

Ashmore Care Limited

Key Staff

Inspection report

Unit 4
Bankside Industrial Estate, Little Marcle Road
Ledbury
Herefordshire
HR8 2DR

Tel: 01531637481

Date of inspection visit:
12 September 2019

Date of publication:
23 October 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Key Staff is a domiciliary care agency based in Ledbury, Herefordshire. The service supports children and younger or older adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs or physical disabilities. At the time of our inspection, there were 10 people using the service.

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

Procedures for supporting people to manage their medicines safely were not sufficiently robust or always followed by staff. People's medicines records were not accurate or complete, increasing the risk of medication errors. Assessments of the risks to individuals, including potential hazards within their home environment, were not completed on a consistent basis. Prospective staff were not always subject to appropriate pre-employment checks to confirm their suitability to provide care in people's homes. People did not always receive a consistent and reliable service from the provider, due to staffing issues.

The provider did not fully promote people's rights under the Mental Capacity Act 2005. The shortfalls in the quality and safety of people's care did not reflect a caring service. The care provided did not always meet people's individual needs and requirements. The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of people's care. Staff and some of the people and relatives we spoke with expressed concerns about the overall management of the service, highlighting the need for better organisation.

Staff understood how to identify and report potential abuse involving people who used the service. They took steps to protect people from the risk of infections through, for example, making appropriate use of disposable gloves and aprons. Staff understood how to record and report any incidents or accidents involving people who used the service, in order that the management team could review these reports.

The provider had introduced a formal system of staff supervision and appraisal. Staff received training designed to give them the knowledge and skills they needed to work effectively. People's individual needs and requirements were assessed before their care started. They had the level of support they needed to prepare their meals and drinks. Staff and management recognised the need to work effectively with community health and social care professionals involved in people's care. People's health needs were assessed and plans were in place to manage these.

Individual staff treated people in a caring manner and knew the people they supported well. Staff and management recognised the need to promote people's equality and diversity in delivering their care. People and their relatives had support to express their views about the care provided. People were treated with dignity and respect by staff.

People's care plans were individual to them and accessible to staff. They included an assessment of

people's communication needs. The provider had a complaints procedure and people and their relatives were clear how to raise any concerns or complaints about the service.

The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided. They took steps to engage people, their relatives and staff in the service.

Rating at last inspection

The last rating for this service was Requires improvement (published 18 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches at this inspection. These relate to the provider's failure to manage risks to people who use the service, the lack of consistent pre-employment checks on prospective staff, staff induction procedures and the ineffectiveness of the provider's quality assurance systems and processes.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Key Staff

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 Care Act 2014.

Inspection team

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

Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the director, registered manager, administrator, trainer and five care staff. We reviewed a range of records. These included six people's care records, medicines records, staff training records, three staff recruitment records and selected policies. We also reviewed incident and accidents records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two people who used the service, three relatives and a community social care professional about their experience of care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; assessing risk, safety monitoring and management

- The provider's procedures for supporting people to take their medicines safely were not sufficiently robust or consistently followed by staff.
- Where people needed support from staff to take their medicines, there were medication administration records (MARs) in place. However, the instructions recorded on people's MARs for administering their regular and 'when required' (PRN) medicines were not always clear. For example, one person's MAR listed a topical medicine without any directions for staff on how or when to apply this. Another person's MAR listed a PRN pain reliever, but did not clarify the recommended dosage or minimum interval between doses.
- Staff had not consistently recorded on people's MARs whether or not their medicines had been administered. We found multiple unexplained gaps in recording on people's MARs. For example, one person's MAR had not been signed by staff over a six-day period to confirm whether or not they had received their evening medicines as prescribed. Poorly completed MARs increase the risk of medication errors.
- Where staff had noted on people's MARs that they had been unable to administer their medicines as these had run out or been refused, there was no evidence of how the management team had followed up these issues.
- Handwritten entries on people's MARs had not been signed by two trained staff to confirm these were correct.
- We discussed these issues with the management team. They acknowledged people's MARs had not been audited effectively for a number of months due to their workload over this period. They informed us these records would be thoroughly checked on a consistent monthly basis going forward.
- The provider had procedures in place designed to enable them to assess, record and manage key risks associated with people's individual care needs. This included assessments of people's mobility needs and risk of falls, their medicine support needs and any environmental risks, including fire safety hazards, within their homes. However, we found these risk assessments were not completed on a consistent basis. For example, the risks associated with people's home environments had not been fully assessed in three of the care files we looked at. We discussed this issue with the administrator, who supported the registered manager with day-to-day management of the service. They informed us this had been due to an oversight on the part of the management team.

We found no evidence that people had been harmed. However, the provider had not taken all reasonable steps to ensure the health and safety of the people using the service and to manage risks associated with people's individual care needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had not developed a comprehensive written recruitment and selection policy to ensure they followed a safe, fair and consistent recruitment process.
- The management team informed us staff were subject to employment references and an enhanced Disclosure and Barring Service (DBS) check before they commenced employment. However, we found staff had sometimes been allowed to start work without these checks. For example, we identified two members of staff who had been permitted to work with people before their DBS checks had been received by the provider. DBS checks had since been completed for these members of staff. We discussed this with the administrator who acknowledged pre-employment checks had not always been completed in line with the provider's procedures.

The provider did not have effective recruitment and selection procedures in place and had not ensured they made appropriate pre-employment checks on staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not assured the provider consistently deployed sufficient staff to meet people's individual care needs. People and their relatives expressed mixed views on whether they received a consistent and reliable service from the provider. Some of those we spoke with expressed frustration over late or missed care visits, or frequent changes to the timings of care visits, due to the provider lacking staff. One person told us, "If they [provider] are short of staff, my care calls get shoved about and I don't know when they [staff] are coming ... I've had missed calls sometimes – a couple a month." A relative said, "Things have improved over the last four weeks, but they [staff] were coming half an hour to an hour late ... They [provider] send out a rota so we know when they are coming, but it has different [call] times on it each day." Another relative told us, "We've had trouble with them [staff] not turning up, as they've been short-staffed. On a day-to-day basis, staff can be late or early."
- Most of the staff we spoke with felt the provider needed to employ more staff and retain them more effectively. One staff member told us, "They [provider] don't employ enough staff ... There's been quite a few times people haven't had their calls as there has been no one [staff] to cover." Another staff member said, "They [provider] don't have enough staff to cover sickness and annual leave."
- We discussed these staffing issues with the administrator. They acknowledged staffing levels had impacted on the consistency and reliability of people's care over a number of months, due to increased staff turnover. They assured us they monitored the service's staffing requirements in line with people's care needs, recruitment activities were ongoing and a staff recruitment strategy was in place.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in and understood how to recognise and report potential abuse involving people who used the service. They told us they would report any concerns of this nature to the management team.
- The provider had procedures in place to ensure abuse concerns were reported to the appropriate external agencies, in line with local safeguarding procedures.

Preventing and controlling infection

- Staff attended infection control training to help them understand how to protect people from the risk of infections.
- Staff were supplied with personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection and understood when they were expected to use this.

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to record and report any incidents or accidents

involving people who used the service. The management team reviewed these reports to identify any learning and reduce the risk of things happening again.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff understood the need to respect and support people's right to make their own decisions about their care. People and their relatives confirmed staff sought people's permission before carrying out their care.
- However, we were not assured the management team fully understood and promoted people's rights under the MCA. People's care records included a document describing the support they needed to make important decisions about key aspects of their care, and whether or not they were able to be the final decision-maker in these matters. Where these documents identified someone other than the person as the final decision-maker, there was no evidence of any associated formal mental capacity assessment or best-interest decision-making.
- We discussed this issue with the administrator who assured us they would review the service's procedures for assessing and recording people's capacity to make decisions about their care.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide staff with appropriate supervision and appraisal to enable them to carry out the duties they were employed to perform. The provider was also unable to demonstrate how the staff induction programme met the requirements of the Care Certificate. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had implemented a formal system of staff supervision and appraisal, and staff confirmed they had participated in one-to-one meetings with a member of the management team.
- Staff participated in a programme of training, designed to enable them to work safely and effectively. People and their relatives were satisfied with the overall competence of staff. Staff expressed mixed views about the quality of the e-learning training courses they completed to supplement their face-to-face training. One staff member told us, "I didn't get anything out of the e-learning; I just clicked through it." The administrator informed us they were currently reviewing the e-learning training provided, to look at how this could be improved.
- The provider's trainer discussed their plans to develop the staff induction programme over coming months to enhance new staff member's ability to fulfil their new roles and responsibilities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team met with people and, where appropriate, their relatives to assess their individual needs and requirements before their care started. They developed care plans based upon the information gathered about people's individual needs and requirements, designed to achieve positive outcomes for them.

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

- Staff provided people with support to prepare their meals and drinks, where they needed help in this area. The level of support people needed with food and drinks was set out in their care plans. A relative told us, "They [staff] are always encouraging [person] to drink more. They also suggest drinks for me to get in for [person], which they might like."
- The provider had procedures in place to record and manage any complex needs or risks associated with people's eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management understood the importance of working effectively with community health and social care professionals involved in people's care.

Supporting people to live healthier lives, access healthcare services and support

- People's care files included details of their medical history to give staff insight into their health needs.
- Care plans had been developed in relation to people's specific health needs, including the management of one person's gastrostomy device. A gastrostomy device is a feeding device that enables a person to be fed directly into their stomach.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us individual staff members approached their work in a caring manner. One person told us, "They [staff] very much seem to care." A relative said, "They [provider] have good staff ... [Person] always tells me about their lovely carer." Another relative commented, "I feel they [staff] very much have [person's] best interests at heart."
- However, the shortfalls in the quality and safety of people's care that we identified during our inspection did not reflect a caring service. These included the failure to manage people's medicines safely, ensure they received a consistent service from staff whose suitability was always checked, and fully promote their rights under the Mental Capacity Act 2005.
- Staff knew the people they supported well and spoke about their care with a clear commitment to people's health and wellbeing.
- Staff and management understood the need to promote people's equality and diversity, and to take into account their protected characteristics in providing people's care.

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

- People were encouraged to have their say regarding the care they received at quarterly care review meetings. They were also provided with the contact details for the provider's office, should they wish to raise any issues or concerns in between these reviews.
- At the time of our inspection, no one using the service was receiving support from advocacy services. The management team assured us they would signpost people to local advocacy services and other sources of independent support and advice, as necessary.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's privacy and dignity. They gave us examples of how they achieved this in people's day-to-day care. One staff member told us, "I speak to them [people] with respect because I am in their homes, and I cover them up during personal care. I treat them as if they were a family member I was caring for." Another staff member said, "It's about following the care guidelines, listening to people and talking to them about what they want and expect from their care."
- People and their relatives confirmed staff treated people with dignity and respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives expressed mixed views on the extent to which the service met their individual needs and requirements. Some of those we spoke with were satisfied staff provided the care and support they needed. However, others explained how missed, late or unpredictable care visits and staff working under pressure impacted negatively on their own or their loved ones' care. One person described how staff did not provide them with the agreed support with domestic tasks. A relative told us, "They [staff] come at all different times. [Person] has got very irritated at having to wait ... Staff seem to get through the call as quick as they can and shoot off."
- People's care plans were individual to them and covered key aspects of their care needs. In addition to guidance for staff on how to meet people's needs, people's care files including information about their personal background and interests to promote a person-centre approach.
- Staff confirmed people's care plans were available in people's homes for them to read and refer back to as needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care files included information about their communication needs, to provide staff with insight into these.
- The administrator assured us the provider had the facility to produce information in alternative accessible formats in response to people's individual communication and information needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, designed to ensure all complaints received by the service were handled in a fair and consistent manner.
- The people and relatives we spoke with were clear how to raise any concerns or complaints with the provider.

End of life care and support

- At the time of our inspection, no one using the service was receiving end-of-life or palliative care.

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- This was the service's second consecutive overall rating of Requires improvement.
- The provider carried out quality assurance activities, designed to enable them to monitor and improve the quality of people's care. These included yearly unannounced spot checks with staff, quarterly care review meetings with people and their relatives, and the distribution of yearly feedback surveys.
- However, the provider's quality assurance systems and processes were not sufficiently effective. They had not enabled them to identify and address the shortfalls in quality we found during our inspection. These included the need for safer management of people's medicines, a more robust approach to risk assessment, and the lack of consistent pre-employment checks on prospective staff.
- In addition, audits and checks had not always been completed meaningfully or on a consistent basis. This included the inconsistent and ineffective approach towards checking people's medication administration records and their daily care notes.

The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of people's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives found the management team approachable and easily contactable. A relative told us, "I have good communication with [administrator]; I can always ring her ... They [office staff] are always on the phone and they are polite and helpful." However, they expressed mixed views about the effectiveness of the overall management of the service. Some of those we spoke with commented on a lack of organisation within the service, which had impacted on the reliability of their own or their loved one's care. A relative told us, "I wish it [service] would be properly organised; I would liked it to be more settled."
- Whilst staff spoke positively about the approachability and commitment of the administrator, they expressed a lack of confidence in the overall management of the service. Staff felt people's care was poorly organised by management in terms, for example, of employing and retaining sufficient staff, and arranging staff rotas and adequate cover for staff annual leave or sickness. They commented on the pressure on the administrator who regularly provided people's direct care and support, in addition to their management responsibilities. One staff member told us, "I don't have confidence in the management. Quite a few people [office staff] have left and haven't been replaced. There is a lack of people [staff] in the office to keep it

organised and well-run." Another staff member said, "The level of organisation is absolutely rubbish."

- Two members of staff also expressed concerns about the extent to which the management team were open and honest with staff. One staff member told us, "I have been promised concerns would be dealt with in the past, but there has been no reply or solution [from management]."
- We discussed the concerns raised about the overall management of the service with the management team. The registered manager and administrator assured us they were working closely together to ensure people received a better organised and more consistent service.

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

- The management team assured us they were clear about their respective roles and took steps to keep themselves up to date with regulatory requirements and good practice guidelines.
- However, the ineffectiveness of the provider's quality assurance systems and processes hampered the management team's oversight of quality performance issues and risks within the service.

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

- The management team understood their responsibility to be open and honest with people and relevant others in the event something went wrong with the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The management team took steps to engage people, their relatives and staff in the service. They achieved this through, for example, organising staff meetings and care review meetings with people and their relatives.
- The management team recognised the importance of working in partnership with community health and social care professionals involved in people's care. A community professional spoke positively about their communication and relationship with the management team to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not taken all reasonable steps to ensure the health and safety of the people using the service and to manage risks associated with people's individual care needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems and processes in place to assess, monitor and improve the quality and safety of people's care.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not have effective recruitment and selection procedures in place and had not ensured they made appropriate pre-employment checks on staff.