

Ashley Community Care Services Limited

Ashley Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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 and support to people in their own homes. Not everyone who used the service received personal care. At the time of our inspection, the domiciliary care service was providing support to 107 people, 80 of those were receiving support with 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's governance arrangements did not provide assurance the service was well led, and regulatory requirements were not being met.

People told us they had not had any missed calls; however, they were often not informed if staff were running late, and this impacted on people receiving their calls at their scheduled times.

We have made a recommendation about the management of some medicines.

Staff had been safely recruited; however, we were not satisfied staffing levels and deployment of staff ensured all people's care needs were met in a timely way.

Risks to people had been identified, assessed and reviewed.

People and their relatives told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

The majority of staff felt confident their training provided them with the knowledge they needed to support people safely.

Staff had access to personal protective equipment (PPE) and there were effective infection prevention and control measures in place.

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

Rating at last inspection and update: The last rating for this service was inadequate (published May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found significant improvements had been made with regard to regulation 18 [Staffing] and regulation 12 [Safe care and treatment]. However, the provider remained in breach of regulation 17 [Good governance].

This service has been in Special Measures since May 2022. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors and two Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. Inspection activity started on 27 September 2022 and ended on 17 October 2022. Two inspectors visited the office location on 27 and 28 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We asked the registered manager to provide us with their most recent

call visits times to people. We reviewed all the information we held about the service. We took this into account when we inspected the service. We used all information to plan our inspection.

During the inspection

We spoke with the new chief operating officer the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included six people's care records, associated risk assessments and Medication Administration Records [MAR]. We looked at three staff files in relation to recruitment, training, supervisions and spot checks. We looked at a sample of the service's quality assurance systems, and complaints management records. The Experts by Experience spoke with 23 people who used the service or their relative about their experience of the care provided.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke to a further six members of staff by telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection the provider was in breach of regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- The majority of people or their relatives we spoke to relating to call times said they received the same carer for most of the week, however on the days their regular carer(s) were off, the timing of their visits became erratic particularly at the weekend. One relative told us, "The regular carers stay for the correct amount of time, but weekend people are often the office staff and they are just in and out."
- We received mixed feedback about staffing. For example, we received several positive comments such as, "The carers do change, morning is basically the same, but on the whole the company is very good." However, we also received some negative comments, such as, "I like the morning call between 7am and 10am, they [care staff] can come anytime up to 11am, which means I haven't had a hot drink since the day before."
- We received mixed feedback from staff in relation to the time between call visits and the length of time spent with people to provide the care and support required. Staff told us, "I have enough travel times between calls, my calls are local." Another member of staff told us, "We didn't before, however I have noticed they [office] have recently put five minutes between calls. This has improved, although sometimes it's not enough. The traffic impacts on lateness, especially in the mornings."
- Systems and processes were in place to recruit people safely. Appropriate checks were carried out, including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.

At our last inspection the provider was a breach of regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and reviewed. We found risk assessments for people who required catheter care, or who were prescribed blood thinning medicines, could be improved by providing specific information relating to the individual as to how risks were being mitigated further. For example, one person who had a catheter in situ had a generic catheter care leaflet in their care plan, their continence care plan stated ' [person] now has a catheter in situ and requires assistance with it at all calls' with no guidance

as to what assistance was required .

- Staff told us they received training on how to use equipment and keep people safe. One staff member told us, "Every day I use equipment, I feel competent, I know the people I support well." Another staff member told us, "All equipment use is covered in our manual handling training. If I am unsure about how to use a piece of equipment, I will ask for further training."

Using medicines safely

- The majority of people or relatives we spoke to regarding medicines being received on time felt they were and had no real concerns. Although not all people using the service required medication to be administered at a specific time, not all people using the service received their medication at consistent times. One person told us, "I can be late with my medication because I must have it with my food. I like my tea call between 4pm and 6pm. Last night it was 6.30pm so my tablets were late." A relative told us. "[Name of person] has a water tablet, but because they [care staff] sometimes come so late in the morning, I put the tablet out for [name of person], because if given really late it means [name of person] is going to the toilet all day."
- Medicine records were audited regularly, although there was some confusion as to people's level of support needs. For example, for one person, staff removed medicines and left on their table for person, this is recorded as 'medication to be prompted', then in their 'All about me' document, states nature of support to be provided relates to call in morning for persons medication to be administered.
- Staff had received training in safe medicine management, and they were assessed as competent before administering medicines and knew how to report errors.

We recommend the provider reviews their policies and procedures regarding medicines, ensuring support people require is clearly recorded in line with best practice guidance.

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them. A member of staff told us, "We always have enough supply," Another member of staff told us, "We have gloves, aprons, masks, goggles, over shoe protectors if required and hand sanitiser. We can collect these from the office."
- People and relatives we spoke to had no concerns regarding the use of PPE and told us staff wore gloves, aprons and masks appropriately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood what to do to make sure people were protected from harm or abuse. Staff were able to tell us about different types of abuse and who they would report it to.
- The registered manager understood their legal responsibilities to protect people from abuse and harm and share important information with the local authority and the CQC.
- One person told us, "The carers all seem very capable and know what they are doing, I definitely feel safe." Another person told us, "Oh yes I feel safe, I am happy with what I am getting."
- A relative told us, "Yes, I feel [person] is safe, the care agency has been very flexible." Another relative told us, "Yes, I do feel [person] is safe."
- The registered manager had introduced a lesson learned folder to evidence learning from any events occurring within the service and an action plan detailing what actions had been taken. We saw examples of training provided to staff members after a significant risk to a person was identified and measures taken to mitigate risk to the person.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection the provider was in breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found not enough improvement had been made and this was a continued breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems and processes in place to monitor the quality assurance of the service. However, we were not assured the current governance arrangements were robust enough and effective in identifying or taking action with regard to staffing shortfalls and issues with the deployment of staff to ensure people received their calls at their scheduled times.
- The provider is required to send a monthly report of late and missed calls to CQC as one of the conditions imposed from the last inspection. We recognise there has been a significant improvement to the number of late and missed calls, however, this number still remains high despite a reduction in the number of care packages currently in place. Feedback received by people and their relatives, confirmed the effect of receiving a missed or late call impacted on their wellbeing.
- We reviewed call schedules which showed from 01 September 2022 to 22 September, people's care visits were not delivered at the time they were scheduled. We saw that the provider reviewed the missed or late calls and identified the reasons for this on each occasion.
- Where we reviewed people's daily notes, the auditing process had failed to identify people were not receiving their care calls at their scheduled time as stated in their care plan and where improvement was needed. For example, one person's daily notes we viewed from 7 August 2022 to 25 August 2022, the majority of their morning calls were carried out between 7am and 8am instead of 8am and 9am. The majority of their lunch time calls were between 11am and 12pm instead of 12pm to 1pm.
- Where people using the service had been contacted for their monthly client review or received a weekly telephone club call, we found insufficient action had been taken to address each concern. However, following the inspection we found there had been some improvement in this area.

Systems and processes to monitor and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager told us new software is being introduced which will also aid the monitoring of

arrival times and alert the provider when the calls are delivered outside of those preferences enabling prompt action and communication with clients and carers.

- The registered manager told us there has been a shift in staff engagement and the service is focusing on the meaning of person centred care and delivering training to the staff team to come away from task focused care, get to know clients and their likes and dislikes and focus on making a difference to people's lives.
- Staff told us they were seeing a change in the culture of the service, and they felt valued by the registered manager. One staff member told us, "Some bits need ironing out, however big improvements have been made." Another told us, "Things seem to be a lot smoother; I now feel I have more time to deliver the care and not pressured to take on lots of calls."
- Staff were clear about their roles and responsibilities and the majority of staff told us they enjoyed working for Ashley Care.
- Staff were complimentary about the registered manager, nominated individual and the new chief operating officer, and told us they felt supported. Comments included, "[Name of registered manager] I am now able to raise any concerns with, it's a 100% improvement, and I feel much more supported, feels like we are working together as a team" and, "[Name of chief operating officer] is like a breath of fresh air." Also [name of nominated individual], if you want something doing, they will do it for you."
- People told us they felt confident and knew how to raise concerns with Ashley Care. One person told us, "I have the office phone number if I had any complaints, which I don't." A relative told us, "I have an office number, and I have spoken to them about adjustments to [person's] care arrangements."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 was aware of their responsibility under the duty of candour and spoke about being open and honest with people when something goes wrong. We saw the chief operating officer had sent letters of apology to people using the service for not meeting the standards expected relating to late calls.
- Systems were in place to investigate and feedback on incidents, accidents and complaints.
- People told us communication with the domiciliary care agency office was reasonably positive, one relative told us, "We have been with Ashley Care for a number of years, and all is mostly ok. If there is an issue, we call the office, and they do sort things out quickly."
- We saw evidence of surveys undertaken with people, relatives and staff to seek feedback on how the service was run. One person said, "It is very good most of the time. Sometimes it feels rushed, mainly at lunchtime." Another person said, "Staff need additional stoma training." We noted additional training had been provided to staff.
- Staff meetings were introduced and taking place regularly. Feedback from staff was positive, one staff member told us, "We have face to face staff meetings now, we also get minutes of the meeting if we have been unable to attend. There is a suggestion box in reception, these are discussed at the meetings. I feel staff morale has improved and the atmosphere is better."

Continuous learning and improving care

- The registered manager recognised communication needed improving across teams and implemented weekly meetings held on a Monday for the opportunity to discuss any concerns or issues arising from the weekend calls. All departments were encouraged to attend.
- The registered manager has implemented 'the phone club' to help combat isolation and loneliness for people using the service. We saw evidence calls had been carried out and people wishing for the calls to be continued.

- The registered manager had plans to introduce a six-monthly newsletter and if this is well received, will endeavour to roll out quarterly. It will include useful information on events happening in people's local communities, sign posting to other services and will be as transparent as possible, identifying how many complaints, concerns and compliments received and lessons learned from them.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the local authority and other healthcare professionals.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements to monitor the quality of the service for people using the service were not effective and improvements were required.