

Assist And Care Limited

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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

About the service:

Assist and Care is a family run domiciliary care agency situated in the Didsbury area of Manchester. The service provides personal care to adults with a range of physical and mental disabilities. At the time of the inspection there were 43 people using the service.

People's experience of using this service:

People said they felt safe with the staff who supported them. Staff had undertaken training in safeguarding and demonstrated a good knowledge of safeguarding issues and how to raise a concern.

Environmental risks were assessed, and individual risk assessments were in place within people's care plans.

Recruitment systems were robust. There were enough staff to fulfil the commitments made by the service and people said staff always turned up, were always on time and never left early.

People were supported by staff with their medicines as required. Staff received adequate training and had a medicines competence check prior to working alone.

Staff were aware of how to control and prevent cross infection and were supplied with enough aprons and gloves to use when delivering personal care.

Accidents and incidents were recorded and followed up appropriately to help prevent further incidents happening.

Assessments were thorough and care plans included appropriate information. People's care records included information about other professionals and agencies involved in their care and support. Visits were at least one hour long to enable the carer sufficient time to carry out all required tasks.

Staff were required to undertake a thorough induction programme and further training and refresher courses were on-going.

People's nutritional needs, preferences and risks were fully explored and recorded clearly within their care plans. Records of meal were completed for people as and when required.

The service worked within the legal requirements of The Mental Capacity Act 2005 (MCA)

People spoke positively about the care and support received. The service had a discrimination policy, and

this was discussed within training, team meetings and staff supervisions.

People were involved in planning and reviewing their care and support and communication with people who used the service was good. People's privacy and dignity was respected.

Care files included information about people's routines, backgrounds, interests and hobbies. This helped the service match staff with people who used the service and to support any community involvement.

The service had a policy and procedure in place around complaints and we saw evidence of how concerns were addressed, which was effective. People were aware of how to make a complaint.

The service was prepared to work with other professionals within the community if someone was nearing the end of their life and wished to remain at home.

Notifications about changes, events or incidents that the provider is legally obliged to send to CQC were submitted as required. There was an open-door policy so that people could pop in to the office whenever they wished, and staff felt well supported by the management.

Quality assurance reviews of care plans were undertaken on a quarterly basis. People who used the service were encouraged to make comments about their support. Annual reviews of care were undertaken, and medicines reviews carried out regularly.

The management were members of professional associations and worked in partnership with other agencies as required. They had good communication and engagement with the wider community.

Rating at last inspection:

The previous inspection report was published on 6 December 2016 when the service was rated Good.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Good this meant we needed to re-inspect within approximately 30 months of this date.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Assist and Care Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia, people with learning disabilities or autistic spectrum disorder, people with an eating disorder, people with mental health issues, people with physical disabilities, people with a sensory impairment and younger adults.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager and deputy manager are often out of the office supporting staff or providing care. We needed to be sure that they would be in to facilitate the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and one relative about their experiences of the care provided. We spoke with the Deputy Manager, who facilitated the inspection as the registered manager was on annual leave. We also spoke with three members of care staff.

We reviewed four care files, three staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the home.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People said they felt safe with the staff who supported them.
- A professional contact when asked if the service was safe, told us, "Yes to the best of my knowledge there have been no issues regarding safety."
- There was an appropriate safeguarding policy and procedure and staff had undertaken training in safeguarding. Staff we spoke with demonstrated a good knowledge of safeguarding issues and how to raise a concern. One staff member told us, "If I reported something I believe it would be addressed quickly."
- The service also had a whistle blowing policy and staff were aware of this and told us they would not hesitate to raise a concern if they witnessed any poor practice.

Assessing risk, safety monitoring and management:

- The service had a health and safety policy in place.
- At the initial assessment the service ensured health and environmental risks were assessed. We saw evidence of environmental risk assessments for all the properties attended by staff.
- Individual risk assessments for issues such as moving and handling, nutrition and hydration, mobility, falls were in place within people's care plans.

Staffing and recruitment:

- A recruitment and selection policy was in place and we saw evidence of rigorous checks to ensure staff had the appropriate skills, abilities and values to be employed by the service.
- Staff files included all relevant information needed for safe recruitment. All staff had a Disclosure and Barring Service (DBS) check in place. DBS checks help services ensure people are suitable to work with vulnerable people.
- There were enough staff to fulfil the commitments made by the service. Comments from people who used the service included, "They [staff] turn up on time – every time"; "Staff turn up bang on time, they are never late and never go early"; "They are always on time, I can truthfully say"; "They are on time always. If they finish early they ask if there is anything else they can do."

Using medicines safely:

- People were supported by staff with their medicines as required. Staff received adequate training and had a medicines competence check prior to working alone.
- There was a medicines policy and procedure to consult for guidance.
- Medicines information was clearly documented within people's care records and there was a medicines review file with all the review information included.
- Medicines audits were carried out regularly, issues identified and followed up appropriately.

Preventing and controlling infection:

- Staff were aware of how to control and prevent cross infection.
- Staff had infection control training and were issued with personal protective equipment (PPE), such as plastic gloves and aprons, for use when delivering personal care.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and followed up appropriately to help prevent further incidents happening.

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

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:

- Assessments were thorough and included background information about the individual, daily routines, risks, health conditions and support needs.
- Care plans included appropriate information, schedule of calls and tasks to be carried out.
- There was a copy of basic information for staff to give to paramedics, should the person require admission to hospital.
- Records were included if necessary for monitoring areas such as personal care, nutritional intake and positional changes.
- Visits were at least one hour long to enable the carer sufficient time to carry out all required tasks and nurture a good relationship with the person using the service. People we spoke with all felt staff included time to chat and perform any extra tasks in their visits.

Staff support: induction, training, skills and experience:

- People told us, "Staff training I good. If they are doing something they finish it"; "Everyone is so efficient."
- Staff were required to undertake a thorough induction programme including training, shadowing and being mentored by experienced staff and having spot checks to ensure competency prior to commencing work alone.
- Training was on-going with regular refresher courses and extra in-house courses, such as dementia friends to help ensure continued knowledge and competence. The training matrix helped keep track of when training was due to be refreshed.

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

- People's nutritional needs, preferences and risks were fully explored and recorded clearly within their care plans.
- Meal records were completed for people as and when required.

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

- People's care records included information about other professionals and agencies involved in their care and support.
- The service liaised with other agencies as needed and provided support with appointments as required.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- People who were able to had signed agreements for medicines administration and to information sharing agreements. Where they were unable to sign this was done by a relevant representative acting in their best interests.
- Details of representatives who had Power of Attorney authorisations was included within the care files to help ensure people involved in decision making had the authority to do so.

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

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

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

- People spoke positively about the care and support received. Comments included; "The carers are very good. We are getting to know each other but I am OK"; "[Names] excellent, not a word of a lie. The young [person] takes time to talk"; "I can't say a bad word about them. They offer to help with anything. They are fantastic, they really are"; "They always make a cup of tea prior to leaving"; "I'm very pleased with [names], actually very happy."
- One person told us, "They [staff] fill the house with noise and laughter and care. The house is like a party since they started coming. It's a pleasure." Another said, "They are very kind and look after me. I'm sometimes a bit wobbly and they take extra care. It's made a difference to my life. Quite an uplift."
- A professional contact, on being asked if the service was caring, answered, "Very much so I believe they pride themselves on recruiting carers who show empathy to clients."
- The service had a discrimination policy, and this was discussed within training, team meetings and staff supervisions to help ensure equality and diversity principles were embedded.

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

- People told us, "The staff are very empowering as carers. They empower me to go out and do things, for example, have a haircut";
- Involvement of people who used the service and their representatives in care planning and reviews of care was evident within care plan records.
- Communication between people who used the service and the service was good. When required and appropriate the service liaised with family members to keep them up to date with any issues.

Respecting and promoting people's privacy, dignity and independence:

- We asked if staff respected people's privacy and dignity and people told us; "Yes, they do indeed"; "They are respectful when they come. Privacy and dignity are respected"; "They are very respectful, very, very good."
- The service had a confidentiality policy in place and staff were fully aware of their responsibilities with regard to data protection legislation.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- Thorough initial assessments allowed the service to ensure people were given choices about their care and support. For example, if people wanted a particular gender of staff to care for them, or someone with similar beliefs and interests, the service endeavoured to facilitate this.
- Care files included information about people's routines, backgrounds, interests and hobbies. This helped the service match staff with people who used the service and to support any community involvement. When asked if the service was supportive, a professional who knew the service well said, "Very efficient at contacting within a short time frame and setting up a service quite quickly, responsive to changes."
- The service strove to stimulate people who used the service with conversation and encouragement to participate in the wider community.
- Some events were organised at the service's office and all those who used the service encouraged to attend. For example, they had done an 'Elf week' last December for dementia awareness. Staff had dressed up and brought people into the office where they had provided hot chocolate and games. They went out to other individuals who could not get to the office. A cupcake day was planned for June to raise awareness of Alzheimer's. For this the staff were making a garden scene and would again bring in any individuals who wished to attend. A Christmas party was held in a local function room and all people who used the service and relatives were invited.
- Each person who used the service had a staff team to provide consistency of support. Team meetings were regularly held to ensure people were continuing to receive the support they needed. Minutes evidenced discussions around changes to health conditions and to support needs.
- People's particular needs around accessing information or with communication were clearly recorded with information about how these needs could be met. The service ensured literature could be accessed in various forms to make it as accessible to all as possible.

Improving care quality in response to complaints or concerns:

- The service had a policy and procedure in place around complaints and we saw evidence of how concerns were addressed, which was effective.
- People we spoke with were aware of how to make a complaint. One person told us, "No complaints. I would give them 100 out of 10". Another said, "I rang them last week [with a concern] and they came out within half an hour. They addressed the issue and made a cup of tea. I would give a reference for them to anyone."
- We saw some compliments received by the service. These included, "[Name] is a huge help and a lovely person"; "Thank you very much to all at A and C for looking after me so well."

End of life care and support:

- The service was prepared to work with other professionals within the community if someone was nearing

the end of their life and wished to remain at home.

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.

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

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

- The registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Notifications about changes, events or incidents that the provider is legally obliged to send to CQC were submitted as required.
- The service had a statement of purpose which set out the values, aims and objectives of the company.
- There was a disaster and recovery plan in place to be implemented in the event of an emergency resulting in people not being able to be supported in the usual way.

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

- The service encouraged team work as they felt it helped staff feel supported and valued.
- There was an open-door policy so that people could pop in to the office whenever they wished.
- Staff told us they were very well supported. Comments included, "No matter how busy they [management] are, they are always there if you need to talk. The assistant service manager is a godsend"; "Support is brilliant"; "I really like the way the company works. There is no pressure with calls. Clients know exactly what time we are coming. We are given time to talk to clients and build proper relationships."; "Brilliant company to work for"; "A high standard of care is given"; "The manager is passionate about this company."

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

- People who used the service had no issues with contacting the management if required. Comments included; "You can get hold of the office, no problem"; "I am able to contact the office if I need to."
- The management visited people who used the service in hospital to check on their well-being and reassure them that support would be re-commenced on their discharge.
- Quality assurance reviews of care plans were undertaken on a quarterly basis. People who used the service were encouraged to make comments about their support. Comments included; "All staff are lovely and always helpful when I have to change times"; "The carers are great friendly above and beyond."
- Staff supervisions were held regularly and gave them an opportunity to discuss work issues and raise any concerns. Annual appraisals gave staff the opportunity to reflect on the previous year and look at training and development needs.

Continuous learning and improving care:

- Annual reviews of care were undertaken to look at any changes in needs, health or well-being.
- Support teams met regularly to review individuals' care and support.
- Medicines reviews were undertaken regularly, and any shortfalls identified and addressed.

Working in partnership with others:

- The management team were members of United Kingdom Homecare Association (UKHA), a professional association for home care providers, which promoted high standards.
- They were also members of Skills for Care who provide support with ensuring staff have the right skills set for the job.
- The service worked in partnership with relevant professionals and local agencies as needed.
- The service had a good working relationship with a local good neighbours group, which was a voluntary care group who promoted valuing older people and supported people to stay in their own homes. They also provided opportunities for people who felt isolated and lonely to meet others and feel part of the wider community.