Care Assist Limited

Care Assist in Harrow (Park Drive)

Inspection report

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Date of inspection visit:
02 February 2016

Date of publication:
08 March 2016

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

This inspection took place on 2 February 2016 and was unannounced. Care Assist in Harrow (Park Drive) provides accommodation and personal care to a maximum of six people with mental health needs. At the time of our inspection, there were six people using the service.

The provider met all the standards we inspected against at our last inspection on 25 April 2014.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who used the service and staff. People who used the service spoke positively about staff and the care provided at the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. Staff were knowledgeable about people's individual care needs and were aware of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

There were enough staff to meet people's individual care needs and this was confirmed by staff we spoke with. On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. People who used the service told us that staff always had time to speak with them. The registered manager explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

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

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

Staff demonstrated that they had the knowledge and skills they needed to perform their roles. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety, first aid

and moving and handling.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed. The registered manager explained to us that they encouraged people to be independent as much as possible but provided support where necessary.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). People in the home all had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The registered manager informed us that none of the people who lived in the home were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

People spoke positively about the food arrangements in the home. They explained that they prepared their own food and that there wasn't a set menu as people ate what they liked and when they liked. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

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

People told us that there were sufficient activities available. Each person had their own activities timetable which was devised based on their interests. Activities included attending the local leisure centre, going shopping and attending college.

We found the home had a management structure in place with a team of care staff, team leader and the registered manager. The home had an open and transparent culture. Staff told us they were encouraged to have their say and were supported to improve their practice. Staff told us that the morale within the home was good and that staff worked well with one another. They spoke positively about working at the home. They told us management was approachable and there was an open and transparent culture within the home and they did not hesitate about bringing any concerns to management.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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

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

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

Appropriate systems were in place to manage emergencies.

Is the service effective?

Good

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were encouraged to make their own choices and decisions where possible. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutrition was monitored. People prepared their own meals with support from staff where required.

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

Is the service caring?

Good

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

People were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

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

Is the service responsive?

Good

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

There were activities available to people and each person had their own activities timetable which was devised according to their interests.

People had regular reviews of their care plans with staff to ensure that the care provided met their needs.

Is the service well-led?

Good

The service was well-led. People who used the service told us that management were approachable and they were satisfied with the management of the home.

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

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. There were systems in place to make necessary improvements.

Care Assist in Harrow (Park Drive)

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection on 2 February 2016 of Care Assist in Harrow (Park Drive). The inspection was carried out by one inspector.

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

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

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, "Yes I feel safe here. Another person told us, "I am safe here." One relative told us that they were confident that people were safe in the home and said, "Yes [my relative] is safe there". One care professional we spoke with told us that people were safe in the home.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, social isolation and non-compliance with medicine administration. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw that the safeguarding policy was clearly displayed in the home and was in an easy read format so that it was accessible to all people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

There were adequate numbers of staff on the day of the inspection. We noted an air of calm in the home and staff were not rushed. Through our observations and discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff. This was evident through our observations. We saw that people who used the service were comfortable around staff. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. There was a lone working policy which applied to staff that worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for four members of staff. We found comprehensive

background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The home also had an emergency grab bag available for use if the home had to be evacuated in an emergency. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Systems were in place to make sure people received their medicines safely. Each person had their own lockable cabinet in their room where their weekly stock of medicines were stored. The registered manager explained to us that medicines were kept in people's bedrooms to encourage people to be independent. The monthly stock of medicines was stored in the staff room in a locked cabinet. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines. We saw evidence to confirm that the provider assessed whether staff were competent to manage and administer medicines safely.

We saw documented evidence that medicine audits were carried out monthly and the registered manager confirmed this. The aim of these audits were to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored.

Good

Is the service effective?

Our findings

One person who used the service told us, "I like it here. Staff are lovely. They could not be nicer. This is like a home here." One relative told us that they thought the service was effective and they were satisfied with the care and support provided. The relative told us, "I am very satisfied with the care. I have no concerns." One care professional told us that the home provided an "excellent service".

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service and we saw evidence of this. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. One member of staff told us, "The training has been helpful. I have gained knowledge and am well informed." Another member of staff said, "I have had great training. Very beneficial."

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress and staff we spoke with confirmed this.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. There was no set weekly menu as people cooked their own meals with support from staff where required. One person told us, "I make my own food. I like cooking. I go shopping once a week and get everything I need." On the day of the inspection we saw people preparing their own meals when they wished to do so.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. At the time of the inspection there were people who were at risk of low body mass index. We saw evidence that the home monitored their food and fluid intake and this was recorded. Further, the team leader was able to explain in detail the action they would take if people had a low body mass index which included communicating with the GP and hospital. It was evident that the team leader was aware of people's individual needs in respect of this.

People were supported to maintain good health and have access to healthcare services and received on-

going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People in the home all had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care. Staff had received training in the MCA and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

Good

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, "Staff are friends, not just carers. They respect me and listen to me. We talk and negotiate and come to a decision. I can always talk to staff." Another person said, "I am happy to talk with staff." One relative told us, "Staff are very good. They are very, very helpful. All staff are lovely."

We observed that care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care staff approached people and interacted well with them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. One member of staff told us, "I make sure people are listened to and valued. I find out what people's preferences are and give them choice." Another member of staff told us, "I always talk to people politely and respect their wishes. They come first. Every decision should come from them."

People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were out.

The registered manager, team leader and care staff we spoke with had a good understanding of the needs of people and their preferences. Care plans included information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported to do this. For example one person was supported to attend a Church every Sunday. This person told us, "I go to Church every Sunday. The home really do take care of my spiritual needs."

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. We saw documented evidence that people had monthly meetings with staff to discuss their care needs and progress. These meetings enabled people to discuss their progress and review their action plan.

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

People spoke positively about their bedrooms. One person said, "My room has everything I need. It is ensuite. I have my own bathroom." All bedrooms were for single occupancy and had ensuite facilities. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's

belongings, such as photographs and ornaments, to assist people to feel at home.

The home had a pet cat called "Princess" which they collectively looked after. People spoke positively about having a pet cat. One person told us that the pet was part of the family in the home and they all helped to look after her.

Good

Is the service responsive?

Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, "Staff really do listen." One relative told us, "They keep me informed and involved. They are very supportive."

People's care plans included information about a range of each person's needs including; health, care, social skills, community living, finances and communication. Care plans clearly detailed how each person would like to be supported and care plans were individualised and person- centred. We noted that care plans were written in the first person so that it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. We also saw documented evidence in care plans that people had individual goals and an action plan detailing how they were going to try and meet these goals.
Care plans were reviewed monthly and updated where when people's needs changed. The registered manager explained that regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

People were provided with necessary information in respect of their care and the running of the home. We noted that each person had a folder in their bedroom which included a service user guide, their current support plan and risk assessments, recent resident's meeting notes as well as important policies including the safeguarding policy. The registered manager explained that this ensured that people had quick access to necessary information and this was always available to them as well as promoting independence.

Each person had their own activities timetable which was devised based on their interests. Activities included attending the local leisure centre, park and going shopping. On the day of the inspection we saw one person go out to work and another to college. The registered manager explained that this encouraged them to be independent. People we spoke with told us that there were sufficient activities available and had no complaints. One person explained to us that the home supported them to go out with their relative. On the day of our inspection, some people were out during the day and some chose to spend time in the home. We saw evidence that the home had a nationality culture week where they promoted a particular nationality and prepared different foods from that nationality and people were able to get involved if they wished to do so.

There was a system in place to obtain people's views about the care provided at the home. There was a suggestions box for people to communicate their feedback and comments. We saw documented evidence that resident's meetings were held so that people could raise any queries and issues. One person we spoke with confirmed this and told us that they felt able to talk openly at these meetings. There was also documented evidence of monthly key worker sessions where people were given an opportunity to discuss their individual progress as well as other issues important to them such as the running of the home and day trips planned.

There was a complaints policy which was clearly displayed in the home. There were procedures for

receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and compliments. We saw one recent compliment from a care professional which stated: "Extremely impressed by the standards of the environment at the home and an extremely high standard of care from the care staff."

A formal satisfaction survey had been carried out in 2015 where the provider invited all relatives and social workers to a meeting and they were presented with a survey to complete which relatives and social workers took away with them. However, the registered manager confirmed that they had only received one completed feedback form. The registered manager explained that staff communicated regularly with people's relatives and she encouraged people and relatives to raise issues with her and staff whenever they wished to and not to wait for a satisfaction survey. All relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

Good

Is the service well-led?

Our findings

One person who used the service told us, "The manager is nice. I feel able to complain if I needed to." One relative said, "The team leader is very good. I would complain if I had to. No problem." People who used the service and one relative we spoke with spoke positively about staff and registered manager. All people told us that they felt comfortable raising queries with them and found all staff to be approachable.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that monthly comprehensive audits and checks had been carried out by the registered manager in various areas such as care documentation, health and safety, maintenance in the home, staff working hours, safeguarding, medicines, complaints/compliments, staff files and training. The registered manager explained that the results of these audits were discussed at provider management meetings so that the service could look at ways of improving.

There was a management structure in place with a team of care staff, team leader and the registered manager. All staff spoke positively about working at the home and told us that the morale within the home was very good. Staff said that management were approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager or team leader. One member of staff told us, "The support from the team leader is good. There is good communication. There is cohesion within the team, everyone gets along." Another member of staff said, "It is great working here. Management is supportive. I feel able to raise questions. All staff work well together." On the day of the inspection we observed that there was a good working rapport between staff and they communicated well with one another.

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded and included detailed information about incidents and accidents, the action taken by staff, the injury sustained as well as follow up information. This information was then reviewed by the registered manager to help prevent them reoccurring and to encourage staff and management to learn from these.

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