

Ascot Care Ltd

Ascot Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ascot Care was inspected on 16 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to make sure key staff would be available to speak with us.

Ascot Care is a domiciliary care service situated in Horsham, West Sussex. It provides personal care to adults living in their own houses and flats in the community. At the time of the inspection, they were providing a service to 46 people. Not everyone using Ascot Care receives the regulated activity of personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had two registered managers. One registered manager was present at the inspection. The other registered manager was also the owner of the service. 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.

At the last inspection on 19 October 2016 the service was rated good. At this inspection there had been a decline to requires improvement. People were not consistently safeguarded from abuse. The registered managers had not identified two allegations of potential abuse from complaints made by people who use the service.

The provider's quality assurance systems did not always identify areas of practice that require improvement. People's care records did not always contain person centred detail and identified risks were not always reflected in people's care plans. Several of the provider's policies and procedures were not effective in providing staff with suitable guidance.

Risks to people were assessed and mitigated. Staff had a good understanding of infection control and had been provided with appropriate equipment to support people safely. There were safe systems in place to manage, administer, store and dispose of medicines. A relative told us, "They are very good about any changes that the doctor makes or additions to the medicines and they keep me informed."

People's needs were assessed before they used the service and regularly thereafter. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood people's needs and preferences. Staff received training to support the needs of people using the service. People were assisted to eat healthy and balanced diets.

People told us they felt well cared for. People received kind and compassionate care and support. One person told us, "They are caring, kind and approachable making the visits a social occasion." People and their relatives were encouraged to share their views of the service. People's privacy and dignity were

respected.

Staff were responsive to people's needs. Staff knew people well and spoke about their routines and preferences in detail. Care was delivered with a person-centred approach. One person told us, "They are engaging and very person centred." People received dignified end of life care.

People and staff were involved in the running of the service and staff worked well with other healthcare professionals to meet people's needs. A health care professional told us they felt the service was well managed through the conversations they have with staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 and one of the Care Quality Commission Registration) Regulations 2009.

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?

Requires Improvement ●

The service was not consistently safe.

People were not always safeguarded from potential abuse.

Accidents and incidents were not always managed safely.

There were enough suitable staff to support people safely.

There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Good ●

The service was effective.

People were asked consent before being supported and offered choices.

People were cared for by staff that had the skills, knowledge and training to meet their needs.

People had access to healthcare professionals when needed and were supported to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were supported to maintain their independence.

People were treated with dignity and respect.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and their relatives were not aware of how to complain and the provider's complaints policy was ineffective and did not give people sufficient guidance to complain.

People received care that was responsive to their needs.

People and their relatives were involved in the development of care plans.

People were supported with dignified end of life care.

Is the service well-led?

The service was not consistently well-led.

The provider's quality assurance systems did not always identify areas that required improvement.

The provider's policies and procedures did not always support staff to do their job safely.

Staff work well with other healthcare professionals to meet people's needs.

People and staff were involved in the running of the service.

Requires Improvement 

Ascot Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit activity started on 12 October 2018 and ended on 16 October 2018. The site visit was announced. It included speaking with people and their relatives on the telephone and visiting the registered location on the same day. We visited the office location on 16 October 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We gave the service 48 hours' notice of the inspection visit because we wanted to make sure key staff would be available to speak with us.

The inspection team consisted of 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. The expert by experience on this inspection had experience of supporting older people.

Before the inspection we reviewed information relating to the service, including notifications submitted by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return. 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 spoke with one of the registered managers, five members of staff, ten people who use the service and five of their relatives. We looked at four care plans, staff duty rosters, two staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines and staff training.

After the inspection, we asked the registered manager to send additional information relating to evidence of policies and procedures. The registered manager provided this information within the requested time frame.

Is the service safe?

Our findings

At the last inspection on 19 October 2016 the service was rated as Good in this key question. At this inspection we found some areas of practice that required improvement. People were not consistently safeguarded from abuse. We found two incidents that should have been reported to the local authority in line with local safeguarding arrangements. These incidents were known by both registered managers. However, these had not been recognised as potential safeguarding concerns but dealt with as complaints.

One person had made a complaint and within it raised that a member of staff had displayed abusive behaviour towards their family member which was also witnessed by a healthcare professional. Another person raised a complaint that a member of staff had left their relative in soiled sanitary wear and had made several derogatory comments to them. The registered manager had taken action in relation to these issues but told us they had not considered these incidents as potential safeguarding issues. They said, "I can see the issues raised from the complaints relate to safeguarding issues, we hadn't noticed this before. I will ensure these are referred to the local authority. The registered manager reported the identified incidents to the local authority and the Care Quality Commission (CQC) following the inspection.

Care staff had a good understanding of safeguarding and how to recognise signs of abuse. However, the registered managers did not demonstrate they had recognised or reported potential safeguarding issues. They did not consistently use incidents and complaints to identify potential abuse and did not take preventative actions including referral to the local authority.

People were at risk of potential harm due to safeguarding issues not being identified. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was mixed evidence about how accidents and incidents were managed. The registered manager told us, "We log and review all incidents to ensure we are managing these safely and to reduce the risk of this happening again." We saw examples of how staff managed incidents relating to people's environments. For example, one person had experienced a fall. Staff supported them to access medical attention. Learning from this incident improved the person's care. Staff reviewed the person's risk assessment of their environment and a referral to the falls team made. However, some incidents were not managed effectively to reduce the risk of harm for people as safeguarding issues were not always identified following incidents. This was an area of practice that needs improvement.

Risks to people were assessed and understood by staff. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe. People received consistent care from regular staff which reduced the risks to them, as staff knew their needs well. However, outcomes from risk assessments were not always incorporated into people's care plans. This posed a potential risk that any new or unfamiliar staff would not have information which would help them mitigate these risks for the person. This is discussed further in the well-led section of the report.

Medicines were managed safely. There were safe systems in place to manage, administer, store and dispose of medicines. A relative told us, "They are very good about any changes that the GP makes or additions to

the medicines and they keep me informed." Medicines Administration Records (MAR's) showed that people received their medicines on time and when needed. For example, one person required medicines at specific times to maintain their health. This was detailed in their care plan and records showed that these times were consistently followed.

There were suitable levels of staff to support people safely. The registered manager ensured people and staff were matched to suit their needs. People received care from regular members of staff to aid continuity of care. People told us they received their care in a timely way. One person said, "You can set your watch by them." There were safe recruitment practices in place. The provider completed pre-employment checks to ensure staff were suitable to work with people. These checks included requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with people using the service.

People were protected from risks relating to infection control. The provider ensured staff had access to the appropriate personal protective equipment to reduce the risk of spreading infection.

Is the service effective?

Our findings

People's needs were assessed before they used the service. This ensured their needs could be met. Assessments were person centred and detailed. For example, one person's health condition meant they needed support to move, their assessment detailed about their condition and how staff could help them to move safely. Protected characteristics under the Equality Act (2010), such as disability were considered as part of this process. This demonstrated that people's diversity was included in the assessment process. However, this person-centred detail was not consistently drawn through to people's care plans. This is discussed further in the well-led section of the report.

People were supported by staff with the skills and knowledge to deliver effective care and support. A relative told us, "I have been impressed at their understanding of (relative's) sensory issues and they have worked hard to communicate and include her. I feel that their training must have included this." Staff received training that the provider considered essential to their role as well as specific training to meet people's individual needs, such as mental health disorders and person-centred care.

The service had further developed the training offered to staff to focus on specific conditions of people who use the service. For example, two people had spinal injuries and have experienced a condition called Autonomic Dysreflexia (AD) because of these injuries. AD is a potentially life-threatening infection. The management worked with these people to create bespoke training which enables staff to identify signs and symptoms of the infection, to better support the people they care for. Staff told us this training was effective in supporting these people's specific needs.

Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. One member of staff told us, "The training has been very helpful, I did regular shadowing they give you as many as you like to feel comfortable."

People were cared for by staff that were suitably supported within their roles. Staff received regular supervision from their manager. One member of staff told us, "We have staff reviews and they are very good. We have them every 3 months. We can discuss anything and it's a two-way conversation."

People had access to healthcare professionals as and when they needed. Some people's care plans showed that they had been supported to attend appointments. One person told us, "I book my carer for extra hours when I go to the GP. They know me and help at the appointment." We saw evidence that staff had called paramedics for people following falls and people were confident that staff would know how to support them in an emergency.

People's needs in relation to food and fluid were assessed and guidance provided for staff. For example, one person required a soft diet due to a health condition. Guidance from the speech and language therapy (SALT) team was in place and reflected in their care plan. People were happy with the food staff prepared and were offered choices. One person told us, "I really enjoy some of their European cooking, it brings variety to me and makes for good conversations." A relative told us, "They are all very good at encouraging

them to drink, offering variety and always leaving drinks close to hand."

Staff understood the Mental Capacity Act (MCA) 2005. 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. A member of staff told us, "I always ask for people's consent before supporting." Another member of staff told us, "I would inform the office if I have any concerns around people's capacity so they could seek the right support." People told us they felt able to make choices and were asked for consent before staff supported them.

Staff worked effectively within the team and across the organisation. A member of staff told us staff morale was good and said, "We have monthly meetings and get together. It is a positive environment to work in."

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person told us, "They (staff) are caring, kind and approachable making the visits a social occasion." A relative said, "They chat all the time, mostly the carer but it's easy and relaxed with lots of smiles. They call her personal care her pamper sessions and she loves it."

Staff had a good understanding of people's backgrounds and interests and knew people well. One member of staff told us of a person's interests and said, "He loves puzzles and has a puzzle room that he likes to spend time in." We saw this person's interest in puzzles reflected in his care plan and evidence in their care notes that staff have supported them with puzzles. Another member of staff told us about a person's enjoyment of keeping fit and how they attend the local health club for keep fit classes. This was reflected in their care plan. Staff spoke positively about people they supported and said they could build positive relationships because care visits were planned consistently. One member of staff told us, "I see regular people which allows for continuity of care. It means people trust us, trust is very important and we pride ourselves on that." This continuity of care was confirmed by people who said they received care from regular staff.

People's independence was promoted. One person told us, of their carer, "Just a delightful person who supports my independence. Having her means I can still shop myself." Another person told us, "They have helped me stay in my home." People's independence was supported through their care records. For example, people had detailed assessments in relation to their moving and handling needs which gave staff guidance on how to support the person safely whilst maintaining their independence. People's care plans contained positive language that supported people's independence by reminding staff not to complete certain tasks for people but with them.

People's human rights were respected and people were treated fairly and without discrimination. People living with dementia were offered support to meet their health and wellbeing needs. For example, one person could become anxious due to their dementia. The provider had ensured staff had training in this area to better support the person's wellbeing. Staff had received equality and diversity training. One member of staff told us, "Our training has supported our understanding of discrimination and to treat people as individuals and have respect for their choices."

People and their relatives, if appropriate, were involved in discussions about their care. Care plans were regularly reviewed and people were at the centre of this process. Relatives felt involved in reviews of people's care too. One relative told us staff included them and their relatives in the review and said, "I felt they listened to what we wanted."

People's privacy and dignity was respected. A member of staff told us, "I always offer people privacy such as ensuring the door and curtains are closed before supporting them with washing and dressing, this is a dignified way of supporting people."

Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and were embedding it within their practice.

Is the service responsive?

Our findings

At the last inspection on 19 October 2016 the service was rated as Good in this key question. At this inspection we found some areas of practice that required improvement. The provider had not established an effective process to receive and respond to complaints. The complaints policy was ineffective in supporting people to make complaints and did not demonstrate clear instructions and time scales. People raised this as a concern in the 2017 annual survey and said they did not know the procedure around complaints. The registered manager responded to this by sending a letter to people with a summary of the complaints procedure. However, the information given to people regarding the Care Quality Commission's (CQC) role in handling complaints was incorrect. There was no information available to people about how to act if they were not satisfied with how the provider had managed their complaint. People we spoke with told us that they had not needed to make any complaints. Although the management team responded to concerns people raised, the procedure in place posed a potential risk that not all people using the service had the appropriate information to make complaints. This is an area of practice that needs improvement.

People received personalised care from staff who were person centred in their approach. One person told us, "They are engaging and very person centred." Another person said, about their carer, "She knows what I like so it's personal, about me." Staff knew people they supported well. For example, one member of staff told us about one person's interest in golf and how they still go to the local golf club to socialise. This was detailed within their care plan. Another member of staff told us that a person they supported was living with Parkinson's disease. The member of staff was very knowledgeable about the condition and what that meant for the person and their family. Although current staff had a good knowledge of people, their preferences and needs were inconsistently documented in their care plans. This is discussed further in the well-led section of the report.

People were given information in a way they could understand. The registered manager assessed people's communication needs prior to them using the service. These were clearly documented in people's care plans. For example, one person had a hearing impairment and used a hearing aid. This was clearly detailed within their care plan which gave staff guidance on how to support them, regarding their hearing, at each care call. The registered manager told us that one person had macular degeneration, a condition that affects their eyesight and they produce the weekly rota in large print to aid their understanding.

The registered manager had considered the use of assistive technologies to improve people's experience. For example, one person was struggling to hear on the telephone which made them feel isolated. Their relative told us, "The agency advised us that an amplified telephone would help (named) to stay in touch and take calls herself. We put one in and it's been great." People were assessed to see if they required 'link' alarms. These alarms allowed them to gain help should they have an accident when care staff were not present. This is clearly detailed within people's care plans, who required them, to ensure staff supported this need. One person told us, "They are always reminding me to wear my watch alarm."

People received dignified end of life care. Staff received specific end of life care training. One member of staff told us, "We have end of life training and it helped me provide good care for a former client. He needed full

time care and in the end, he was cared for in bed. We supported him and made him comfortable." Peoples end of life wishes were discussed with them, if they wanted to. People had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) in place. A DNACPR decision provides immediate guidance to those present on the action to take should someone suffer a cardiac arrest. One person told us, "I have a DNAR in place and they all know that."

Is the service well-led?

Our findings

At the last inspection on 19 October 2016 the service was rated as Good in this key question. At this inspection we found some areas of practice that required improvement. The provider's quality assurance systems and processes were not effective in identifying areas of practice that needed to improve. The providers systems had not identified an inconsistent approach to person centred care planning and that risks were not always reflected in people's care plans. Some policies and procedures were ineffective because they did not provide staff with the guidance they needed. The registered manager lacked understanding of their responsibility to notify the Care Quality Commission (CQC) of allegations of abuse.

People's care plans did not always have the level of detail to support person centred care. Staff knew people well and consistency in care visits meant that there was little impact for people. However, this inconsistency in records posed an increased risk that people would not receive person centred care should staffing change as staff would not have access to this information. For example, one person's care plan did not contain any information regarding how they liked to be supported and there were no details of their interests or personal background. Another person's care plan did not contain information regarding the person's health condition and allergies. The registered manager began to make improvements at the inspection by discussing the importance of person centred care planning with the staff who write care plans.

Care plans were not always reflective of identified risks to people. Staff knew people well and consistency in care visits meant that there was little impact for people. However, this inconsistency in records posed an increased risk that staff would not be able to mitigate risk for people should staffing change. For example, one person was living with mental health needs. Their mental health risk assessment identified high risk behaviours, however this was not reflected within their care plan. The registered manager told us, "we just know (person), they are always supported by the same staff but, now you have mentioned it, it would be a good idea to document this." Staff who worked with this person were aware of these risks and how to mitigate them. The registered manager began to make improvements at the inspection by discussing the importance of ensuring identified risks are documented in care plans to ensure staff have clear access to this information, with the staff who write care plans.

There were audits in place which aimed to ensure good governance. These were not always effective in identifying issues in service delivery. For example, the providers audits had failed to identify shortfalls in person centred care planning and care plans being reflective of assessed risks to people. The providers audits had also not identified that policies and procedure were not effective. For example, the complaints policy did not provide people and staff accurate information to make a complaint.

Policies and procedures in place were not effective in supporting people and staff to access information. The providers 'adult abuse policy 2018' provided staff with no guidance on what the provider expects them to do should they suspect someone is at risk of abuse. The policy is a list of other documents for them to read. This did not provide staff with adequate guidance to do their jobs effectively. Policies and procedures were written by a registered manager and administrator, both had not received training to support them writing policies. The provider had not ensured there were robust policies and procedures in place to protect

people and their staff.

The registered managers did not have robust oversight of the service, quality assurance systems and processes did not always identify areas in need of improvement. Care records were not always reflective of people's identified risks or person-centred detail. The providers policies and procedures were not effective in supporting staff to access information. This meant people were at increased risk of receiving care that was not in line with their needs or preferences. This is a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014

The registered managers did not fully understand their responsibilities in relation to compliance with the regulations of the Health and Social Care Act (2014). Although some notifiable incidents were submitted to CQC, they failed to notify CQC of two allegations of abuse. This is a breach of Regulation 18 Care Quality Commission Registration) Regulations 2009.

Staff told us they felt supported by the office team and there was an open-door policy. Staff were complimentary of the registered manager present at the inspection. One member of staff told us, "I feel very valued by the manager, they listen to you and answer any queries. There is always an open-door policy and (manager) is always available." We observed staff to be welcomed in the office throughout the inspection. Staff told us they felt comfortable coming to the office. One member of staff told us, "I feel very valued by the management, they listen to you and answer any queries. There is always an open-door policy." Staff contribution was recognised and awarded, staff were involved in nominating their colleagues to recognise positive contributions. The registered manager described the ethos of the service as, "To see lives transformed and work in unity as a team. We are a big family, it is a family run business." This ethos was shared by staff we spoke with who described good team moral.

People, their relatives and staff were involved in the running of the service. A relative told us, "They listen to your preferences, you don't have to fit in with their model." People received annual surveys to complete. The registered manager told us they analyse the results and make improvements in areas identified, we saw that action had been taken in relation to people's comments.

The registered managers and staff worked well with other professionals to meet people's needs. We saw good evidence of how staff have supported people to access their GP's and how staff have worked alongside other professionals to implement appropriate support for people. A healthcare professional told us that the care team communicate very well with them and that they feel the service is well managed through the conversations they have with staff. The registered manager told us they had made connections with other local health care providers to improve communication, share learning and best practice ideas.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered managers did not fully understand their responsibilities in relation to compliance with the regulations of the Health and Social Care Act (2014). They failed to notify CQC of two allegations of abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered managers did not demonstrate they had the right level of scrutiny and oversight of safeguarding issues. They did not consistently use incidents and complaints to identify potential abuse and did not take preventative actions including escalation.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered managers did not have robust oversight of the service, quality assurance systems and processes did not always identify areas in need of improvement. Records were not always reflective of people's preferences. .</p>