meetings.

We noted that no satisfaction survey had been carried out in 2015 and discussed this with the registered manager. She explained that a survey would be carried out by the end of 2015.

Is the service well-led?

Our findings

People spoke positively about management at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One person said, “Management are reasonable. They are very good with residents. Always listen to suggestions.” When talking about management at the home, one person told us, “Staff are so helpful. They listen to me.”

There was a management structure in place with a team of care staff and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not worry about bringing any concerns to the registered manager.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings were documented. Staff 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. Staff

also said they did not wait for the team meeting to raise queries and concerns. Instead, they told us they discussed issues daily and felt able to speak with management at any time.

The home had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. We saw evidence that the service carried out maintenance and health and safety checks in respect of the premises and equipment. Audits were also carried out in respect of medication, policies and procedures and care plans on a monthly basis by staff and a quarterly audit by management. We saw that the medicines audit was able to identify issues in respect of recording on the MAR chart and enabled the service to take necessary action. The results of the audits were then discussed at management meetings so that the service could look at ways of improving.

Accidents and incidents were recorded and analysed to prevent them reoccurring.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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
	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>There was a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were potentially being deprived of their liberties. The service had not made attempts to identify whether any people were being deprived and had not made any attempts to apply for the relevant safeguarding authorisations.</p>