

Ashcroft Homecare Limited

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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

We carried out an announced inspection of Ashcroft Homecare Limited on 24 and 25 July 2018.

Ashcroft Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Ashcroft Homecare Limited receives a regulated activity. The Care Quality Commission (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 take into account any wider social care provided.

At the time of our inspection the agency was providing personal care to 38 people.

At the last inspection on 26 and 27 September 2017, we found a breach of the regulations relating to the provider's failure to manage people's medicines safely, a failure to recruit staff safely and a failure to effectively monitor the service. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service.

During this inspection, we found the necessary improvements had been made and the service was meeting all the current regulations.

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

People were happy with the care and support they received and made positive comments about the staff. They told us they felt safe and staff were patient, caring and respectful. People had developed positive trusting relationships with staff. Staff understood how to protect people from abuse.

People told us that they received support that reflected their individual needs and preferences. The information in people's support plans was sufficiently detailed and risks to their health and safety had been identified and managed safely. We spoke with the registered manager about how the information could be further improved. People's care and support was kept under review and they were involved in decisions about their care. Staff worked in partnership with relevant health and social care professionals when people's needs changed.

People considered there were enough staff to provide them with a reliable, flexible and consistent service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice.

The recruitment and selection processes had improved since our last inspection. Further improvements and

a review of the recruitment policies and procedures were being undertaken. Arrangements were in place to make sure staff were trained and competent.

The management of people's medicines had improved since our last inspection. Staff administering medicines had received training and supervision to do this safely. We discussed further improvements with the registered manager.

People had 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 respected people's diversity and promoted people's right to be free from discrimination; people's dignity and privacy was respected.

People's nutritional needs were monitored as necessary and staff knew their likes and dislikes. People told us they were happy and did not have any complaints but were confident they would be listened to.

The systems for assessing, monitoring and developing the quality of the service had been improved since our last inspection. Further improvements were being undertaken. People were consulted and their views were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained to recognise any abuse and they knew how to report any concerns.

Safe recruitment procedures were followed. There were enough staff available to provide people with consistent and flexible support.

Risks to people's wellbeing and safety were being assessed and managed.

People's medicines were managed safely and staff who administered medicines had received appropriate training.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were trained and supervised in their work.

Staff and management understood the MCA 2005 legislation. They supported people to express their views and make decisions about how their care and support was managed.

People were supported to have sufficient to eat and drink and to access the local community in line with their care plan.

Is the service caring?

Good ●

The service was caring.

People told us staff were very kind, patient and caring.

People told us staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be independent.

People could make choices and were involved in decisions about

their care. Staff had developed good relationships with people.

Is the service responsive?

The service was responsive.

People told us their care and support needs were discussed with them and they received personalised care which reflected their needs and their preferences.

People's needs were reviewed regularly and staff were kept up to date with any changes in people's needs or any risks to their health, safety and wellbeing.

People had no complaints about the service they received. They felt able to raise concerns with the staff or the registered manager.

Good ●

Is the service well-led?

The service was well led.

People were very happy with the management of the service. Everyone spoken with told us they would recommend the service.

People's satisfaction with the standard of the service they received was monitored and appropriate action taken to address any shortfalls.

There were systems in place to monitor the overall quality and safety of the service.

Good ●

Ashcroft Homecare Limited

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 announced comprehensive inspection started on 24 July 2018 and ended on 25 July 2018. The inspection was carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 24 July 2018 to meet with the registered manager and to review care records and policies and procedures. During the visit we spoke with the registered manager, the care manager and with two support staff. Following the visit to the agency office, we spoke with four people using the service, four relatives and one support staff over the telephone.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for four people, medicine administration records, staff training records, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service.

In preparation for our visit, we contacted the local authority contracting unit for feedback and we checked the information we held about the service and the provider. We did not ask the provider to send us the Provider Information Return for this inspection. 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.

Is the service safe?

Our findings

At our last inspection, we found the provider had failed to manage people's medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to improve the service.

During this inspection we found the necessary improvements had been made. We found people were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. However, we noted staff did not have clear guidance to support them with their decisions to administer 'as needed' medicines and the records relating to the application of external medicines (creams) could be improved; the registered manager assured us this would be actioned. All staff had completed appropriate medicines training and had access to a set of policies and procedures in the staff handbook. There were suitable records in place to record the administration of medicines and staff were observed on a regular basis to ensure they were competent to manage medicines safely.

At our last inspection, we found the provider had failed to operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to improve the service.

During this inspection we found that improvements had been made. We found appropriate checks had been carried out before new staff started work. We saw they had completed an application form and had attended the agency office for a face-to-face interview. Interview notes had been recorded to support a fair process. The registered manager had ensured the applicants had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new support staff prior to them commencing work with the agency. We discussed how the recruitment process could be improved in areas such as the application form and the reference request and tracking form. The recruitment process was supported by policies and procedures, which were currently being reviewed to reflect current regulatory requirements.

People expressed a high level of satisfaction with the service and told us they felt safe whilst receiving care. They told us, "I feel safe. They make sure I am safe and comfortable before they leave", "I trust them wholeheartedly" and, "The staff make sure I am safe. I can ring the office if I have any problems." Similarly, relatives spoken with expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family members.

We found staff understood their role in keeping people safe from harm. They were aware of the different types of abuse and actions they would take if they became aware of any incidents. Staff said they would not hesitate to report any concerns and were confident the registered manager would take appropriate action. Staff had received training in this area and policies and procedures were in place to provide them with

guidance if necessary. Records showed they had also received training on how to keep people safe, which included moving and handling, infection control and first aid.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, and any other factors. The risk assessments included actions for staff to take to keep people safe and reduce the risks of harm. However, we noted assessments in areas such as skin integrity were not routinely included. We discussed this with the registered manager who assured us this would be actioned. The assessments were updated once a year or more often if people's needs or circumstances changed.

Some people were supported with shopping. A record of any transactions on the person's behalf had been maintained. However, the risks relating to this had not always been recorded in people's support plans and people had not always signed the records. The registered manager assured us the appropriate records would be updated. One person told us staff supported them with their shopping. They said, "They always bring me a receipt and they write on the record. I trust them implicitly."

Records were kept of any accidents or incidents in people's support plans. The registered manager checked any accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. We discussed the importance of formally analysing any incident records.

People were happy with the staff. They told us, "They are wonderful" and, "I call each of them by name and I have a laugh with them. They bring laughter into my home. I look forward to them coming."

There were sufficient staff to provide safe and effective care for people. Staff said they had adequate time to travel between visits without having to rush. People confirmed the support staff arrived on time, they stayed the agreed length of time and were flexible in their approach. All people spoken with told us they received care and support from the same staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

We observed staff collecting personal protective equipment such as gloves and aprons when they visited the office. People using the service and staff were given a telephone contact number for any difficulties during and out of hours; this meant there were processes in place to help minimize risks and keep people safe.

We found that people's care records and staff records were clear and up to date. They were appropriately stored to ensure people's personal information was protected. The records we requested were promptly located.

Is the service effective?

Our findings

People were confident the agency management and staff had the skills and knowledge to provide them with effective care and support. Everyone we spoke with was very happy with the care they received and told us that it met their needs. They told us they received support from familiar and consistent staff who arrived on time and stayed the correct length of time.

People said, "They always ask if there is anything else I need", "They make my life so much easier. I can rely on them to turn up and do a good job" and, "If they are going to be late, such as being stuck in traffic, they ring me and tell me not to worry." Relatives also made positive comments about the service. They said, "Staff have been trained to use the equipment safely" and "[Family member] has the same staff, which is important."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. One member of staff had received additional training to provide other staff with the training and practical support they needed. Staff confirmed their training was useful and beneficial to their role and helped them to meet people's needs, choices and preferences. We noted staff had not updated their moving and handling practical training. The registered manager advised training had been arranged and the agency had an in house trainer. This would help to ensure that staff had safe and up to date skills when moving people.

Records showed new staff received an induction into the routines and practices of the agency. This included a period working with more experienced staff until they had the confidence and skills to work independently. Any staff who were new to care, would complete induction training based on the Care Certificate when they commenced work with the agency. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff received regular one to one supervision, which included observations of their practice, as well as an annual review of their performance. We discussed how this process could be improved with the registered manager. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. Staff told us they had the support of the management team and could discuss anything that concerned them. One staff member told us, "We can raise issues at anytime".

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This meant that the service could not be sure it was able to meet the person's needs.

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. Any application to do so must be made to the Court of Protection.

Although people in their own homes were not usually subject to the Deprivation of Liberty Safeguards (DoLS), we noted staff received training to ensure they were aware of the principles of this legislation. Staff understood the need to ask people for consent before carrying out care and people confirmed this approach. People's capacity was considered as part of the assessment and support planning processes in order to identify if they required support to make decisions about their care. However, this was not always clearly recorded in the support plans. The registered manager agreed to review this.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person said, "They know what I like and they always ask what I would like." We noted from the records that staff received food safety training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being. Records showed that the agency staff had developed good links with the district nursing team. A relative said, "The staff work with the district nurses and adapt what they do and the way they do things."

Is the service caring?

Our findings

People told us staff treated them with care, respect and kindness. They were complimentary of the support they received. They said, "I look on my carer as a part of my family. [Name of staff] is so special" and, "The staff are patient, kind and caring. I am so lucky to have them." Relatives spoken with were also complimentary about the approach taken by staff. They said, "[Family member] is a very private person but they treat him with discretion" and, "The staff speak to [family member] in a nice way." During our time spent in the agency office, we observed staff answered people's telephone queries in a sensitive and understanding manner.

From our discussions with people using the agency and their relatives, it was clear that positive relationships had established to enable people's needs to be met. People's feedback highlighted the caring approach taken by staff.

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them.

Staff had access to equality and diversity policies and procedures and had received training in this area. This helped staff to understand the importance of treating people equally and promoting people's right to independence and to be free from discrimination. One person said, "They let me do things for myself and they appreciate that some days I need a little help." A relative told us, "They encourage [family member] to walk and they have improved over the past year."

We noted the support plans included information about people's religion. However, their sexual orientation, ethnicity and gender were not recorded. This meant staff could not be sure that people's individual needs were being met and that they were protected from discrimination. We discussed this with the registered manager who assured us the information would be documented to ensure that staff could meet people's needs.

People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care.

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office to maintain people's confidentiality.

People were involved in developing their support plans. They told us their views about their care and support were listened to and respected. The process of developing support plans helped people to express their views and be involved in decisions about their care. People's care records included information about

their family, interests and preferred daily routines, which helped staff to develop meaningful and caring relationships with people.

People told us they could express their views on the service on an ongoing basis. People were given a service user guide as well as their support plan documentation. The service user guide provided an overview of the services provided and what people could expect from the agency. People were also given information advising where they could access advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People said staff were responsive to their needs and they were involved in decisions about their care. They told us that they received support that reflected their individual needs and preferences. They said, "The staff know me very well, they know my every little whim. I rely on them", "They offer a flexible service. I can ring up and they will change the arrangements or will come another day if I am not feeling too good" and, "I have seen my records and they talk to me about what I want."

People had an individual support plan which was underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. People told us they were consulted and involved in decisions relating to their care and support. We found the information identified people's needs and provided guidance for staff on how to respond to them. The plans were reviewed at least once a year or more frequently if there had been a change in need. We saw that where they were able to, they had signed their care documentation to demonstrate this.

Staff said the support plans were easy to read and they were confident they contained accurate and up to date information. Staff confirmed there were systems in place to alert the management team of any changes in people's needs in a timely manner. Records of the care and support provided to people were completed at each visit. This enabled staff to respond to any changes in a person's well-being. We noted the records were written in a respectful way.

People were supported to access the local community in line with their support plan.

People were provided with the agency's complaints procedure when they started receiving care. People told us they did not have any complaints about the service they received but knew how to raise their concerns and were confident any concerns would be listened to. They told us they were regularly asked if they were happy with the service and with the staff providing care. They said, "They always ask if I have any problems and if I am happy with the way things are done" and, "I will tell them if I have any issues. I don't have any complaints as I am very happy."

There had been no complaints made about this service in the last 12 months. We discussed the importance of recording and monitoring people's minor concerns. The registered manager agreed to action this.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found the support plans highlighted how people could communicate and information such as the complaints procedure and service user guide, could be made available in other formats if needed.

We looked at how technology was used to support people using the service and staff. The agency office was equipped with computers to support the day to day management of the service and to support staff with

their training. Mobile phones were used to communicate with staff and to communicate any changes or emergencies.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. The registered manager told us that the service had previously supported people at the end of their life. Policies and procedures were in place and staff had received training in this area. The registered manager told us staff followed guidance from the district nursing team and specialised nurses. One staff member told us, "I am being supported to go to the funeral of one of my clients. It is important that we pay our respects; we become close to them."

Is the service well-led?

Our findings

At our last inspection, we found the provider's monitoring systems were ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan, which set out the action they intended to take to improve the service.

During this inspection we found improvements had been made. We found regular observations were undertaken to review the quality of the service provided; this included observing the standard of care provided in people's homes and asking people for their feedback. People using the service and staff confirmed spot checks were undertaken. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. We also saw checks had been completed on the standard of records returned to the agency office. Systems were in place to identify and respond to any shortfalls. The registered manager told us further improvements were being made to the monitoring systems.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were given the opportunity to complete customer satisfaction questionnaires each year. We looked at the results of the survey carried out in 2017 and noted people were very satisfied with the overall service provided. The registered manager also worked as part of the team and as such was able to monitor staff practice. This meant the registered manager had oversight of the service and was assured that people were receiving safe, effective care.

People spoken with made positive comments about the leadership and management of the agency. All the people we spoke with told us they would recommend the service to others without any hesitation. People said, "It is well run. I don't have any problems and would recommend the service to anyone", "It is a perfect service", "The office staff come and check the paperwork and ask if everything is going well" and, "They provide a first-class service." Staff said, "It is a small family run service. It's great."

There was a manager in post who was registered with the commission. 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.

The registered manager was responsible for the day to day management of the agency and was supported by a care manager and an office manager. The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were supported by the management team.

Staff told us they enjoyed working for the agency and they felt valued. They told us they worked well

together as a team and found the management team to be approachable and supportive. Staff meetings had taken place or staff were provided with a newsletter which kept them up to date with any changes.

There was evidence the agency worked in partnership with other agencies such as the district nursing team, the speech and language therapist and with local GPs. Agency staff accompanied people when they attended health appointments.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. We noted the service's CQC rating and a copy of the previous inspection report was on display in the agency office and on the website. This was to inform people of the outcome of the last inspection.

The agency had been nominated for the Ribble Valley Business Awards 2018. The registered manager told us they would be notified of the outcome in August 2018.