

Assist Home Care Ltd

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Inspection report

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Date of inspection visit:
29 January 2016
19 February 2016

Date of publication:
19 April 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Assist Home Care Limited on the 29 January 2016. The visit was made at short notice to make sure the registered manager would be available.

Our last inspection took place on 4 October 2013 and, at that time, we found the regulations we looked at were being met.

Assist Home care Limited is registered as a domiciliary care agency and provides a range of services including personal care in the Bradford and Kirklees areas of West Yorkshire. The agency provides care and support to people who are elderly, people living with dementia and people with learning or physical disabilities. The agency also specialises in providing care and support to people from the South Asian community and other ethnic minority groups.

There was a registered manager in post. 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.

Staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff available for operational purposes and recruitment procedures ensured that only staff suitable to work in the caring profession were employed. Risk assessments were in place where risks to people's health, safety and welfare had been identified and action had been taken to reduce these risks.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. The majority of people who used the service and their relatives told us staff were reliable and provided care and support in line with the support plan in place. However, two people had concerns about some aspects of the service provided. These were discussed with the registered manager who confirmed they would address the matters raised.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

The staff we spoke with had a good knowledge of the medicines people they visited were taking and people told us they were satisfied with the way their medicines were managed.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. However, the relative of one person who used the service had

concerns about the effectiveness of the complaints procedure.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence learning from incidents took place and appropriate changes were made to procedures or work practices if required.

Members of the senior staff team were accessible and approachable. They undertook spot checks to review the quality of the service provided. Staff, people who used the service and relatives felt able to speak with them and provide feedback on the service.

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.

There was a recruitment and selection policy and procedure in place and newly appointed staff were not allowed to work until all relevant checks had been completed.

Sufficient staff were employed for operational purposes and to ensure people's needs were met.

Staff knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Is the service effective?

Good ●

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about how they preferred their care and support to be delivered.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

There was a clear complaints procedure and people who used the service and their relatives knew how to make a complaint if they needed to.

However, concerns were raised about some aspects of service delivery and the effectiveness of the complaints procedure.

Is the service well-led?

The service was well led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the registered manager and senior staff team.

Good ●

Assist Home Care 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 was planned to check 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 started with a visit to the providers offices on 29 January 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector. At the time of inspection the service was providing care and support to 44 people and employed 23 staff.

When we visited the office we spoke with the registered manager and the care co-ordinator. We looked at four people's support plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures. We also looked at staff recruitment files and training records and other records relating to the day to day running of the service.

In a three week period following the inspection we also spoke with eleven people who used the service or their relatives and ten staff by telephone to ask them about their views and opinions of the service provided.

As part of the inspection process we also reviewed the information we held about the service. This included notifications sent to us by the provider. A notification is information about important events which the provider is required to send to us by law. We also spoke with a representative from the local authority contracts and commissioning service in Kirklees. The agency was not supporting people who lived in the Bradford area at the time of the inspection.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff are very good and always make sure I am safe and secure before they leave." Another person said, "I could not be cared for any better. All the staff are brilliant and always ask if they can do anything else to assist me before they leave."

People also told us the agency always made sure their care and support was provided in line with their agreed care plan. For example, if they required two staff to assist them with their personal care, two staff always arrived. This ensured safe care and support was provided and their health and safety was not compromised.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern.

In addition, the registered manager told us they operated an open door policy and people who used the service, their relatives and staff were aware that they could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. The registered manager told us they did at times experience difficulty obtaining references but would not employ an applicant unless they were satisfied they were suitable to work in the caring profession.

The staff we spoke with told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed. One person said, "I had to wait quite a long time before I could actually start work because my references were delayed. However, I understand the need for the checks to be carried out as the agency needs to know the staff employed are suitable to work with vulnerable people."

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

The provider had policies and procedures relating to the safe administration of medication in people's own

homes. The registered manager told us staff were not allowed to administer medicines until they had completed appropriate training and felt confident and competent to do so. We saw medication administration records (MAR) were completed by staff when they had administered medication and once completed were returned to the office and audited as part of the internal audit system.

The registered manager confirmed that until recently the MAR did not record the actual medicines administered to people and staff just signed to indicate they had administered medicines as prescribed. However, this had now been addressed and MAR now included a full list of medicines and staff signed for them individually.

The registered manager confirmed that staff always gained people's consent before they administered medicines and did not administer medicines covertly. The staff we spoke with confirmed they were not allowed to administer medicines unless they had completed an appropriate medication course. The people we spoke with told us they always received their medication in a timely manner and as prescribed.

Risk assessments were also in place where areas of potential risks to people's general health and welfare had been identified. These included assessments relating to people's mobility, nutrition, medication and the environment.

Is the service effective?

Our findings

The registered manager told us that all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the service was very good and provided them with the skills, knowledge and understanding to carry out their roles effectively. Staff also told us they were also able to request specific training to be provided if they required it to meet a person's needs.

The staff we spoke with had a general awareness of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). 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.

The staff we spoke with told us they respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and showed a good understanding of people's different needs and preferences.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

People told us that where meals were provided the staff had always asked them about their individual preferences. We saw the support plan for one person with swallowing difficulties was very detailed and staff were following the guidance provided by other health care professionals.

The relatives we spoke with told us the staff were very pro-active in calling other healthcare professionals

such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "I know that on several occasions when my relatives has been ill the staff have arranged for either the doctor or district nurse to visit them. I am sure this has prevented more than one possible hospital admission." This showed to us the policies and procedures in place to support people in such emergencies were effective and staff acted in people's best interest.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. For example, one person said, "Having to accept assistance with personal care is not very nice but they are very respectful and are really nice girls and they do seem to care. I cannot speak too highly of them." Another person said, "They look after me very well and never rush me." People also told us that staff respected their privacy and dignity.

The people we spoke with told us they usually had the same carer or team of carers providing their care and support and usually knew which staff would be visiting them. However, two people did say new staff were not always introduced to them and if their regular carer was on leave or off work sick they were not always notified in advance who would be providing their care and support. This was discussed with the care co-ordinator who confirmed that wherever possible the agency tried to ensure continuity of care but sometimes due to unforeseen circumstances this was not possible. The care co-ordinator told us agency did always try to inform people of any changes to their care package but would take on board the comments made and take action to address the matter.

People told us that the staff were always pleasant when they visited and had never failed to arrive even in the bad weather. One person said, "I could not have chosen a better agency to provide my care, all the staff are very good and look after me very well." Another person said, "The girls never let me down no matter what the weather is like and I look forward to them arriving, they brighten up my day." The registered manager told us to ensure visits were not missed the staff contacted the senior member of staff "on call" before their last visit to confirm they had completed their workload. This was confirmed by the staff we spoke with who told us the system worked very well and not only ensured visits were not missed but also gave them the opportunity to discuss any concerns they might have.

People told us staff usually arrived on time but accepted that there were times when due to unforeseen circumstances they did arrive late. In the majority of cases people said they were kept informed if staff were running late or they contacted the office to enquire what time staff would be arriving.

One person told us that based on their own experience they felt the service had a flexible approach to providing care and support and had acted on their request to change their support package at short notice. For example, they told us they had contacted the agency to change the time of a visit due to an outpatient appointment and they had been very supportive and accommodating. Another person said, "The agency are very good at responding to changing situations and have provided my relative with additional visits or staff have stayed longer than they should have to ensure they were safe."

People told us that staff never discussed confidential information about other people who used the service with them. They said that maintaining confidentiality at all times was very important part of establishing a trusting relationship with staff. One person said, "You must have confidence and trust in the people providing your care and I have never doubted the integrity of the staff who visit me."

The staff we spoke with were able to describe how individual people preferred their care and support to be

delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan.

Is the service responsive?

Our findings

The majority of people we spoke with were happy with the way the service responded to their changing needs. One person told us, "I value my carers, they do a good job," and another person told us "Everything is running smoothly and I am very happy with the support I receive."

However, two people told us they had concerns the staff were not staying the correct length of time or making sure they had finished all their tasks before leaving. One person said "I am a little worried that staff do not always stay with my relative the correct length of time and don't always ensure they have sufficient to eat and drink. In addition, staff have arrived as late as 2pm for a lunch time call which is not acceptable" Another person said "Overall I am happy with the care and support my relative receives but there is room for improvement. Sometimes little things which may not seem important to staff but are very important to my relative are missed and this should not happen." These issues were discussed with the care co-ordinator who confirmed they would be addressed through staff supervision and training.

The registered manager told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed that they would not take on a care package unless they were absolutely certain they could meet the person's needs.

The registered manager told us because the agency specialised in providing care and support to people from ethnic minority groups the majority of staff employed were bilingual. This made sure they were able to communicate effectively with the people they supported. They also told us that, as far as possible, staff from similar cultural backgrounds were matched to the people they supported and information about the about the service could be provided in different languages and formats if required.

The relatives we spoke with told us the assessment process was thorough and staff had listened to them regarding how they wanted their care and support to be delivered. They told us they were encouraged to ask questions during the initial assessment visit and were given information about the services the agency was able to provide.

The staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. The majority of staff told us they had enough travel time between visits and could usually get to people on time. However, two staff told us that at times they had insufficient travelling times which resulted in them feeling rushed. This was discussed with the registered manager who told us this had already been brought to their attention and action was being taken to address the matter.

We looked at four support plans during our inspection. There were visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's background, family contacts and personal preferences as to how care

and support should be delivered. Individual preferences were recorded and were written in a 'person centred' style.

The support plans we looked at had been signed by people using the service or their relatives to confirm that they had been consulted about and agreed with the contents. People told us senior staff from the agency reviewed and discussed their care and support with them on a regular basis to ensure that their changing needs were met.

Daily records were completed by care staff detailing the care and support that they had provided during each care visit. We saw the daily records once completed were returned to the office for audit purposes so that senior staff could check that people had received appropriate care and support.

People we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns the staff in the office are good at sorting it out for me." People said that they felt able to raise and discuss their concerns with senior staff at any time. We saw a copy of the complaints procedure was included in the Service User Guide published by the agency and included in the welcome pack.

The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction wherever possible. However, the relative of one person who used the service told us they although they had made a complaint it had not been resolved to their satisfaction and they felt let down by the complaints procedure. They said "The agency seem to think they have dealt with my concern. However, nothing has changed and I still find the situation I find myself in unacceptable." This was discussed with the care co-ordinator who confirmed they would contact the complainant again and address the matter.

Is the service well-led?

Our findings

People we spoke with and their relatives told us the registered manager and senior staff were approachable and they were always able to contact them if they had a problem. One person said, "I can speak to the managers and staff about any concerns I may have." Another person said "They [office staff] contact me to see if things are alright." Another person said, "They are excellent and give a good service and I would recommend them to others and I have done so"

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager or care co-ordinator audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The staff we spoke with told us there was an open culture within the service. Staff were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice. One member of staff said, "I feel that I would be confident in reporting any concerns and that I would be protected if I did." They also told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training. This demonstrated the provider was managing the agency in the best interest of both people who used the service and staff.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes. This was to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family or advocate support.

The relatives we spoke with told us they were contacted by the registered manager or senior staff on a regular basis and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support.

We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.