

Ashness Care Limited

Ashness Domiciliary Care

Inspection report

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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

This inspection took place on 30 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone was available to talk to us. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Ashness domiciliary care agency provides support to people living in Haringey with mental health needs. At the time of our inspection the service was providing support to 19 people living in the community and 10 people living in supported living accommodation. The support provided by the service includes prompting and encouraging people in areas such as, activities and taking their medication and healthy eating to manage their well-being and assist them to maintain and develop their independence.

At this inspection we found the service remained Good.

People said they felt safe using the service and the service promoted and maintained their dignity.

People received care that was safe and safeguarding practices protected people from the risk of abuse. Staff were subjected to the necessary checks before starting work. Staff received training and supervision to enable them to effectively carry out their roles. There was a process for dealing and acting on incidents and accidents. However, we have made a recommendation in relation to lessons learnt from incidents.

Medicines were managed safely and people received their medicines as prescribed. Staff wore appropriate protection equipment to prevent the risk of spread of infection.

Risk assessments were in place and identified risks posed to people and others. However, we have recommended that the service approaches a reputable source in relation to identifying and documenting specific risks such as risks related to epilepsy.

People using the service signed to give their consent to care and treatment. People are supported to maximise choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's cultural and religious needs were respected when planning and delivering care. Staff respected people's sexual orientation and needs so that lesbian, gay, bisexual and transgender people could feel

accepted and welcomed when receiving a service. People took part in a variety of activities and hobbies of their interests.

Staff told us the registered manager and other senior staff were approachable and listened to concerns. The service had obtained feedback from people using the service and carried out quality assurance in respect of service delivery.

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 ●

This service remains Good.

Is the service effective?

Good ●

This service remains Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

This service remains Good.

Is the service well-led?

Good ●

This service remains Good.

Ashness Domiciliary 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.

This inspection took place on 30 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone was available to talk to us.

This inspection was carried out by two inspectors.

Prior to the inspection we reviewed information we held about the service. We used information the provider sent 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 also looked at notifications, these are incidents that providers are required to report to us by law.

We spoke with three staff members, including the new Nominated Individual, registered manager and a support worker. We also spoke with the previous Nominated Individual who was in the process of retiring and handing over to the new senior management team. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We also visited one of two supported living schemes managed by the service and spoke with three people using the service.

We reviewed records for people using the service, including care plans and risk assessments and personnel files for four staff members, including recruitment and supervision records and records relating to audits and quality assurance. We also asked the provider to send us additional documentation after the inspection in relation to staff supervision, recruitment information, copies of team meeting minutes and updated training information.

Is the service safe?

Our findings

People told us they felt happy using the service. One person told us, "I am happy here. I have no concerns here." Another person told us, "Yes, I feel safe here."

Safeguarding procedures and processes were in place and staff were aware of their responsibility and the actions to take, including reporting any concerns to the local authority safeguarding and CQC. Staff knew the signs to look for and types of abuse which may occur. Staff and records showed that staff received training in safeguarding and were aware of the whistleblowing procedures should they be unhappy with the way the provider dealt with any concerns. One staff member told us how they make people safe, "Do not pass information about [people who used the service] to unauthorised people, using whistle blowing policy, reporting accidents and incidents." We saw that the provider worked closely with the safeguarding authority to address issues relating to people using the service.

Risk assessments covered areas such as risk to self and others, risk of financial abuse, sexual exploitation, suicide, risks of using a hoist and risks in relation to accessing the community. Risk assessments also provided a summary of psychiatric history, difficulty coping with anxiety and a summary of physical health. This meant that staff were able to better understand people's needs and provided the care they needed. Staff understood about risks and how to manage these, for example, one staff member told us of the risks of using a hoist, including ensuring that the sling used to transfer people is secure and the remote control is well charged. Also, to ensure that there are always two people to transfer people from one position to another. However, for one person we saw that not all risks had been outlined in the risk assessment, such as risks related to epilepsy. The deputy manager told us that the person had not suffered a seizure since 2014. Records showed that this was mostly controlled with medication. We recommend that the provider seek advice and guidance from a reputable source in relation to identifying and ensuring that all risks are documented.

Staffing numbers were based on level of need. There were sufficient staff on duty to meet people's needs. For example, one staff member told us where necessary agency staff were used and these staff were also familiar with the people who used the service.

We reviewed medicine MAR charts for people who require support with their medicines and these were up to date. Records showed that systems were in place to ensure that people received their medicines as required. Each record included a profile of each person, including details of any risks associated with self-administration, depot injection chart, monthly blood pressure and body weight chart. There were systems in place for medicine renewals and returns. Staff received training in administering medicines. Files contained information on the different medicines, including side effects.

Staff received training in infection control and were provided with the necessary personal protective equipment, such as disposable gloves and aprons, in order to carry out their role. One staff member told us of the importance of washing their hands before providing catheter (tube used in healthcare to deliver medication, fluids or used to drain bodily fluids) care.

There was an incident and accident procedure in place for staff to follow. We reviewed incidents logged by the service. The deputy manager told us that accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and action taken, however there was no information on lessons learnt. This meant we could not be confident that there had been lessons learnt from all incidents. We recommend that the provider seek advice and guidance from a reputable source about the management of and learning from incidents.

Recruitment policies and procedures were in place and staff were subjected to the necessary checks. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. However, one staff member did not have an up to date disclosure and barring service criminal check, the provider showed us evidence that this had been applied for and told us the new staff member was not working alone directly with people using the service. Another staff member with previous convictions had been assessed as safe to work with people. Following our inspection, the provider sent additional information relating to this persons DBS check.

Staff confirmed that where equipment was used, such as a hoist, to provide personal care, this had been serviced on a regular basis to ensure this was safe to use. This kept people safe from using equipment that may be faulty and unsafe.

Is the service effective?

Our findings

People had an initial referral and assessment of need. This included information about people's needs at the time of joining the service.

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

People using the service had capacity and were able to make decisions for themselves. Staff understood the importance of giving people choice and asking before providing support or care. One staff member told us, "We can't force [person] it's [their] right to refuse. Still up to [person], still [person's] choice." Records showed that people signed a consent form giving their consent to the service providing them with care and treatment

Staff received regular supervision and an appraisal. Records showed that supervision covered areas such as, training and development and actions to be followed through from discussions with staff. One staff member told us that they had received sufficient training and support, "Staff are supportive and management good at giving training." Another staff member told us, "If you have any problem, you need advice, they (management) give you. [Supervision is] helpful, very helpful. If any problem they can sort it out."

Staff were subject to an induction process, as well as understanding the service policies and procedures. This involved getting to know the clients they would be working with. This meant they would become more familiar with people's needs and how to care for them. Following our inspection, the registered manager provided us with a staff training records. This showed that staff received training in areas such as safeguarding, infection prevention, food safety, nutrition awareness, manual handling and first aid. Records and staff confirmed this. One staff member told us they were always wanting to learn more and, "Management willing to send [staff] for training." They also told us that they had learnt on the job how to work with one person who used a hoist for transfers, this helped them to have a better understanding of their needs and how to use the equipment in the correct way.

Where the service supported people with meals, staff and records showed that people were encouraged to eat healthily. One staff member told us of the importance of special dietary needs of one person with diabetes who required less sugar. They used a substitute such as sweetener and avoided sugary cakes and chocolate. Their relative was involved in preparing meals and the staff member assisted and encouraged them to eat their meal.

The service worked closely with other healthcare professionals to meet people's needs. For example, one

person had regular contact with their GP to ensure that their blood sugar levels did not increase. For another person we saw records of emails confirming the provider had requested a review and referral for a new hoist as it was not working effectively. Records also showed that the service worked with other healthcare professionals in relation to one person's well-being which includes regular appointments with a counsellor. This meant that people's individual needs were being met by the service.

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. One person told us, "It's nice here, yeah I like it [bedroom]. They [staff] are cool, they are ok... They [staff] treat me with dignity and respect."

Discussions with staff showed they were caring and understanding of people's needs. One staff member told us, "I treat [person] like family. Doing your best to make [person] happy."

People's privacy was respected and their independence encouraged. On the day of our inspection we saw that people at one of the supported living schemes we visited were able to come and go as they pleased and staff respected their privacy where this was expressed.

Staff understood people's needs and were aware of the importance of treating people with dignity and respect. Staff talked about giving people their space when this was needed. For example, one person liked their privacy and would say that they needed to go to their room. Staff respected and understood this. Also, making sure the bedroom door is closed when providing personal care and covering them with a towel. One staff member told us, "I knock and ask if I can come in." This meant that people's privacy was respected.

During our visit to the supported living scheme we observed some good interactions between staff and people using the service. People were comfortable speaking with staff. Staff spoke to people in a respectful manner, using a calm and welcoming tone. People requested their personal space and staff respected this.

Records confirmed that people were able to express their views about the care and treatment they received and care plans included a section for people to give their views.

Staff knew the needs and preferences of the people they were caring for and supporting.

Staff had access to people's care plans and knew people well and gave us examples of people's preferences. For example, one person supported with personal care preferred to be cared for earlier than the actual planned time, and this is accommodated and documented in their care plan.

We saw care plans included detailed information about people's mental health conditions and risks. This included where people needed support to manage their mental health, physical health and self-care including nutrition, daily living skills and level of independence, activities, training and employment, relationships and addictive behaviour.

Is the service responsive?

Our findings

Care plans were outcome based and contained information about the agreed hours of support to be provided. A breakdown of the weekly hours was provided by the deputy manager at the end of our visit. The deputy manager told us that most of the people using the service were independent and were able to tell staff how they wanted to be supported.

The service operated a keyworker system which included supporting and encouraging people to be independent. Discussions focused on areas such as, mental health, behaviour, physical health, compliance and medicines, contact, substance misuse, daily living and social networks. One person stated in their key working session, "I am settling alright, there is nothing wrong with my mental health." This was confirmed by the staff member who had written the keyworkers report and said, "[person] was very relaxed during conversation opened up enough giving a better insight to [their] care and support needs."

Each file contained a profile of the person using the service, with details of their mental health needs, and contact details for healthcare professionals and family members. People were encouraged to maintain relationships with family and friends.

People's cultural and religious needs were taken into account where this was required. For example, an activity sheet for one person stated that they had an outing to a Caribbean restaurant and the outcome of the activity was improved social engagement and staff and client rapport. The person's view of the activity was, "I enjoyed the meal. It's a day to remember." The registered manager told us they had a client who was a devoted Christian and was supported to attend church every Sunday. Discussions with staff members showed that they respected people's sexual orientation and needs, so that lesbian, gay, bisexual and transgender people (LGBT) could feel accepted and welcomed by the service. The deputy manager told us, "I like diversity, different cultural background can bring something." He also told us of some of the changes they were planning to make the care plans more person centred. This will include people's sexual preferences.

People took part in activities of their interest and choice. For example, one staff member told us of one person who enjoyed attending art classes and college. This was confirmed by their care plan which included details of these and other activities. Another person who enjoyed writing poetry was encouraged to do so and we saw examples of their work in their care file.

People received information about the service when joining. Records showed that the provider's welcome pack included details of their philosophy, a welcome letter, new residents' orientation checklist and complaints policy. This included the contact details for CQC. The provider is in the process of updating their care plans and policies and procedures. This includes updating the complaints policy to include information about the Local Government Ombudsman, an independent body who deals with complaints from the general public. There was a system for recording and monitoring complaints, however, the deputy manager told us that there had not been any complaints since our last inspection in 2016. People felt comfortable approaching staff if they were unhappy. One person told us, "If not happy, I would speak to staff or the

manager."

At the time of our inspection the service did not have any people receiving end of life care. The home had an end of life policy which was appropriate for people who used the service. Each person had an end of life arrangements form completed which covered funeral arrangements and any special requirements. Records showed relatives were involved. One staff member said, "We would support them with their last wishes to help him."

Is the service well-led?

Our findings

People thought the service was well-led. They described the managers of the service in complementary terms such as approachable and supportive. One person told us, "So far so good here."

Staff told us that they would feel comfortable approaching the manager with any concerns. One staff member told us, "Oh yes, [the service] is well managed. If [we raise] any complaint, [the] manager does something immediately." Another staff member told us, "The [people who used the service] are [well supported] here, [The service] is well managed," and "I am seeing happy residents for example, the company has created a loan fund for [person] so not short of money, the company is really caring." The leadership is very caring. For example, they opened a loan fund for one resident." This resident is now content because of easy access to funds.

There was a clear management structure and support staff told us they understood their roles and responsibilities. At the time of our inspection the nominated individual who was also the registered manager for this service had stepped down. Two new directors had taken over the overall management of the organisation. Both had many years of experience working with people with mental health needs. The current deputy manager was going through the registration process to become the registered manager for the service.

Staff confirmed they were clear about their roles and the interim reporting structures in place, including for out of hours. We spoke with the deputy manager and the nominated individual during the inspection and found them to be up-to-date with people's needs. They could also tell us about the important operational aspects of the service. The deputy manager told us managers were always, "Open to suggestions." For example, one staff member had suggested changing the format for reporting medicine changes for one person. We saw that this had been implemented by the service.

There were quality assurance systems to monitor the quality of service being delivered. The service regularly sought feedback from people using the service to help them monitor the quality of care provided. We saw that the provider had completed satisfaction surveys for 2018. These indicated that people were happy with the service provided by support staff. We reviewed the audits that had been carried out on care plans and risk assessments and saw that improvements had been made. The deputy manager told us that he regularly spoke with people and their relatives to check how they felt about the service provided. This showed that the provider had systems in place to ensure that the service was safe and people received good quality care.

During the inspection the management told us about their action plan and continuous improvement, which included the redesign of their website and updating their care plans and risk assessments to make these more person centred.