

Ashbourne Quality Care Ltd

ASHBOURNE QUALITY CARE LTD

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ashbourne Quality Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults in and around Ashbourne. At this inspection there were 11 people receiving a service. The organisation provides other support that is not regulated by us including support in the community. On our last inspection in October 2017 the service was rated as Requires Improvement; on this inspection we found improvements were still needed.

The service had a manager in place 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.

The quality monitoring systems did not always identify where improvements were needed and some records relating to people and the management of the service were still not available. We did not receive notifications of significant events to show how the provider had responded and improvements were needed with how information was handled, to ensure it was always kept securely.

Improvements were needed to ensure people were supported to have maximum choice and control of their lives. Improvements were needed to ensure capacity was assessed and decisions made in people's best interests. People were actively involved in making choices and decisions about how they wanted to live their lives.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated by the registered manager. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people. Staff felt supported by the registered manager and enjoyed working in the service.

Staff were supported and trained to ensure that they had the skills to support people effectively. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need. People were able to make decisions about how they wanted to receive support to ensure their health needs were met.

Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them. People felt comfortable with staff who they knew and satisfied with the support provided.

The support plans reflected people's specific needs and preferences for how they wished to be supported and were reviewed with them regularly. People felt comfortable raising any issues or concerns directly with

staff and there were arrangements in place to deal with any complaints.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 felt safe when they received care. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed to ensure decisions were only made in people's best interests where they lacked capacity. People were supported to prepare meals and received the support they needed to keep well from health care services. Staff had the opportunity to develop the skills and knowledge they needed to meet people's care and support needs.

Is the service caring?

Good ●

The service was caring.

People received care from regular care staff who they had developed positive relationships with, and who had sufficient time to provide care. People felt the staff were caring and respected their decisions and their privacy. People's independence was encouraged and they were involved in how they received their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concerns and were confident the staff would respond to improve the support people received. People could express their views to receive the care they wanted at the end of their life.

Is the service well-led?

The service was not always well-led.

Systems were not always in place to assess and monitor the quality of care to bring about improvements. The provider had not identified where they needed to carry out audits within the office environment or send notifications as required. People were happy with the support they received and had been asked how they could improve the support and service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Requires Improvement 

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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 provider was given two weeks' notice to ensure people could consent to receiving a telephone call from us. The inspection site visit activity started on 5 November and ended on 8 November 2018. It included telephone calls to nine people and their relatives. We also spoke with four care staff, the deputy manager and registered manager. We visited the office location on 8 November 2018 to see the registered manager; and to review care records and policies and procedures. One inspector carried out this inspection with the support of an expert by experience. An expert by experience is a person who has knowledge and experience of using car services.

The provider completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at three people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We asked for information regarding notifications to be sent to us following our inspection but this was not received to demonstrate how the provider had responded to serious incidents.

Is the service safe?

Our findings

On our last inspection we found improvements were needed with how people were supported to take their medicines and how this was recorded. On this inspection we found improvements had been made.

Where people needed support to take their medicines they were confident they received these as required. One relative told us, "The staff are extremely reliable and I don't think there's been a single day that they have missed any of their medication whatsoever." Another relative said, "[Name] gets their tablets provided from the pharmacy in a medicine box which means that the staff just have to open up the door for the day and hand them to them, together with a drink. It then all gets written down in the chart. They are very reliable and there's been no problems with the medication since they have been looked after by this service."

The registered manager had reflected on how people received their medicines and we saw where staff supported people with any medicine, they had received training to ensure they knew how to do this safely. The staff understood their responsibility to record and to take action if they were concerned medicines had not been taken as prescribed. One member of staff told us, "If we see the record sheet hasn't been signed, we have been trained to put a dot in that box and report this to the manager so they can investigate this." This meant prompt action could be taken to ensure people's health and welfare and to review how medicines were recorded.

People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns and we saw where they suspected harm, this had been reported to the registered manager and the local safeguarding team.

People felt there was enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well. People felt the staff stayed for the right amount of time and arrived promptly and stayed until they were safe. One relative told us, "The staff are all very good at arriving on time or thereabouts. I know that often they are having to tell them it's time for them to be going because they are still just finishing up a few of the things after the time that they are allocated. They always insist on making sure that they have everything they need before they do leave." When new staff started to provide their support, they were introduced to them so they knew who they were and saw the care plan so they knew how they wanted to receive their care. One relative told us, "When the service has new staff starting, they will always come out to be introduced with one of the regular staff and they get the opportunity to see how [Name] likes things to be done before they attend on their own."

Staff knew the risks associated with people's care and support as they knew people well. People could speak with the staff about how they wanted to be supported. Where people needed equipment to help them to move on the bed or to change position, this had been provided and staff told us they had received the training they needed to use this safely. One member of staff told us, "We have slide sheets to help people to

change their position. We had the training to use these and we also worked alongside experienced members of staff so we could see them being used. We aren't expected to use any equipment unless we feel confident that we know what we are doing and have been observed using it." Where people used equipment, an assessment was carried out to ensure equipment was used correctly and was suitable for them.

An environmental risk assessment was completed for hazards in the home and the local area. The registered manager had considered how the dark nights may change the risk assessment for staff and had provided them with a torch for their safety and to read any key code they needed to gain access to people's home. The staff welcomed this and felt this demonstrated how they were supported and cared for by them.

People felt staff were aware of how to maintain infection control standards and staff had access to protective clothing. One relative told us, "From what I've seen, all the staff are very hygienic, never needing anyone to prompt them to wash their hands and they always have their disposable gloves which they change between tasks. They always take the rubbish out with them to save [Name] struggling with that as well." Another relative said, "The uniforms are always very neat and tidy and I've never seen anyone arrive in a dirty uniform. They always wash their hands as soon as they are through the door and they use disposable gloves which get changed frequently while they are here. They also wash their hands again just before they are about to leave."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. People felt that consent was sought before the staff provided support and they were helped to make decisions and be in control of their care; there were no restrictions identified. People generally had the ability to make decisions about their care and recorded their consent within the support plan. However, where people may not have capacity and needed support to make decisions, assessments had been completed but did not record how capacity had been assessed and what particular decision had been considered. The registered manager agreed that improvements were needed to demonstrate how capacity was assessed and decisions were made in people's best interests.

We recommend that the provider seeks advice; training and guidance from a reputable source, to assess capacity and ensure decisions are made in people's best interests.

People felt the staff had the necessary skills and knowledge to provide them with the care they wanted. One person told us, "When we started using them they were fairly small, but, rightly, their reputation has grown and they have taken on more people; importantly though, they've also made sure they have the right number of well trained, dedicated staff to support those additional people."

Staff were provided with support through individual supervision and checks were made in people's homes to ensure the staff were working safely. Where any concerns were noted, they were addressed through the supervision process and staff were encouraged to reflect on their practices and how they supported people, to improve people's experience of care. Staff explained these visits could be planned to observe specific practices or unannounced to check, punctuality, adhering to policy and wearing clean uniforms as well as providing care as people expected.

New staff received an induction into the service and this included training to meet the specific support people would need. New staff completed the care certificate and one member of staff told us, "I've started the care certificate and what I really like is the amount of information the manager has given us so we can refer back to this and check we are doing things the right way." The care certificate sets out common induction standards for social care staff. It has been introduced to help new staff develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff felt the induction was comprehensive and covered the areas they needed to ensure they could develop the skills to support people. One member of staff told us, "We did the induction training over four days. The manager and deputy were really supportive and gave us

opportunities to ask questions and to check we understood what they were telling us. I was ready at the end to start working with people. I was really happy with the support we received."

People retained responsibility for managing their health care and staff maintained relationships with healthcare professionals. One person told us, "They are good at telling me when they see any signs of things like a urinary infection developing. They know that I will get onto the district nurse and make sure that some action is taken so that it doesn't get much worse. Thankfully we haven't had any emergencies, and I think that is because they are good at spotting things before they develop into an emergency." Relatives felt the staff kept them informed of important information about people's health and worked alongside them to ensure people remained well. One relative told us, "Considering [Name] has Parkinson's, the staff are all very knowledgeable and know exactly how best to help them with the limitations that they have. Thankfully there haven't been any emergency situations, but I'm sure if there were, they wouldn't hesitate to contact the relevant services." Where changes were identified, the staff raised any concern with health professionals.

Some people needed support to prepare their meals and they told us staff offered them a choice of food and prepared their meal in accordance with how they wanted this. One relative told us, "[Name] relies on the staff to do all of their meals for them during the day. I get the shopping in for them, but it's very much down to the staff to let them know what's available or find out what they would like to eat. They tell me that the staff never mind what it is they would like making for them whether it's a sandwich, something on toast or a microwave meal. They always tidy up well in the kitchen as well which is actually important." The care records included information about people's preferences and how they like their meals to be prepared. One member of staff told us, "We help people to prepare their meals. Some people want a sandwich or salad or other people might ask us for a bacon sandwich. We have enough time to prepare the food if this is needed. We also complete a chart and record all the food and drink people have or we leave with them. That way we all know what people have eaten or drunk and whether we need to be worried if they haven't had anything. It helps doing this as it may be a different member of staff on the next call so it's important to write it down."

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. The staff were described as well trained, patient and dedicated to providing care for people and ensuring their needs were met. As there was a small team of staff, people told us they felt comfortable with all the staff who they knew well. One relative told us, "Because it's quite a small agency, there aren't that many staff, so in fact we know all of them and see all of them quite regularly. This means that when one member of staff is off, it really makes no difference because we always know the staff who replaced them."

People told us if any extra jobs needed doing, they would be done without hesitation and if they had any concerns about their health, or well-being they would phone the office as well as reporting it to family members. One relative told us, "Nothing is ever too much bother. [Name] is confined to downstairs and it means that occasionally they need something fetching from upstairs. The downside is, that they can't always remember where the said item is and the staff end up having to naturally rifle through all the rooms until they find whatever it is they need. The staff never mind being asked to do this and they are always very patient and always keep a smile on their faces." Another relative told us, "If [Name] was out of their favourite biscuits, one of the staff would pop across the road to the local shop to replace them so they don't have to wait until I can do a regular food shop. It's not in their care plan, and they would never dream of asking the staff to do it, but they will just do it off their own backs."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered and considered any personal preferences. One relative told us, "The staff will always warm up the shower for them while they are getting ready. They told me that they like a warm towel to be ready for when they get out the shower and the staff will usually put this over her radiator for a few minutes just to make sure it's nice and warm for them."

People were encouraged and supported to be as independent as they wanted to be. Relatives told us the staff supported people to remain independent and to be able to stay in their own home. One relative told us, "They are determined to stay living independently at home for as long as possible and without this they wouldn't be able to stay in the home they grew up in." Staff were aware of people's abilities and care records highlighted what people could do for themselves and where they needed help.

When organising support the provider took into account people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. People's plans covered all aspects of their lives and staff knew about the plans and told us how they supported people in line with them. People were asked if they had specific preferences about the gender and qualities of staff who provided their care. One relative told us, "I do distinctly remember being asked whether they preferred male or female staff when they started with the agency. They are always very laid-back and don't mind who they have."

Information about people was kept securely in the office and the registered manager ensured that

confidential paperwork was regularly collected from people's homes and stored securely at the registered office. People were informed about how their information was used and who had access to this. People were asked to consent to sharing any information.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs and they contributed to the development of their care plan. An assessment was carried out before starting to provide support and people felt they were listened to. Relatives told us that both themselves and the person using the service were involved thoroughly in planning the care that was being delivered. People had met the registered manager or deputy manager who had spent time with them and discussed their care needs. People knew about their care plan and where it was kept and told us that it was regularly updated by the registered manager who visited them frequently to review the records, including the care plan and talked to people about any changing needs they had.

People received support at the time they wanted and staff arrived when expected. Visits were planned to enable staff time to travel to each person. One member of staff told us, "If we felt we didn't have enough time then we would talk to the manager and they would review this." Each person received a rota which recorded which member of their staff team were working and what time they were expected. One relative told us, "They get a list each week which tells them who is going to be coming together with what time they are due to arrive." People told us that the staff arrived on time, were smartly dressed, and always wrote in the records at the end of each visit. One relative told us, "All the staff are very reliable and they usually arrive within 10 to 15 minutes of their allotted time. If they do get held up at an emergency, someone will always phone from the office to let us know what is happening. They always stay for their allocated time, and if anything, are usually a little bit over by the time they've done everything that he needs and as far as I'm aware, there has been no occasion when no one's turned up at all." People had not experienced any missed calls. The registered manager told us, "We aim to be with people within fifteen minutes of the planned time and we review this to make sure that staff arrive on time."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. The registered manager had not received any complaints but welcomed comments from people to improve the service. One relative told us, "I was given a leaflet about how to make a complaint when [Name] first started with the agency. To be honest though, I have never had to use it. I have never had a single issue from day one until now. If I did, I would either email or pick up the phone and speak to the manager and I'm sure she'd listen to me and then sort whatever my problem was out." Another relative said, "If I did have a problem, not that I have, I would contact the manager in the first place and ask her to come and have a chat with us about our concerns. I would hope it would be resolved very quickly. Knowing how she likes to work, and I would only resort to a formal written complaint if I felt that the issue wasn't being handled satisfactorily."

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Where people were receiving end of life care, the registered manager liaised closely with health care professionals to ensure they understood how they needed to provide any support. Staff told us how they

supported people to have medicines and how food was prepared to ensure they had the food they enjoyed. One member of staff told us, "When people come out of hospital we have an updated plan which records what care they need and who is responsible for any health care. We have everything in place if people need more medicines and we have the number of the district nurse who visits so we can share any information with them. I am confident I know how I need to provide any care."

Is the service well-led?

Our findings

On our last inspection we identified that improvements were needed with how care was audited, and how records were stored and made available. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

On this inspection we saw improvements will still needed. People's care records were stored electronically and we were not able to gain access to all of these. Some records were not kept at the premises including records of how the service was managed and staff details; this had been identified on the previous inspection but no action had been taken to make improvements in this area. The staff explained how checks were now made on daily care records which were brought to the office but these checks were not recorded to demonstrate how care was reviewed and how people received their care as agreed. There was a lack of evidence to demonstrate how governance systems were managed. Quality audits had not been carried out to ensure the registered office was safe, electrical equipment and fire checks had not been completed and the provider had not identified these were needed.

Where there were changes within people's care and where new people started to receive a service the new care plan was emailed to staff. Staff understood the need to maintain confidentiality and informed us they deleted these when they had been read. However, the documents were not encrypted to ensure these were sent securely and therefore this did not meet current information standards.

Accident, incidents and near misses were recorded and reviewed. We saw these included where people had fallen and received health care intervention. Where any injury was noted, this was recorded on a body map form. Where concerns had been identified that people may be at risk of harm, safeguarding referrals had been made although it had not been identified that a notification of these events needed to be sent to us. We asked for this information to be sent to us following the inspection but this was not received to show how the provider had responded.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not conspicuously displayed this. We checked the website following our inspection and this information was still not displayed.

This meant there was a continued breach of Regulation 17(1) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on two consecutive inspections.

The above evidence shows that effective systems were not in place to ensure the quality of care was

regularly assessed, monitored and improved. This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service knew who the registered manager was and felt the service was well led. The provider sought people's views on the quality of service provision during any review and annually using a satisfaction survey. People were asked to consider whether the staff were punctual and stayed the full length of the call; whether the staff were polite and respectful and whether they were happy with the service provided. The last satisfaction survey was positive and people felt they received the care they wanted and would recommend the service to others. Comments included; 'The management have been efficient and professional whilst also showing concern for people alongside the safety of staff.' And 'They provide a fantastic service. Treating [Name] with care and consideration and complete respect.'

Staff worked with external professionals when required. The management team gave examples of both reactive and proactive action they had taken in response to people's needs such as making referrals to health and social care professionals when concerns were identified or for assistance and support. The staff team worked together closely and discussed their working practices and developments at staff meetings. Staff told us they valued these meetings which welcomed the opportunities to discuss developments and new training opportunities.

There was an open culture in the service and the staff felt comfortable to raise any issues with the registered manager. The staff told us that the registered manager listened to them, and made changes in response to these. Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

Staff enjoyed their job and told us it was important to them to make a difference to people's lives. They spoke positively about how they were given the time and opportunity to develop relationships with people and given the time to do their job in the way people wanted. The registered manager and staff were proud of the service they provided and enjoyed working in the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2) Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17(3) The registered person must send to the Commission a written report setting out how, and the extent to which, in their opinion how Regulation 17(1)(2) is being complied with and plans for improving the standard of the services provided.</p>