

Care Assist Limited

Care Assist in Harrow (Whitehall Road)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

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

Care Assist in Harrow (Whitehall Road) is a small care home registered to provide accommodation and support with personal care for six people with mental health needs. At the time of this inspection, six people lived in the home.

People's experience of using this service and what we found

We checked the arrangements in place in respect of medicines. Care workers completed medicines management training and policies and procedures were in place. Medicines Administration Records (MARs) we looked were completed with no unexplained gaps. However, we noted that one person was prescribed medicines on a when required basis. At the time of the inspection we noted that there was no clear guidance in place to advise staff on when and how to give these medicines. Following the inspection, the registered manager sent us these protocols. We made a recommendation in respect of this.

Staff were patient and respectful when interacting and supporting people. There was a relaxed atmosphere in the home. We observed people were at ease when in the presence of staff. Staff adopted a caring, friendly and professional approach in their work.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. Risks to people's health and wellbeing had been assessed. Risk assessments were in place and included guidance for staff on how to minimise risks to people.

Appropriate recruitment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs.

The premises were clean and tidy. There was a record of essential maintenance carried out. Appropriate fire safety arrangements were in place. Steps had been taken to protect people from the risk of infections.

Staff received appropriate training and they had the knowledge and skills to support people and were supervised. Staff spoke positively about their experiences working at the home. They said that there was good teamwork in the home and they received support from the registered manager.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The Care Quality Commission (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. DoLS authorisations were in place where appropriate and where these had expired, the registered manager had notified the appropriate authority.

Staff and management understood the need to promote equality and diversity and considered people's protected characteristics.

People's care plans supported a person-centred approach. People received support to lead lifestyles of their choosing, access the local community and participate in recreational activities.

An appropriate complaints procedure was in place. We noted that since the last inspection, the service had not received any formal written complaints.

The service had an open and inclusive culture. The home was managed effectively. Management monitored the quality of the services and safety of the service to ensure it remained safe for people. Quality assurance systems were in place to enable management to monitor and improve the quality of people's care.

Rating at last inspection

The last rating for this service was good (report published on 20 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Care Assist in Harrow (Whitehall Road)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Care Assist in Harrow (Whitehall Road) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). 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

This inspection was unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections.

During the inspection

People in the home had mental health needs and could not always communicate with us and tell us what they thought about the service. We therefore spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day. We met all people who lived in the home and spoke with three of these people about their experience of the care provided. We also spoke with members of staff, including the registered manager, deputy and two care staff.

We reviewed a range of records. This included three people's care records, medication records for five people, staff training records, two staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

After the inspection

We also spoke with one care staff. We also continued to seek clarification from the provider to validate evidence found. We looked at training data, medicine protocols, training records, policies and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection, this key question was rated good. At this inspection, we found the provider had deteriorated to requires improvement. Some aspects of medicines management were not always safe which increased the risk that people could be harmed.

Using medicines safely

- Systems were in place to manage medicines in the home. Each person had their own lockable cabinet in their room where their weekly stock of medicines were stored. This was to enable people to have more independence and control over their care. The monthly stock of medicines was stored in a locked secure cabinet in the staff room.
- We noted that one person was prescribed an inhaler medicine which needed to be stored in a fridge. We observed that it was stored in a separate refrigerator in the kitchen, but this was not locked. We raised this with the registered manager who advised that they were aware of this and said they were waiting for maintenance to attach a lock. Following the inspection, the registered manager sent us photographic evidence that the medicine was stored in a fridge which was stored in the office until the lock was securely attached.
- One person in the home was prescribed medicines on a when required basis. However, at the time of the inspection we found no protocol providing guidance to advise staff on when and how to give these medicines. Also, when PRN medicine was administered there was no record of the reasons why the medicines were given. We discussed the protocols with the registered manager who advised that these protocols were in place, but at the time of the inspection could not be found. Following the inspection, the registered manager provided us with the necessary protocols. We raised with the registered manager the importance of ensuring these protocols were kept with the medication records so that they were easily available to staff.
- Senior staff carried out weekly medicines checks which included looking at the medicines prescribed, dose, the total counted and whether medicines needed to be ordered. However, we noted that the checks did not include checking the completion of MARs. We discussed this with the deputy and they advised that they checked MARs but did not record these checks. We discussed this with the registered manager who confirmed that such checks would be documented in future.

We recommend that the provider reviews and implements national guidance around the safe and effective management of medicines in care homes.

- Daily temperature checks of medicines cabinets were carried out for each person's bedroom cabinet to ensure that medicines were stored at the right temperature.
- Staff were provided with medicines administration training and their competency was assessed to ensure they handled medicines safely.
- We looked at a sample of MARs for five people and found these detailed prescribed medicines and the dose. MARs we looked at were completed fully with no gaps indicating that medicines were administered as

prescribed.

- A medicines audit was completed by an external pharmacy in August 2019. No issues were raised.

Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe in the home, people told us "Yes".
- Staff understood their roles and responsibilities in relation to ensuring people's safety and reporting safeguarding concerns. They were confident any safety concerns they reported to the registered manager would be addressed. Information about how to report safety concerns to the local authority was readily available to staff.
- There were policies and procedures in place to safeguard people from abuse.
- Some people in the home required support with their finances as they did not have capacity to do this. Care support plans we looked at included information about the level of capacity people had in relation to their finances and the level of support they required from staff with managing their finances. Senior staff carried out checks on people's finances on a weekly basis.

Assessing risk, safety monitoring and management

- Risk assessments were completed, and control measures were put in place to minimise risk to people. These were person specific and included clear and detailed risk management plans which provided information about how to support people to minimise risks.
- Where people displayed behaviour that challenged the service, there were clear details of indicators to look out for and proactive strategies to adopt to help people and staff remain safe.
- Staff were kept up to date with changes in risks to people through daily handovers and communication within the team.
- Contingency plans were in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan in place (PEEP).
- Regular fire drills and checks were carried out and documented appropriately. An updated fire risk assessment was in place and provided details of safety precautions in place. The fire and evacuation floor plan was clearly displayed in the home detailing fire exits and escape routes. Staff had completed fire safety training.
- Regular safety checks were carried out on the environment, equipment and utilities to ensure people lived in a safe environment. Relevant checks on gas and electrical installations were documented and up-to-date. Window restrictors were in place in the home.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Hot water temperatures were checked and documented.

Staffing and recruitment

- Recruitment and selection procedures were in place to ensure prospective employees were suitable and did not pose a risk to people in the home. Records showed appropriate checks had been undertaken.
- Enough staff were deployed to safely meet the needs of people. Staffing levels were determined by people's needs and were reviewed.
- On the day of the inspection we saw that staff were visible around the home and that people received support in a timely way.

Preventing and controlling infection

- There were effective infection control systems in place. Staff had received training in how to prevent the spread of infection. On the day of the inspection, the home was clean, tidy and free from odour.
- A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored.

- Staff had been provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- In February 2020, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service three out of five stars, rating the service as "generally satisfactory". We discussed this inspection with the registered manager who confirmed that deficiencies found had been addressed since the visit.

Learning lessons when things go wrong

- Accidents and incidents were documented appropriately. They were monitored and reviewed, and action was taken to reduce further occurrences.
- The registered manager carried out a regular review of accidents and incident forms to see if there were any patterns and to ensure lessons could be learnt when things went wrong.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 prior to them moving to the home. Regular reviews of care took place to ensure the provider continued to meet people's assessed needs.
- Care records showed that consideration had been given to protected characteristics under the Equality Act. Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The service acted to support people's needs in relation to their religion and respected people's preference for the gender of care staff.
- People's care plans illustrated that their needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious, nutrition, communication, social and emotional support were documented. Preferences were clearly recorded to help ensure that people's specific needs could be met by staff supporting them.
- Care plans were kept under review and amended when changes occurred or if new information came to light.
- People's care files included a dental passport which included information for professionals for when people attended dentist appointments. We noted that care support plans lacked information about people's oral care needs and details of the support people required to meet their needs.

We recommend the provider seeks and implements best practice guidance on the implementation of oral health care planning.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff received training in topics including, safeguarding, behaviour that challenges, moving and handling, fire awareness, medicines administration, food hygiene and first aid.
- Records showed staff received regular training updates to ensure they continuously updated their skills and knowledge.
- Newly employed staff completed a period of induction under the supervision of more experienced staff and were provided with ongoing training in topics relevant to their job role and people's needs.
- The registered manager kept a matrix detailing what training individual staff members had completed and when they were due. This enabled her to monitor this and ensure staff completed refreshers as necessary.
- Staff were given the opportunity to review their practice and discuss any training and development needs through regular supervisions and a yearly appraisal. Staff told us they felt well supported.

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

- People's nutritional and hydration needs were met by the service. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People were provided with a nutritious and varied meals. Meals were planned through discussions of people's preferences at resident's meetings. We noted that there was a variety of meals on the weekly menu we looked at.
- Snacks were available throughout the day. Fresh fruit was available for people in the kitchen.
- People spoke positively about the food prepared in the home. One person said, "The food is great."
- Staff monitored people's food and drink intake to ensure all people received sufficient amounts each day.
- Staff told us referrals would be made to the GP where there was a concern that someone was losing weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. Staff monitored people and took action to ensure their needs were met.
- Care support plans contained information about people's dietary needs. Guidance from healthcare specialists, such as speech and language therapists and dietitians, was recorded and followed by staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Records showed that people had been supported to maintain their health by accessing a number of services including GP's, dentists and occupational therapists. Staff knew people well and care plans incorporated advice from professionals when received.
- People's care records included information about their medical history and the management of medical conditions including clear written guidance for staff to follow.
- Records were maintained of all contact people had with other professionals and services and outcomes.
- "This is me" Health Passports were in place in an easy read, pictorial format. These included detailed information about people's healthcare needs, medicines, allergies, preferences and areas they need support. This ensured people received appropriate support and minimal disruption to their care when admitted to hospital.

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

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Standard authorisations were in place where appropriate where it was recognised that there were areas of people's care where their liberties were being deprived to ensure people were supported appropriately. Where these had expired, the registered manager had notified the appropriate authority.
- Where people lacked capacity to make specific decisions the service worked with relatives and professionals to ensure all decisions were made in the person's best interest.

- Staff completed training in the MCA and staff we spoke with had an understanding of how it should be reflected in their day-to-day work.
- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which provided specific details about people's communication needs and preferences.

Adapting service, design, decoration to meet people's needs

- The premises was homely and comfortable. There was some signage and decoration in communal areas which helped meet people's needs and promote their independence. For example, we saw there was a large noticeboard with colourful and large print information about the date, weather, staff on duty for the day, lunch and dinner options and activities available. There were also posters, props and pictures throughout the home to promote a 'dementia friendly' environment.
- There were different areas for people to use for their preferred activities, and space to spend time with their families or visitors, or to have time alone.
- There was a maintenance staff member who carried out repairs and checked the facilities and equipment were safely maintained.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- People were treated well, and staff understood and supported their lifestyle choices.
- We saw that staff had developed friendly relationships with people. People appeared at ease when in the presence of staff. It was evident that staff knew people well and prioritised people's needs and requests. Staff were respectful to people and provided them with assistance in a considerate manner. When asked whether care staff were caring, one person nodded and showed us a thumbs up gesture. Another person told us, "Staff are fantastic."
- Staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles.
- Staff were knowledgeable about people's interests, background and life history and they used this knowledge to involve people in meaningful conversations and activities.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy were respected and promoted. Staff were aware of the importance of not intruding into people's private space. When providing close personal care, staff closed the door.
- Staff were respectful when speaking with and about people. They referred to people by their preferred name and spoke about people with warmth and affection.
- Staff were aware of the things people like to do for themselves and they encouraged people's independence.
- Staff anticipated changes in people's emotional needs. Staff used individualised strategies to support people with their anxieties.
- Personal information about people was securely stored and only shared with relevant others on a need to know basis.

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

- Support was provided to people and those acting on their behalf to enable them to express their views and make decisions about the care provided.
- Staff used their knowledge of people's individual needs to promote effective communication with each individual. On the day of the inspection we observed one person spoke in a different language and one care staff was able to have a conversation with the person in the same language.
- People's care plans contained personalised information on how people communicated and how staff should communicate with them.

- People and relevant others were invited to express their views through monthly care reviews, resident's meetings and the completion of surveys.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned around people's individual needs and choices. Care plans identified outcomes for people and how they were to be met were. People's needs and care plans were regularly assessed.
- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived in the home. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were fully aware of people's likes and dislikes without having to refer to care documentation.
- Alongside people's care plans, were daily files. These included information about people's care and well-being and were completed by staff everyday. This provided staff with up to date information about people's current needs and they were therefore able to provide appropriate support according to people's specific needs.
- People's care plans contained positive behaviour guidelines which included information on techniques to de-escalate situations to ensure people safely received appropriate support according to their specific needs and behaviours.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented to people in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.
- People were provided key information in a way they could understand. This included use of 'display boards' on key topics within the home.
- The service was proactive in meeting the AIS. Each person's care plan included information about whether the person had any specific communication needs that staff needed to follow.
- We observed staff adapted their communication around people's needs to provide them with responsive care and support.
- Where needed, people were provided with Information in formats which they could easily access and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received the support they needed to maintain relationships and meet their social and cultural needs.
- Each person had their own activities timetable so that people were able to engage in meaningful activities.
- People had a range of activities to support their emotional, physical and social needs. The service regularly consulted with people to enquire what activities they preferred. Individual and group activities were available.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments.
- Staff told us that if there was a concern it would be investigated quickly.
- The service had a process to ensure complaints were acknowledged, investigated and responded to. No complaints had been received in the last year.

End of life care and support

- The home was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care were explored with them and recorded in their care support plans.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a culture in the home that emphasised the importance of providing people with person-centred care. There was an open-door policy at the service whereby the registered manager encouraged feedback from people, family members and staff.
- Discussions with the registered manager demonstrated that she was knowledgeable about people's individual needs and the support each person required.
- Staff spoke positively about working at the home. They described a positive and inclusive culture within the home. They felt able to speak openly with management and described the registered manager as approachable. One member of staff told us, "I feel I can raise issues with the management openly. I do feel well supported from all areas – from staff and management." Another member of staff said, "The support is good. Very much so."
- Monthly staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about team working in the home and said there were effective lines of communication between staff. One member of staff said, "Definitely good communication here. I have confidence in how the service is running."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirement. She was aware of the importance of being open, honest and transparent in relation to the running of the home and of taking responsibility when things go wrong.
- It is a legal requirement that a service's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had ensured that the rating was displayed in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary.
- The registered manager had clear oversight of the running of the home. She was able to provide in-depth information and a thorough knowledge and understanding of the running of the home.

- The registered manager maintained good communication with the staff team to ensure there was a shared understanding of any quality issues or new risks within the home.
- Senior staff completed audits which covered areas such as health and safety, maintenance and care support plans. This was to check that the quality of care was regularly monitored and evaluated. Areas of improvement were identified and actioned to influence best practice which had a positive impact on the quality of service received by people.
- The registered manager and staff kept up-to-date with their learning. Staff were confident they would be supported when things went wrong, and that learning would take place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There were different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, feedback surveys and meetings. We reviewed a sample of the questionnaires that had been carried out in August 2019 and noted positive feedback had been received.
- Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- Where required, the service communicated with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.