

Care Assist Limited

# Care Assist Limited

## Inspection report

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## 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 announced inspection on 11 March 2016. Care Assist Limited is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medication. At this inspection the service was providing care for 26 people with mental healthcare needs living in 3 supported accommodation schemes located in Harrow and Brent.

At our last inspection on 20 February 2014 the service met the regulation we looked at.

The service 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 who used the service informed us that they were satisfied with the care and services provided. They informed us that they had been treated with respect and they were safe when cared for by care workers of the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were carefully assessed. Care workers had been provided with guidance on how to care for people. They prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were monitored and when needed, care workers arranged for people to have appointments with healthcare professionals. Care workers worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by people themselves and by professionals we contacted. There were suitable arrangements for ensuring that people received their medicines as prescribed. Audit arrangements were in place and people stated that they had been given their medication.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care and management of the service. Regular reviews of care had been carried out with people and professionals involved to ensure that people received appropriate care. People were encouraged to be as independent as they can and to engage in educational and therapeutic activities which they liked. Care workers assisted people with their shopping and meal preparation. People were encouraged to eat healthily and care workers assisted people in monitoring their weights.

Care workers had been carefully recruited and provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. There were enough staff to meet people's needs. Teamwork and communication within the service was good. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting

people's independence.

Audits and checks of the service had been carried out by the registered manager and senior staff of the company. These included checks on care documentation, medicines administration and health and safety checks of premises. Complaints made had been promptly responded to. Social and healthcare professionals provided positive feedback regarding the management of the service. They indicated that the service was well organised, staff were capable and their clients had benefitted from the care provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

There were suitable arrangements for the management of medicines. Care workers were carefully recruited. There were sufficient staff to meet people's needs. The premises were clean and infection control measures were in place. Appropriate risk assessments had been carried out.

### Is the service effective?

Good ●

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

People's healthcare needs had been monitored and attended to. Their nutritional needs were monitored and care workers encouraged healthy eating and monitored their weights. Care workers were well trained and supported to do their work

### Is the service caring?

Good ●

The service was caring. People and their representatives said staff treated people with respect and dignity.

Care workers were able to form positive relationships with people and they were responsive to their needs. Feedback from people and their representative indicated that care workers were caring towards people and they were involved in decisions about people's care.

### Is the service responsive?

Good ●

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices.

Care workers supported people participate in academic and therapeutic activities programme. Complaints made had been promptly responded to.

## Is the service well-led?

Good 

The service was well-led. People and professionals expressed confidence in the management of the service. Care workers 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 of the company. This included audits on care documentation, medicines administration and health and safety checks.

# Care Assist Limited

## **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 11 March 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service.

There were 26 people who used the service. We spoke with seven people who lived in the three supported accommodation schemes. We spoke with the head of performance for the company, the deputy manager, a supported housing scheme manager and four care workers. We also obtained feedback from three social and healthcare professionals who had involvement with people who used the service.

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

# Is the service safe?

## Our findings

People stated that their care workers staff took good care of them and they felt safe with them. One person said, "There is enough staff to care for me day and night." A second person said, "I feel safe here. The staff are very kind." A third person said, "The staff do prompt me to take my medicine."

When we visited one of the supported accommodation schemes, we observed that care workers were constantly present to assist people and they interacted regularly with people. People appeared comfortable with their care workers and were able to approach their care workers when they needed assistance.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers 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 available in the office.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with self-neglect, antisocial behaviour and mental health conditions. Care workers were aware of emergency arrangements for ensuring the safety of people.

We looked at the staff records and discussed staffing levels with the managers of the service. The staffing levels in each of the supported living schemes ranged from three to seven care workers during the day shifts and one care worker during the night shifts. 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. The managers informed us that where potential risks were identified or if needed, additional staff would be provided. The service had a lone working policy and staff had been provided with buzzers which they could use in an emergency.

We examined a sample of six 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 were arrangements to ensure that people received their medicines as prescribed. There was a policy and procedure for the administration of medicines. People assessed as being able to self-medicate administered their medication while other were assisted by staff with their medication. Arrangements were in place whereby care workers disposed of unused medicines by returning them to the pharmacist. The service had a system for auditing the arrangements for medicines. This was carried out by the managers monthly and senior care workers on a daily basis. There were no gaps in the medicines administration charts examined.

The premises had been kept clean with the help of care workers and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. People informed us that their care workers staff observed hygienic practices such as washing their hands before assisting with food preparation and wearing gloves and aprons if needed.



## Is the service effective?

### Our findings

People informed us that care workers were competent and they were satisfied with the care provided. One person said, "I have improved with help from care staff. I am happier and much better and stable." Another person stated, "The staff do ask for my consent. They knock on the door before coming in. I have also signed my care plan." One social care professional informed us that care workers were capable and able to effectively meet the needs of people.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of behavioural problems or mental health conditions. There was evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

There were suitable arrangements whereby care workers ensured that the nutritional needs of people were met. People's dietary and nutritional needs had been assessed so that care workers knew what the dietary needs of people were. Care workers were also aware of the need to promote healthy eating. We discussed the care of two people who required a special diet. Care workers were knowledgeable and the needs of these people and they stated that they discouraged people from over eating and if a person had a weight problem, they would assist them to lose weight. Weights of people were recorded. Care workers were aware of action to take if there were significant variations in people's weight. People informed us that they could choose what they wanted for their meals and they could go out to the shops and buy food for themselves. Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included Mental Capacity Act, equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their roles.

New care workers had been enrolled on the care certificate course. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety. New care workers said they found the indication to be helpful and informative. Care workers said they worked well as a team and received the support they needed. The managers of the service carried out supervision and annual appraisals of care workers. Care workers 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 managers were 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 managers of the service informed us that all people using the service had capacity. They were aware that where people lacked capacity, close relatives such as people's spouses can be consulted.

The service had a policy on the MCA and care workers were aware of the implications of the MCA. They were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. Care workers we spoke with were familiar with the MCA. There was documented evidence that care workers had been provided with MCA training.

## Is the service caring?

### Our findings

People could form positive relationships with their care workers. They informed us that their care workers took good care of them and they were well treated. One of them said, "I can talk to all the staff. They treat me with respect." Another person said, "We have weekly community meetings. The staff do listen to me. I also have one to one sessions with my key worker." A third person said, "I do have a good relationship with staff. They do encourage me to join in activities." Three social care professionals informed us that care workers were able to form good relationships with people and people were treated with respect and dignity.

We observed that care workers interacted well with people. Care workers spoke in a gentle manner with people and people co-operated with staff. We staff assisting people with their lunch. The atmosphere was friendly and homely.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. We saw detailed information in people's care records about their life history and their interests. Care workers could provide us with information regarding people's background, their problems, potential and needs.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Care workers 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.

We saw examples of good practice. The service had produced a special dictionary for someone who spoke a different version of English. The dictionary contained explanations and equivalent English words used in this country. This was aimed at assisting the person concerned to communicate better with people around them. The service also supported one person to attend their cultural theatre.

We were informed that in each of the services there was a cultural calendar and people could nominate a cultural awareness day. On such days people would provide food, interesting facts and information on the culture nominated.

The service took action to improve communication with a person who had sensory impairment. Care workers learnt sign language and attended lessons given by the person concerned. The service enabled this person to have special equipment such as a vibrating pager and a vibrating pad which could be positioned under the pillow to alert him when their buzzer or door bell was activated.

## Is the service responsive?

### Our findings

The service made effort to promote the welfare of people and actively sought to assist them in improving their life and lifestyles. People informed us that they were satisfied with the care provided and their care workers were responsive to their needs. One person said, "I know who to complain to if I want. However, I am very happy with the service." Another person said, "I feel my health has become stable since I was cared for by the care staff. The staff do accompany me to see the GP and dentist when I need to." A third person said, "I am hoping to move into my own flat. The staff have been very helpful. I have made progress." A healthcare professional informed us that their client had made significant progress when using the service. Two other professionals stated that care workers provided the care that people needed and people had made improvements in their lives as a result of the care provided.

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People had signed their care plans to evidence this. People's needs had been carefully assessed before services were provided. These assessments included information about a range of needs including health, nutrition, mobility, medical, religious and communication needs. Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of their needs. We noted that there were charts which were used to assist care workers monitor people's mood and mental state so that they can better understand people and any triggers for behavioural difficulties.

Reviews of care had been arranged with people on a regular basis and at intervals of about twice a year. The dates of these reviews were recorded prominently in the care records. People informed us that they were involved and able to express their views regarding their care.

Care workers encouraged people to be as independent as possible and participate in various academic and therapeutic activities. One person informed us that they had enrolled on a course. Another informed us that they took part in sporting activities. We were informed that a third person had been doing voluntary work. One person had also been encouraged to join a gym and also join a community walking group. These activities were therapeutic and enhanced people's quality of life.

One person's care plan showed that they had difficulty with maintaining a healthy weight. Care workers were aware of how to assist this person. They said they had encouraged this person in having a healthy lifestyle which included exercise, healthy eating and joining a club. This was confirmed by the person we spoke with. This person confirmed that they had made progress and adopted a more healthy lifestyle than previously.

The service had a complaints procedure and this was included in the service user guide. People told us that they knew how to complain. However, they stated that they were satisfied with the services and had no need to complain. Care workers knew that they needed to report all complaints to the registered manager so that they can be documented and followed up. We noted that complaints recorded had been promptly responded to.

We discussed the care of people with behaviour which was antisocial or aggressive. Care workers said they had been provided with training on assisting people with their special needs. They were able to tell us how they would attempt to defuse the situation and keep people safe. This may include summoning emergency help.

## Is the service well-led?

### Our findings

People expressed confidence in the management of the service. One person said, "The service is well managed. I can talk to the manager." Another person stated, "The manager is approachable." A third person stated, "I have completed satisfaction survey forms." All healthcare professionals were satisfied with the management of the service and said the service maintain close liaison with them. One professional state dthat their client had made tremendous progress. Another professional stated that care documentation was always up to date and of a good quality.

We noted that care workers had a positive attitude and were responsive towards people. Care workers were of the opinion that the service was well managed and their managers were supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. Staff were aware of the values and aims of the service and this included treating people with respect and dignity, providing a high quality service and encouraging people to be as independent as possible. They expressed a desire to help people improve their lives and remain mentally stable.

The service had a system for ensuring effective communication among care workers. Care workers informed us that there were meetings where they regularly discussed the care of people and the management of the service. The service had a clear management structure with a registered manager supported by a deputy manager and the Head of Performance

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

The service had carried out satisfaction surveys of people and their representatives in the past twelve months. We noted that the feedback was positive.

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 care documentation. Medication checks were done daily. Documented evidence of these were provided. We noted that the audits were structured in accordance with the five CQC questions which checked if the service was safe, effective, caring, responsive and well led. Managers we spoke with were knowledgeable regarding the management of the service and responded promptly and positively to suggestions made by us for improving the service. Information requested was provided promptly.

The service had a record of compliments received. These included the following:

"The support X is getting is making a great difference to X. X is less agitated. I would like to thank you for taking care of X

"Well done and credit goes to your team and keep up the good work. We will be referring more clients to you

very soon."

There were two other verbal compliments commenting on how well care workers engaged with people.