

Ashbright Agency Limited

UNITED BUSINESS CENTRES, 1000 Great West Road, Brentford, middlesex, TW8 9DW

Inspection report

1000 Great West Road
Brentford
TW8 9DW

Tel: 07456462479

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03 May 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

United Business Centres is the only location of Ashbright Agency Limited, a privately owned company providing personal care and support to people living in their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. One person was receiving personal care at the time of our inspection.

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

There were effective systems for monitoring the quality of the service being delivered. These included asking people using the service, their representatives and staff for feedback. There were systems for dealing with and learning from complaints, safeguarding alerts and other adverse events.

People using the service experienced personalised care which met their needs and reflected their preferences. They were cared for by the same familiar staff and they had a good relationship with these staff.

The provider involved people in assessments of their care needs and people's needs and planning to meet those needs. People were involved in these assessments. Care plans included information about things people could do for themselves as well as their cultural and religious needs. Risks to people's safety and wellbeing had been assessed and planned for.

The staff were suitably trained and supported. They had the information they needed to care for people safely. The provider monitored how they were providing care. Staff arrived on time and stayed the agreed amount of time on each visit. The registered manager was suitably experienced and qualified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 29 October 2020 and this was the first inspection.

Why we inspected

The service was inspected based on the date they were registered with us.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 30 April 2022 (when we made phone calls to stakeholders) and ended on 3 May 2022. We visited the location's office on 3 May 2022.

What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us.

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

During the inspection

We spoke with the relative of one person who used the service and two care workers by telephone. We met the registered manager, nominated individual and quality manager during our visit to the office. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at the care records for the person being cared for. We also looked at records relating to people the agency used to care for to clarify how the provider managed certain aspects of their work, such as supporting people with their medicines. We looked at the records for three members of staff. We looked at other records used by the provider for managing the service, these included quality monitoring checks.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from abuse. The staff had undertaken training about this. People using the service and staff were given information about how to recognise and report abuse.
- The relative we spoke with told us they felt the agency provided safe care and was open and transparent.
- The provider had responded appropriately when there had been an allegation of abuse, investigating the concerns and working with the local safeguarding authority to help protect people.
- There were suitable systems for supporting people with shopping to help protect them from the risks of financial abuse. For example, recording when transactions were made and obtaining receipts for purchases.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Assessments were regularly reviewed and updated. The provider had also assessed risks within people's home environments and those relating to equipment they used.
- Staff had undertaken training, so they understood how to move people safely and how to use equipment for this.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The relative of one person told us they knew which staff were coming in advance, that they always received visits from the same team of familiar staff, and they arrived on time.
- The provider carried out checks on staff before they started to work at the service to help make sure they were suitable. New staff undertook a range of additional checks of their knowledge and skills.

Using medicines safely

- There were systems to help make sure medicines were managed in a safe way. At the time of the inspection, one person was being supported with the administration of a medicated cream but no other medicines. There were appropriate assessments in relation to this, a plan which explained to staff how to apply the cream and records of administration. The provider regularly checked administration records.
- The provider had supported other people with medicines in the past. Records showed this had been managed in a safe way.
- The staff undertook training to make sure they understood how to safely manage medicines. The provider also checked their knowledge about this.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. These included procedures relating to COVID-19.
- Staff undertook training so they could understand about good practices for preventing and controlling infection.
- People's relatives told us staff wore personal protective clothing (PPE) and disposed of this safely and sensibly. They said staff washed their hands and followed good hygiene practices. Staff told us they always had enough PPE.

Learning lessons when things go wrong

- The provider had systems to learn when things went wrong. They had procedures for investigating and responding to all complaints, safeguarding alerts, accidents and incidents.
- We saw records which showed they had carried out thorough investigations and made improvements to the service as a result of concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they started using the service. The provider regularly reviewed their needs to make sure assessments remained an accurate reflection of these.
- The provider sought people's views and those of their representatives as part of the assessment process.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and experienced. New staff completed an induction about the service, which included shadowing managers and undertaking a range of training.
- The staff employed at the time of the inspection were all experienced care workers who had undertaken a range of training and qualifications before they started work at the service. The provider had asked for evidence of this.
- The management team regularly met and spoke with staff to make sure they had the information they needed. They carried out assessments of their competencies and knowledge, as well as checks when they were providing care to people.

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

- People's nutritional and hydration needs were assessed so the staff had information about these.
- The relative we spoke with told us the staff were good at supporting the person to eat and drink. They said they were able to encourage them when family members could not.

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

- There was information about people's healthcare needs within their care plans. This information included any action staff needed to take in respect of these needs and any signs to look out for which indicated a decline in the person's health.
- The relative we spoke with told us the registered manager met and communicated well with the healthcare professionals involved in the person's care. They said that they always made time for meeting with these healthcare professionals and had developed care with them to best meet the person's needs.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People had consented to their care and the provider had acted in line with the MCA.
- The provider had carried out assessments of people's capacity for specific decisions.
- People using the service, or their legal representatives, had been asked to sign their consent to their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The relative we spoke with told us the person was well treated. They said the staff had a good relationship with the person and their family. They explained they chatted and joked with the person to help them accept care. They told us they were respectful towards the person, family and the family home. Their comments included, "I have seen how they talk to [person] and make [them] feel special. They take their time to make [them] comfortable."
- Staff spoke the same language as the person they were caring for. They also understood their cultural background and things that were important to them.

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

- The provider sought and recorded people's views as part of the assessment and review of their care.
- The relative we spoke with told us staff asked for their opinions and checked with them about the care they were giving. They also explained what they were doing in the person's first language so they could understand and agree to care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. Care plans reminded staff about respectful behaviour. Staff had also undertaken training about this as well as equality and diversity.
- The relative we spoke with told us staff respected the person's privacy and dignity, providing care in a private and respectful way.
- People were supported to be independent where possible. Care plans included information about things people could do for themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which met their needs. The relative of one person confirmed this to us. Feedback the provider had received from others in the past also showed this.
- The relative also told us that the care workers provided emotional support, having jokes and chatting with the person being cared for. They explained the care workers had developed a good relationship with the person.
- The management team had created care plans with people using the service and their families. These were clear and gave sufficient details for staff to provide personalised care. The care plans highlighted people's choices and preferences, as well as recording things people could do for themselves.
- Records of care written by the staff showed care plans had been followed.

Meeting people's communication needs

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

- People's communication needs were assessed and formed part of their care plans.
- The relative we spoke with told us the staff communicated with the person in their first language and this enabled them to understand each other.
- The provider was able to produce information in different formats if needed. People using the service were provided with key information about the agency to keep in their homes.

End of life care and support

- People's wishes and needs for the end of their lives had been assessed and planned for. The provider had spoken with people about these and recorded their specific wishes and key contacts during this time.

Improving care quality in response to complaints or concerns

- There was a suitable system for responding to complaints and concerns. People using the service and staff had copies of the complaints procedure and told us they knew who to speak with if they were unhappy.
- Records of complaints showed these had been investigated and appropriate action had been taken to learn from these and improve the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider's systems for ensuring staff recruitment was appropriate were not always robust enough. They had asked staff to provide references from previous employers. However, the provider did not have a system to check the validity of these. This meant they had not confirmed these were genuine references. There was no indication that the staff were not suitable, but there was a risk they might have been because there was not a system for thorough checks.
- Following our visit to the service, the registered manager informed us they had reviewed and updated their procedures in relation to this and also undertaken additional reference checks on current care staff.
- The provider had effective systems for monitoring the quality of the service. These included asking stakeholders for feedback, carrying out monitoring visits where they observed staff, auditing medicines records and logs of care visits and carrying out staff supervision and training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and person-centred culture. People using the service and their families had been involved in planning and reviewing their care. Care workers were matched to people's needs, for example care workers who spoke the same language and knew people's culture.
- The relative and staff we spoke with told us they would recommend the agency. They had regular contact with the registered manager who they found responsive, communicated well and was supportive.
- We saw there were formal systems for gathering feedback, which included surveys, reviews and telephone monitoring. Feedback from people who had used the service in the past was also positive.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was suitably managed. The registered manager was also one of the owners of the company and worked alongside the nominated individual and quality manager. They were appropriately experienced and qualified.
- The relative and staff we spoke with told us the registered manager was very good at their role and offered them the information and support they needed.
- There were a range of policies and procedures and staff were familiar with these. The management team regularly met with staff to discuss their roles and the expectations of the agency.

- The provider understood their responsibilities under the duty of candour and had carried out investigations when things went wrong, learning from these and apologising to those affected.

Working in partnership with others

- The registered manager worked with healthcare professionals to monitor and review people's care plans. The relative we spoke with told us they felt this had been managed well.