

Catcy Care Limited

# Amersham House

## Inspection report

135 Amersham Avenue  
London  
N18 1DZ

Tel: 02083501414  
Website: [www.catcy care.co.uk](http://www.catcy care.co.uk)

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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

Amersham House provides care and support to people living in their own homes as well as one supported living accommodation for up to five people. The supported living accommodation comprised of a terrace house with a rear garden. Each person had their own bedroom and en-suite with their own toilet and shower. There was a large staff office at the rear of the house. The service worked with people living with a mental health condition. At the time of the inspection the service was supporting two people.

The service is also registered to provide care and support to people with a learning disability and autistic people. At the time of the inspection the service was not providing care to this group of people. However, when/if the service does start to provide care to this group of people; we expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives told us they felt staff were kind, caring and supportive. There was a culture of empowering both people and staff to improve their experiences of care provided and working for the service.

People and relatives felt people were safe with the staff providing care. Staff had been trained in safeguarding and knew how to report any concerns. People received their medicines safely and on time. People's known risks were assessed, and staff knew how to work with people to minimise risks. Staff were recruited safely, and appropriate checks were completed prior to staff starting work. Staff had been trained in infection control and current government guidance was being followed to keep people safe.

People received a comprehensive pre-assessment before starting to use the service. This ensured the service would be able to meet their care and support needs. Staff were supported through robust induction processes, supervision and regular training. This ensured staff were up to date with best practice. Where it was an identified need, people were supported around eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to be as independent as possible and were supported with all aspects of daily living. This included, shopping, cooking, cleaning, managing their mental health and medicines.

People's care was planned with their full involvement. People's care was person-centred, and staff knew people well. Care plans documented how people wanted to receive their care. People were supported with activities that were meaningful to them as individuals. There was a clear complaints process, people and relatives were given information on how to complain. Relatives told us they were confident about raising any concerns and that they would be dealt with.

There was an open and inclusive culture at the service. People were encouraged to be partners in planning their care and support. People, relatives and staff were complimentary of the registered manager and the support they received. The registered manager was approachable and made time to speak with people and staff. People and relatives were encouraged to give feedback on the service. There were regular staff meetings where staff were able to raise any queries or questions they had. People were involved through community meetings and were able to put forward ideas. Staff told us they felt they worked as a team and like a family.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 April 2020 and this is the first inspection.

#### Why we inspected

This was the first inspection of the service based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Amersham House

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this

to plan our inspection.

#### During the inspection

We spoke with the registered manager, service manager and one care staff. We looked at three staff files including recruitment, supervision and training, one person's medicines records, numerous auditing processes, fire safety of the supported living house, complaints, ways the service had of getting feedback from people and relatives, staff meetings and activities.

#### After the inspection

We spoke further with the registered manager and the service manager to validate information we had reviewed. We looked at two people's care and support plans and risk assessments, training and supervision records, policies and procedures and pre-assessment records. We spoke with two more care staff and one relative. We also received email feedback from another relative.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse.
- People appeared comfortable and relaxed around staff. One person said, "It's good, it's better than the hospital, all of the staff are okay."
- Staff had received training in safeguarding. This included how to spot different types of abuse and how to report this appropriately.
- Staff were confident they understood safeguarding and how to keep people safe. A staff member said safeguarding was, "Protecting the residents, preventing them from harm and abuse. It's knowing what to do if you see that. Need to report it to my line manager, or the deputy manager as well."

Assessing risk, safety monitoring and management

- People's personal risks were assessed and reviewed regularly.
- We saw people's risks were identified and assessed. However, for some risks there was not always enough detail in risk assessments to ensure staff understood how to minimise known risks. We discussed this with the registered manager and service manager who told us this would be reviewed going forward.
- We were assured staff knew people's personal risks well and understood how to work effectively with people to minimise risk.
- In the supported living house there were systems and processes in place to monitor fire safety. All staff had received fire safety training.

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met.
- At the time of the inspection the service was supporting one person in their own home. One member of staff had been designated to visit this person and had built a good working relationship with them. In the supported living service, there were staff 24 hours a day including a waking night staff. The waking night staff remained awake throughout the night in case people required any help or support during this time.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- People received their medicines safely and on time. A person told us, "They [staff] give me medication."
- For the supported living service, there were appropriate systems and processes in place to monitor and

manage medicines. There was a room designated for medicines storage, the temperature of the medicines cabinet was recorded daily to ensure medicines were kept at the correct temperature, there were systems for disposal of medicines in place. In supported living people's medicines are usually stored securely in their own rooms. However, the arrangements noted above had been risk assessed as the safest way for the service to manage the person's medicines.

- Medication administration records showed no missed medicines and staff signed to show medicines had been administered.
- Where people received 'as needed' medicines there were no protocols to explain to staff when to administer these medicines. As needed medicines are medicines that are administered when necessary such as for pain or anxiety relief. We discussed this with the registered manager. Following the inspection, the service manager sent 'as needed' protocols to us. We were assured from speaking to staff they understood when to administer these medicines.
- Where people were being supported with medicines, the registered manager carried out monthly medicines audits.

#### Preventing and controlling infection

- The service had robust infection control policies and procedures in place to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff in line with government guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There were processes in place to promote learning and fully involve the staff team in discussing and sharing learning to ensure best practice.
- The registered manager told us they felt all learning was important as this helped improve the quality of care they provided.
- Where there were any incidents or learning from people and relatives' feedback, this was discussed and shared in staff meetings and supervisions.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and choices were assessed and reviewed in line with guidance and the law.
- People received a full assessment prior to using the service. This ensured the service would be able to meet people's care and support needs. The assessment also allowed people to decide if the service was right for them. For the supported living accommodation, people could visit the house and do overnight visits to make sure they were happy with the house and meet the staff., The service also recognised, moving home can be stressful and ensured the process was simple and comfortable for people.
- Where appropriate, relatives were involved in the pre-assessment process. A relative commented, "Yes, I was involved! We were shown other places as well. I was with him when we visited this one. [Person] liked this one."
- Information from the pre assessment was used to create people's care plans.

Staff support: induction, training, skills and experience

- Staff were fully supported through robust induction, training and supervision. The registered manager told us how important they felt staff training and support was to ensure a competent, experienced staff team.
- Staff received a comprehensive induction when starting work. This included completing the care certificate and shadowing more experienced staff before working alone. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member told us about their induction, "Getting to do basic training things like safeguarding, mental capacity and the care certificate. I didn't start straight away, had an observation period where I observed how things worked and I actually started after that."
- Staff were supported through regular supervision. The service had not yet been opened for a year and the registered manager told us they were starting to plan for annual appraisals.
- Following staff induction, staff also received further training to support them in their role.

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

- Where supporting people with food and drink was an identified need this was documented in their care plan.
- Staff knew what people liked and were able to tell us about people's favourite foods.
- Relatives told us the service had asked what people liked to eat and drink. A relative said, "They asked me what type of food [person] likes and I explained to them and they are trying to cook what he likes, I have offered to go in and teach them how to make the food he likes."

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

- People were supported to attend healthcare appointments to promote and ensure wellbeing.
- People were supported to attend routine appointments such as doctors and dentists as well as specialist appointments such as psychiatry and community psychiatric nurses. A person told us, "Sometimes [I] go to doctors."
- Staff knew people well and were able to recognise any changes in people's behaviour and mood. Where there were any concerns, these were immediately raised to the registered manager and referrals to healthcare professionals were made.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- At the time of the inspection, there were no people subject to a court of protection order.
- Care plans did not document people's capacity and whether they needed help with certain decisions. We discussed this with the registered manager who said care plans would be reviewed and this information included going forward.
- Staff had received training around the MCA and understood how the principles of the MCA impacted on the care and support they provided to people. One staff member said the MCA was, "If an individual has the ability to make a specific decision for themselves. If they didn't, they would be assessed and there would be someone to make decisions for them in their best interest."
- People had signed their care plans. The registered manager told us staff sat with people when they were planning care and made sure they understood their care plan before people signed it.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 fully supported. Individuals' equality and diversity needs were understood.
- Staff knew people well and understood their individual care needs.
- We observed kind and caring interactions between people and staff. People appeared relaxed and calm around staff.
- Relatives were positive about the kind and caring nature of staff. A relative fed back to us 'We are very happy with the standard of care you provide for [person]. Throughout the process [staff] has been very respectful and compassionate and very supportive of [person's] needs. We have had other carers in the past but they were nowhere near this high standard. Thank you for doing what you do'.
- For one person, the service was supporting them to learn to cook food from their own culture.
- The Registered manager went to buy a birthday cake for someone during the inspection. They told us they felt these small gestures made people feel cared for and remembered.

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

- People were fully supported to express their views and opinions about their care, this was reflected in people's care plans.
- The registered manager was proactive in involving people and told us, "It's about knowing the clients and the way they understand things. [For example, with one person], the care plan we did it with him, we gave him an opportunity into it and he added anything he felt he needed before he signed it. He has a copy in his room as well."
- People were fully involved in the pre assessment process and had the opportunity to express their views on the process.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was fully respected. Staff encouraged people to be independent where possible.
- The service promoted mental health rehabilitation. At the top of the supported living house was a self-contained flat. The service manager told us the aim of this space was for when a person felt they were ready to potentially move on to independent living they would move to here. There were processes in place to promote and encourage independence around shopping, cooking, financial management and medicines to prepare them for moving onto independent living.
- In the supported living house, a person showed us their room. They said staff prompted and helped them clean their room and do their laundry.

- Where people were supported in their own homes, and where it was an identified need, they were encouraged and supported to take care of their personal space, hygiene and medicines.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Each person had a care plan which was mostly person centred and documented their care needs.
- Although we were assured people's care was planned in a person-centred way, and staff knew people well, care plans did not always document how things would be achieved. There were overarching statements such as 'keeping busy and occupying my time with positive activities'. There was limited information on what this meant for the person. We discussed this with the registered manager who told us the information in care plans would be updated to provide more detail.
- Staff understood people were individuals and had their own care needs. A staff member said, "The care that you give to the patients is very specific to their needs, you get to give very specific care to each person, you adapt and do new things with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs and were aware of different types of communication.
- The service recognised some information could be confusing for people. For one person we saw the service had created an easy read, pictorial tenancy agreement. For another person their care plan was easy read with pictures. The registered manager told us the person found the pictures useful to jog their memory around what they needed to do.
- People were fully supported around communication and given the option of what format they wanted their information in. We saw one person was offered a larger font on their care plan and the person said they did not need this.
- Staff knew people well and understood how to communicate with them effectively.

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

- Where supporting people with activities was an identified need, this was documented in their care plan.
- We observed a person sitting with staff watching wrestling, which was one of their favourite pastimes. On the day of the inspection the person was also being supported to go to a restaurant that served food from

their culture.

Improving care quality in response to complaints or concerns

- There were systems in place to document and respond to any complaints.
- People and relatives were provided with information on how to complain. A person told us if they had a concern, "I would tell them, all of the staff are ok." Relatives were confident any concerns would be dealt with.
- The service recognised all complaints, however minor, were important and we saw documented complaints and responses to them. For example, a person felt staff had woken them up too early. The service had responded to ensure the person was happy with the outcome of the complaint.
- At the supported living house, there was a complaints box where people could place anonymous complaint. People were also encouraged to talk to staff if they were unhappy with anything.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated as partners in their care which led to an open, inclusive and empowering culture.
- People knew who the registered manager and service manager were. One person said about the service manager whilst smiling and pointing at him, "He's a good man!" We observed warm and genuine interactions between people and the registered manager.
- Relatives were positive about the quality of care staff provided. A relative said, "They [staff] are very friendly, very welcoming. I visit all the time, my brother also visited him. Very welcoming. They care about [person]" and "They [staff] are very helpful, and they go the extra mile."
- Staff told us they felt supported by the registered manager. Comments included, "I have never had such a good manager. She will sit down with you, I can discuss anything with her, she is always available for us. She listens so well. Not all managers are like that! I am so happy working there" and "They are very good, for me I like working in an environment where the manager is free with you, you are able to approach them. It is very easy to talk to her, smooth. She is a very good manager."
- There was a clear feeling that staff worked as a team to provide person-centred, high quality care. Staff said, "We work as a team. The care we give is so personalised, it's to suit them [people]" and "We are like one big family, we always look forward to go to work." The culture of support and teamwork was evident at the time of the on-site inspection as most of the staff attended the service to support the registered manager and service manager.

Continuous learning and improving care; Working in partnership with others; 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

- There were systems in place to review and share any learning with the staff team through staff meetings and supervision sessions. □
- The registered manager and service manager were responsive during the inspection, listening and acting on the minor concerns raised during the inspection as detailed in this report. For example, 'as needed' medicines protocol and a risk assessment.
- The provider had a good working relationship with people's care teams and were able to raise any issues with them.
- People received timely and appropriate healthcare referrals when needed.
- The registered manager was aware of their responsibility to be open and honest if anything went wrong. At the time of the inspection, there were no concerns around this.

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

- There was a clear management structure in place which staff understood.
- There were numerous audits completed to monitor the quality of care and governance of the service. These included audits of care plans and people's care files, infection control, health and safety, including fire safety, for the supported living service.

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

- People and relatives were fully involved in both the supported living house and homecare.
- The service had several ways of gaining feedback about the care provided. There was a suggestions box at the supported living service where people could put ideas and suggestions. People were encouraged to give feedback during community meetings as well as individually.
- There were regular staff meetings where staff were able to raise any concerns and discuss care.
- There were community meetings at the supported living house, which both people living at the house and staff attended. People were encouraged to discuss what they wanted to do and any changes they wanted. At the community meetings, people said they wanted a ping pong table and a smoking shelter. We saw these had been provided. Both people and staff were encouraged to chair the community meetings to help develop their skills. One staff member said, "We are empowered and we co-chair the meetings, the residents are given the opportunity as well."
- There were regular staff meetings where staff told us they felt confident and comfortable in discussing any issues. Staff told us they felt listened to. Staff said, "We have staff review meetings once in a while, they ask us what do you think we are doing well and what could we do better so you do get an opportunity to give your feedback" and "We have a voice, it's not just the management that decide everything. We are brought into it. We are part of what is going on, we are treated as if we are one."