

Ashley Community Care Services Limited

Ashley Care

Inspection report

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15 July 2019
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashley Care is a Domiciliary Care Service providing personal care to 200 people of all ages in their own home. They also provide a rehabilitation service. This is where people are supported with care in their own homes to support their recovery following a hospital admission, for example, or where they may need short term care during an illness.

Not everyone who used the service received personal care. 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.

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

The provider did not have full oversight of all quality assurance processes for the service including training and audits.

Risk assessments for people were in place but did not always reflect how staff could manage risks.

People felt safe and told us staff coming to visit them were kind and reassuring. Staff knew how to report concerns and knew safeguarding procedures well.

People said although the service did respond to complaints and concerns, lessons were often not learned, and things would slip back to how they were.

Staff told us the training they received was good, but this was not up to date for all staff and competency assessments had not been done in all cases. Staff felt supported through induction, spot checks and supervisions.

Staff had not always been recruited safely or in line with company policy

The provider had introduced new initiatives to provide extra support to people in their homes.

People were very happy with their regular carers, who were kind and compassionate and provided them with good care. Changes to care staffing arrangements and the use of agency staff meant that people's experiences varied and was not consistently good.

People gave mixed feedback about respect for their choices particularly around call timings, gender of the carer and involvement in developing their care package.

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.

The registered manager was passionate about providing good care but people that used the service did not know who the registered manager was or the name of the office staff. People felt reliant on their regular carers as a point of contact.

The provider had developed a strong and valuable relationship with the Local Authority and were working closely with them to improve their service and outcomes for people

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

Rating at last inspection:

The last rating for this service was Good (published 16 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

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

Enforcement:

We have identified breaches in relation to how quality and safety was effectively managed at this inspection. We made a recommendation the provider familiarise themselves with recruitment checks and documents required for staff recruitment.

We made a recommendation to put in place a robust system for monitoring staff training.

We made a recommendation the provider takes people's feedback into consideration when reviewing how care and support are provided.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 caring.

Details are in our caring findings below.

Good ●

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 ●

Ashley Care

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.

This inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' 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.

We visited the office location on 18 July 2019 and 19 July 2019. Inspection activity ended on 5 August 2019.

What we did before the inspection

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. We reviewed all information we hold about this service including information received from people using the service as well as their friends and relatives. We also spoke to healthcare professionals and commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke to 16 people who used the service and six relatives about their experience of the care provided. We spoke to 14 members of staff including the registered manager, deputy manager, care workers and schedulers.

We reviewed a range of records at the office location, these included peoples care records, staff files and a variety of records relating to the management of the service including policies, procedures and audits.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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.

Staffing and recruitment

- Staff were not always recruited safely or in line with the company's recruitment procedures and regulatory requirements.
- Three members of staff had commenced work before their Disclosure and Barring Service [DBS] checks had been received to ensure they were suitable to work with vulnerable people. The Registered manager confirmed that all staff's DBS's are now in place and show they are suitable for work with vulnerable people.
- Two members of staff did not have references from their most recent employers to ensure they were of good character.
- Gaps in employment history were not explored. Reasons for leaving previous employment were not always recorded.

We recommend that the registered provider and manager must familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides a reference for recruitment checks and documents required for staff recruitment.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and keep people safe. On staff member said, "Abuse can be verbal, financial or physical. I would always report to the manager. I would go to social services or the police if I needed to."
- People told us they felt safe. One person said, "I feel safe because I like someone coming in, its good to know someone will be here to help."
- The registered manager reported any safeguarding concerns to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management; Using medicines safely

- Care plans and risk assessments were based on the pre-assessment carried out by the Local Authority. The service aimed to carry out their own risk assessment within seven days of the person joining the service. This meant the service didn't always have an up to date assessment and were reliant on care staff identifying if the persons needs had changed since the assessment was carried out. People were at risk of not receiving the correct level of care to meet their needs.
- Where staff supported people with medicines there was a risk that medicines may not be always given safely. This was because not all staff had up to date medicines training or had been competency assessed

by a senior member of staff.

- People's medicines were not always recorded safely, for example we saw care plans that did not have accurate and up to date instructions for staff on managing the person's medicines safely and occasions where medicine administration records had not been completed correctly.

Preventing and controlling infection

- Staff were trained in infection control and used the correct personal protective equipment when providing care.
- Staff told us they had ample personal protective equipment and people told us that staff were hygienic when dealing with personal care and food preparation.

Learning lessons when things go wrong

- When things had gone wrong, the service was not always learning lessons to support improvement. People had complained about call times. One person said, "We have complained. It's better for a bit and then it slips back again." Several complaints regarding call times had been received and whilst some measures had been put in place to try and support more regular call times, people we spoke to were still struggling to receive calls when it suited them and complained that communication had not been effective when calls were cancelled.
- The registered manager told us that when an issue arises that could happen again they ensure that the lessons learned are included in the next staff newsletter and used for training purposes. Staff confirmed they received regular updates and memos from the registered manager and provider.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not up to date. Training was delivered face to face by 'in house' trainers. The in-house trainer had left in May 2019 and the post was still vacant, however, many of the training records we reviewed showed that staff training had expired before this date.
- One member of staffs first aid training had expired in August 2018. Many of the records we viewed showed all mandatory training, including manual handling, safeguarding and infection control, was due to expire on the day of the inspection. This had not been recognised and there were no immediate plans in place to rectify the situation. We spoke with registered manager who assured us training would be reviewed for all staff members.
- The service used agency care workers. We viewed files of staff who had worked for the company recently. Staff had the relevant recruitment checks in place, however, one staff profile showed no evidence of training, and another showed all mandatory training was expired as of April 2019. We brought this to the attention of the registered manager who confirmed an updated profile and evidence of training would be requested straight away.
- Staff did not always have medicines competencies completed, those we saw that had been completed, were mainly expired. Where staff had made medicines errors, their training and competency had not been reassessed or reviewed.

We recommend the provider and registered manager have a robust system to monitor staff training and ensure this remains up to date.

- Staff received an in-house induction before they commenced their role. Staff said, "The training is done in house and is pretty good. It was a small group, so it gave opportunity to ask questions. I learnt through a combination of training and on the job. There were tests after the course to check learning. I shadowed for two days then did doubles with an experience member of staff for two weeks." And, "Very good induction programme. The training was great for new person coming in."
- Where staff had limited experience of care or had not completed a National Vocational Qualification in Health and Social Care (NVQ), they were working towards or had completed the Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected of health care workers. However, many staff had been working towards the Care Certificate for longer than the recommended 12 weeks.

We recommend staff are supported to complete the care certificate within the recommended 12 weeks.

- Appraisals, supervisions and 'spot check visits' took place on a regular basis. Appraisals and supervisions allow staff the opportunity to reflect on their practice and receive support. One staff member said, "In the appraisal once year, I can discuss my goals and training and get feedback." 'Spot checks' were carried out by senior staff and supervisors. Staff were observed carrying out their duties at people's homes to ensure they were following correct procedures and meeting the organisations standards.

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

- When a care package is offered to Ashley Care they are provided with an assessment from the commissioning body and given 24 hours to review and accept the placement. Often the reality is they must rely on staff to carry out an assessment at the first visit and hope to get a risk assessment done within the first week. For example, we looked at the care record for one person who started receiving care on 6 February 2019 and the risk assessment wasn't carried out until 12 February 2019 where it was identified the person was at high risk of falls. This risk had not been identified or suitable instruction given to staff until six days after starting the care package

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

- People received support to eat and drink. People we spoke to told us they were supported with their meals if it was required. One person said, "Every time they visit me they make sure I have enough to drink."
- Everybody we spoke to told us the carers prepared pre-made ready meals. We didn't speak to anyone who had a main meal cooked from fresh ingredients.
- Care plans contained minimal information on people's likes and dislikes, nutritional preferences and nutritional needs.

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

- We saw evidence staff made appropriate referrals to other healthcare services as required such as the speech and language therapy team and the falls prevention team.
- Office staff told us they had a good working relationship with the Local Authority commissioning team and they go directly to them if there are any issues and work together to resolve them. The Local commissioners confirmed this is the case and the relationship was one where the person was at the centre of what they were doing.

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

- One person told us the carers support them to visit the dentist and to go to their GP appointments.
- The registered manager explained a new initiative where they provide next of kin support to people who require observation during the night, for example after having an anaesthetic. This had been well received by people who had used the service and provided reassurance to relatives.

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. 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 and found that in the main

people had their choices respected but this was sometimes compromised due to lack of availability of staff to ensure gender specific care and timings of care calls to suit people's wishes.

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 remained the same. 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

- People told us they were happy with the care they received from their regular carers. One person said, "My normal carer is so good, they understand me and will do a lot of little things that make my life easier." And, "Our regular carers are very good, we like them very much, they stay as long as it takes." However, people were not as happy when they received care from staff who were not their regular carers. One person said, "The fill-ins don't seem to have much of a clue." And, "Any new carers make [relative] agitated."
- People's individual values, beliefs and cultures were recognised and respected by staff. A recent survey carried out by the provider showed all people asked about equality and diversity felt their needs were met.
- Staff were caring and compassionate. One staff member said, "I love my job. I have a duty to look after people and keep them independent."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were not very involved in decisions about the care and support provided. One person said, "I don't want a male carer, I've told them, but they still send a man. I only let men help me with breakfast, nothing else." Another person said, "No one has ever asked me what time I want, the first carer comes at 7:30am. I'm not getting out of bed at 7:30am, it disturbs my sleep."

We recommend the provider takes people's feedback into consideration when reviewing how care and support are provided.

- Most people said they felt listened to. One person said, "They [staff] understand how I like things done, they listen to me." And, "One of my regular carers understands I don't like new people, it worries me, so [staff member] will change their times when they can to be here."
- People and their relatives were offered the opportunity to take part in telephone surveys four times a year. The last survey had been conducted in June 2019; responses had been mostly positive.
- Staff treated people with dignity and respect. They understood the importance of maintaining people's privacy when giving care. One person said, "They are good with dignity, if a male carer comes with a female carer, he will wait outside while [person] is having a wash, they understand what it is like for [person] I think." And, "Our regular carers are really good, they check the doors and curtains are closed, things like that."
- People's care plans detailed the activities people were independent with, such as, making their own drinks and taking their own medicines.

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 Good. At this inspection this key question has now deteriorated to requires improvement.

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

- All assessments were carried out prior to the person receiving their first care visit, although these were turned around very quickly. This meant that plans did not always fully reflect people's likes dislikes or preferences until staff had got to know them better and could update their plans.
- Staff told us they were heavily reliant on information provided by the local authority and this did not always give them all the information they needed for the first few calls. The provider told us that a full assessment of care needs was usually carried out within the first week and care plans were updated at this point. The care plans we saw reflected this.
- People told us they didn't always feel involved in the planning of their care. One person told us, "They asked me lots of questions but didn't ask me what I wanted or liked."
- Care plans we reviewed did reflect people's likes and dislikes, but these were not updated until after the person had been cared for at the agency for a few weeks.

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.

- There were handbooks provided to each person using the service. These were in big print and were user friendly and accessible. The staff told us they supported people who had sensory needs and made sure hearing aids and glasses were available for those that needed them.

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 told us the service didn't always support them to access community services and events in their area that may be of interest to them. There was no indication in care plans of how and when people might access the community and how the service supports them to do so.
- Care plans lacked cultural input and only covered people's basic life history. Staff relied on their own built up knowledge of people to ensure their needs were met.

Improving care quality in response to complaints or concerns

- The handbook contained clear instructions for people and relatives to raise concerns and the logs held by

the provider showed that people knew how to make a complaint.

- The complaints records showed several complaints were received and all were investigated within an appropriate timeframe and the complainant was provided with a response but a full outcome was not always provided.
- There were several complaints from the time when calls were late or not received. Each complaint was logged and responded to appropriately.
- One person told us about their experience of the complaints process. They said, "I had an issue with a carer being 'unwell', I called the office and told them they needed to come out to help and someone did come out and help and they were really excellent. They phoned me afterwards to make sure I was alright and thanked me."

End of life care and support

- End of life care was provided and where possible care plans reflected people's choices and wishes. We did not see staff had undertaken specific end of life training.
- Care plans were very basic where they reflected peoples end of life care needs.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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.

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 registered manager did not have effective governance and oversight of the services' safety and quality to ensure all regulatory requirements were met. Issues relating to staff training and recruitment, complaints and client assessments had not been identified.
- The provider did not have robust systems in place to monitor the quality of the service. Audits had not identified the issues we had found during the inspection, especially medicines audits, where many missed signatures on a MAR chart had not been recorded or followed up with staff.
- The provider told us they had still not managed to pull together overall quality assurance for the service.
- The provider and registered manager understood duty of candour and were open and honest when mistakes had been made. Full investigations into complaints were carried out and people were given apologies when they had not received the service they were expecting; however, the outcome of investigations was not always recorded.
- The registered manager had promptly sent us notifications about events at the service when they were required to, this included safeguarding alerts and robust investigations which had also been shared with the local authority.

Systems were not robust enough to demonstrate quality and safety was effectively managed. This demonstrated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was passionate about providing excellent care to people. They told us, "We strive to provide an excellent service, we do our best to meet the needs and preferences of people".
- The senior management team told us they had identified a need to focus on staff, "We are trying to make a culture of valuing staff. We want staff to have a better understanding of what people need when they don't feel well. We have invested in mental health training and stress management training, so we can support staff and people better".

- Staff were mainly positive about the management team, comments included, "I enjoy working for them, I get a good work life balance." And, "I can say hand on heart they have been very fair with me."
- People using the service however, told us they did not know who the registered manager was. One person said, "I have no idea who the manager is. It would be useful sometimes to have a named person to talk to if I needed to."
- People consistently told us they knew they should call the office if they had concerns or problems and would do so, however, people said they relied on carers to pass on information, "I tell my regular carers and they tell them in the office."
- The service engaged with people and staff using satisfaction surveys. Comments were mainly positive and had been looked at by the management team for themes and where improvements could be made. However, people said they had not received any feedback, "They don't seem to follow things up, they ask for feedback, but they don't act on it."
- Senior management team meetings took place. Regular staff meetings with carers were not possible but there was an open-door policy. Staff were sent newsletters and bulletins containing updates on training, communication, wellbeing and company updates.
- Staff received regular supervision from the management team. One staff member said, "The supervision is quite good, just say what I need to do." The registered manager received support and supervision from the provider who made them feel valued.

Continuous learning and improving care; Working in partnership with others

- We saw the service had a valued relationship with the Local Authority and worked closely with them to improve the care they provided and keep up to date with training opportunities. The service had developed work books for staff training and had asked the Local Authority to sign them off for use.
- The registered manager was part of a working group helping to identify frequent fliers at the local hospital accident and emergency department. The group was working with local healthcare providers to help people access the correct support for them in the community.

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>Systems were not robust enough to demonstrate quality and safety was effectively managed.</p> <p>Regulation 17 (3)</p>