

Mrs Susan Newman

Ashton Domiciliary Care Agency

Inspection report

The Annexe Ashbury
124-126 Aldwick Road
Bognor Regis
West Sussex
PO21 2PA

Tel: 01243860074

Date of inspection visit:
30 August 2016

Date of publication:
21 September 2016

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

Ashton Domiciliary Care Agency provides care for people in their own homes. On the day of our visit the service was providing personal care to 24 people with a range of needs including older persons, people with mental health issues and those living with dementia.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff were aware of the correct procedures to follow if they considered someone was being neglected or poorly treated.

People received a reliable service from regular staff. There were sufficient numbers of suitably experienced staff employed to meet people's needs. Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people who may be at risk.

People were supported by staff to take their medicines and this was recorded in their care records. Checks were carried out to ensure staff were competent to administer medicines and that staff were following the correct procedures.

Each person had a care plan which gave guidance to staff on supporting people safely. Risks to people were assessed and recorded. These included environmental assessments for people's homes so staff knew any risks and what they should do to keep people and themselves safe.

There was suitable training, support and induction for staff so they could support people effectively. Staff told us they received regular training and that they had a good induction before they started to provide support to people.

People told us their care workers obtained their consent when providing care and support. Staff had received training in the Mental Capacity Act (MCA) 2005 and associated legislation. There was information in the staff handbook to guide staff if they thought a person lacked capacity to consent.

People were supported to eat and drink in line with their individual needs. The agency supported people to access healthcare professionals when needed.

People were supported by staff who were kind and caring. People were able to express their views and said they were encouraged to be independent as possible. People said they were treated with dignity and respect. A complaints procedure was in place that enabled people to raise concerns.

People said their needs were regularly reviewed and they were contacted on a regular basis to ensure that their current up to date needs were being met.

The provider had a policy and procedure for quality assurance. The manager and senior staff carried out checks to monitor the quality of the service provided. Quality assurance surveys were sent out to people, relatives and staff each year by the provider to seek their views on the service provided by Ashton Domiciliary Care Agency.

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.

Potential risks to people were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

There were sufficient numbers of staff to meet the needs of people safely.

Suitable recruitment checks were carried out so the provider could be assured that staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Support and training to staff was provided so staff had the skills required to support people effectively. Staff completed a structured induction to equip them with the skills to work with people. This included a period of 'shadowing' more experienced staff.

People told us staff provided a good standard of care which they had agreed to. Staff were trained in the Mental Capacity Act 2005 so they would know what to do if people did not have capacity to consent to care.

Staff were aware of how to support people to receive a healthy diet. People were supported to access health care services when needed and staff worked with health care professionals to provide coordinated care to people.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say about their care.

People said they were treated well by staff and that they were kind and caring. Staff said they always treated people with dignity and had respect for the people they cared for.

Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to appropriately.

Good ●

Is the service well-led?

The service was well led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People, relatives and outside professionals were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The registered manager carried out a range of audits to monitor the quality of the service provided to people and to make any improvements.

Good ●

Ashton Domiciliary Care Agency

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. The inspection checked 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 August 2016 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They returned the PIR in good time and we used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. This also included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with six people who receive a service from Ashton Domiciliary Care Agency, to ask them their views of the service they received. We also spoke to the registered manager and five members of staff.

The last inspection of the service was carried out in January 2014 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe with the staff. People said the staff who provided support to them were very good and said they felt comfortable with them. One person told us, "I am very happy, everything is working well for me." Another person said, "I have regular staff who help me and I know who will be coming".

The registered manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. The service also had its own safeguarding policy and procedure which was provided to all staff and people. Staff were aware of and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. Staff told us that they would ensure people were safe and secure and report any concerns to the office. The registered manager told us people were supplied with an information brochure called a service user guide, which included information on people could report any concerns they had.

Risks to people were assessed and included in their records. There was an environmental risk assessment of people's homes so staff could identify any risks to their safety. There were also risk assessments and management plans for supporting people with mobility and moving and handling. For example, one care plan identified the risks of a person falling and informed staff that they mobilised by using a walking frame. Staff were instructed to ensure the walking frame was available close to the person when leaving the home.

There was an 'out of hours' service for people and staff. The registered manager told us the office phone was automatically transferred to the on call phone when the office was closed. People also had a list of relevant contact telephone numbers in their home for advice and emergencies.

Each member of staff was issued with a 'Staff Handbook'. This contained information about the provider's policies and procedures. There were details about working safely when working alone in the community and when in people's homes. The handbook also gave staff guidance on the importance of security of people's homes and the use of any key safe arrangements to gain access to people's properties; this was also recorded in individual care plans. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. There were instructions for staff to report these incidents to the provider's management team to follow up. This meant that appropriate action could be taken so people were safe.

There were sufficient numbers of staff to meet people's needs. Records showed that currently the agency was providing 272 hours of care to people each week. There were 19 care staff employed who could provide a maximum of 423 care hours per week. This meant that there were sufficient staff hours available to support people's care needs. The provider told us staffing was arranged so each staff member had a duty roster with the names of people and the times of the care call they were undertaking. Staff told us they were sent the roster for the following week each Friday and that if there were any problems this gave them time to sort things out with the office team. Staff said they had sufficient time to carry out the tasks as set out in the care plans and people told us they received a reliable service from consistent staff. People were also sent a weekly roster, which meant they knew the names of the staff who would be providing care to them. One

person told us, "If there are any changes the office always calls to let me know".

Recruitment records for staff contained all of the required information including two references, one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. The registered manager told us staff did not start work until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

People told us they were satisfied with the support they received with their medicines. The names of the medicines prescribed and the procedures for staff to support people were recorded in their care plans. Currently staff only prompted people to take their medicines. Staff recorded on the care plan notes when they supported someone to take their medicines. These showed people received their medicines as prescribed. The provider's medication policy and procedure helped to ensure that people received appropriate support with their medicines that was safe.

Is the service effective?

Our findings

People told us the staff who supported them knew what support they needed. Comments from people about care staff were very positive. People said staff always stayed for the agreed length of time and sometimes longer. No one we spoke with had experienced any missed calls and everyone said staff would usually arrive on time. One person said, "My care worker is brilliant, she does everything I ask and more"

Training records showed staff completed training in a number of relevant subjects. These included: moving and handling, first aid, safeguarding, medicine administration, food hygiene, fire, infection control, The Mental Capacity Act 2005 (MCA) privacy and dignity, health awareness, care planning, end of life care, mental health awareness and dementia. The registered manager told us that they would arrange other specialist training to meet the needs of individual people if required. All staff told us training was good. One member of staff said, "You get all the training you need and if I am unsure of anything they will arrange refresher training for me".

Staff told us they had a good induction. The registered manager said observational competency checks were carried out for new staff as part of the induction shadowing to assess practice and knowledge prior to being placed for work. Staff confirmed they carried out a number of shadowing shifts with experienced staff before they were allowed to work alone. The registered manager told us shadowing was an important part of the induction. This could go on until both the agency and the staff member were confident to go out and support people alone. Staff said this helped them to provide effective support to people. The registered manager told us induction training had been amended to reflect Skills for Care guidance and the Care Certificate requirements. The Care Certificate is a national qualification covering 15 standards of health and social care topics.

Staff also confirmed they were supported to undertake additional training such as National Vocational Qualifications NVQ or Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The agency employed 19 care staff and 16 had achieved a minimum of NVQ2 or equivalent. The registered manager said support was provided to staff to enable them to maintain their skill knowledge and meet people's individual needs.

The registered manager said that all staff received regular supervision every two months. This included direct observation of care practice at least once per year. Staff also received an annual appraisal. Records and staff confirmed this and staff said they could discuss care issues, staff training or any other issues openly with their supervisor.

People were aware they had a care plan and told us they were consulted and had agreed to the arrangements made for their care. One person told us "The manager came to see me at home and discussed the help and support I needed. They made up a plan and I have a copy in my house".

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires 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. The manager and staff understood their responsibilities in this area. The provider had policies and procedures to guide staff. The registered manager and staff confirmed they had received training in the MCA and this helped them to ensure they acted in accordance with the legal requirements.

When required, staff provided support to people with their food and drink. This included the preparation of meals for people in their own homes. This was recorded in people's care plans together with any relevant information about anyone's nutritional needs. Daily records were made by staff each time they provided care to someone and these showed people were supported with eating and drinking where this was relevant.

The registered manager and staff told us they regularly monitored people's care and health needs. Staff said if they had any concerns about a person's health needs they would contact the office and if necessary arrange for a GP or other appropriate health care professional to visit. This helped people to remain healthy. Staff said they had regular people who they supported so they could notice any changes in people related to their health needs and report it immediately. The registered manager told us that they would always record contacts with health care professionals.

Is the service caring?

Our findings

People described the staff as caring, kind and respectful. All the people we spoke with made positive comments about how they were treated by staff. Comments from people included: "The staff who support me are really good." "The staff give me all the help I need and treat me really well" and "I have no complaints, they are always polite and friendly".

The registered manager showed us notes and cards from people who had received care from Ashton Domiciliary Care Agency. They were all positive about the caring attitude and support they received from staff. One person wrote "The staff team are excellent, I am very pleased with the service I get, staff are very caring and attentive not only to my wife but they keep an eye on me too. All the carers are just brilliant I feel confident with all of them they are very kind and helpful".

Positive, caring relationships had been developed with people. Staff told us they knew people well, including their likes and dislikes and encouraged them to be involved in making decisions about their care, and support and this information was recorded in care plans. People told us their views were listened to and taken into account when care and support was provided. One person told us "The staff always check that I have everything I need before they leave. They always ask if I need any help with different things. Staff told us they sought people's agreement before completing care tasks. Staff confirmed that they had regular care visits and this meant it was possible to build up good working relationships with each other.

The registered manager told us when new care workers were employed she would check with the people being supported to make sure there were no problems. She said that if there were any issues or changes required then this would be quickly sorted out to the satisfaction of all concerned.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity in their own homes. Staff confirmed they were issued with a copy of the staff handbook, which had been updated to reflect regulatory changes and were aware of its contents. Staff understood the importance of treating people with dignity and respect and of gaining their consent before any care or support was given.

Staff showed they had a caring attitude towards people and had a commitment to providing a good standard of care. For example, one staff member said "I have worked for" Ashton Domiciliary Care Agency for over seven years and I still love my job, everyone is helpful and friendly together we make a great team".

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People told us the agency was responsive in changing the times of their visits when needed. No one we spoke with had experienced any missed calls and people said care workers always arrived on time and stayed the correct amount of time. One person said "I know when my care worker will be coming, they never let me down".

People's needs were assessed before any care or support package was agreed. The initial assessment included details about how to communicate with people, their physical and mental health and mobility. Care plans were structured with the person's needs and preferences as being central. The registered manager told us people were able to choose the level of support they required. The registered manager told us they did not provide care packages to anyone for less than 30 minutes as they felt they needed this amount of time to provide the care people requested.

Each person had an individual care plan which set out their needs, the support needed by staff and how the support should be provided. Care plans included information regarding the support people needed to maintain their independence such as assisting people with personal care and domestic tasks while allowing people to do as much as possible for themselves. For example the care plan for one person said they needed support with washing and dressing. The care plan instructed staff to prompt the person to wash themselves and to explain to the person what they were doing. The care plan explained that the person could at times experience difficulty in carrying out certain tasks and that staff were to intervene if the person was becoming frustrated, but to allow them to do as much as possible for themselves. Where people required full support care plans gave a step by step guide to care staff on what they should do at each stage of the process. Care staff told us how they used the care plans to guide them when providing care, but also asked people how they wanted to be helped. Family members and other professionals were involved in contributing to ensure people's wishes were met.

Each person's care arrangements were detailed in a timetable format. The registered manager said they sent out an individual copy of the details of care calls to each person every week. This detailed the times of care calls and the names of the staff who would be providing the support. The registered manager told us that if there were any changes to this then people would be informed of the changes by phone.

We asked the registered manager how they managed if a care worker was sick or on holiday. They told us they would contact other staff to ensure the care call did not get missed. She said if any staff were allocated additional care calls they would be informed by phone. Staff said this was not a problem and they were always given enough time if asked to do additional calls. One staff member said "You are never pressurised, if you say No then that's fine with the office".

Records were made each time care staff supported people. These were detailed and showed the time the care worker arrived and left the person's home. There was also information recorded on the care tasks that had been carried out. These showed people received care as set out in care plans. Staff confirmed they recorded all relevant information to evidence the care and support that had been given at each care visit.

People's care needs were regularly reviewed and changes were made to care arrangements when needed. People confirmed their care plan reflected their current needs and preferences. Staff told us that if they noticed any changes in a person's needs they would contact the office and the manager or another member of the office team would visit the person concerned to review the person's care needs. If any changes were needed a new care plan was made up and a copy left in the person's home. Any changes were also recorded in the care notes so staff could be made aware of any changes. For example one person was now receiving an additional lunchtime visit. Staff had reported that as the person's needs had changed the 45 minute call each morning was no longer sufficient to carry out all the tasks. They could meet the care needs but did not have time to complete other tasks requested. To this end the registered manager had met with the person concerned and explained the situation. The person then agreed to have an additional visit for 30 minutes at lunch time when staff could check on the person and complete all support tasks. People confirmed they had regular visits to check that their care plans were up to date and were meeting their needs.

People told us the provider and staff responded positively to requests, they said communication was good and that they were listened to and involved in making decisions about their care and support. One person told us how they asked for care staff to come a little later as the original time was too early. They said the office had arranged this and the timings were now much better. A member of staff told us that the times of the morning care call for one person had been changed for a week when the person required anti biotics to be taken at a certain time. They said the care call was moved back once the course had been completed. The registered manager told us that she would always try to respond positively to request from people. She said that she would always listen to what people wanted and respond appropriately.

As well as providing personal care people were supported with social activities. Personal routines which people preferred were recorded in their care plan so staff could support people with activities such as going out to the shops. People said staff were flexible in how they provided support so that requests could be taken into account.

There was a complaints procedure that was updated and distributed to people and staff. People said they had a copy of this and they knew what to do if they had a complaint. Comments from people included: "I know there is a procedure and if I had any concerns I would talk with the manager." Another person said "I know what to do, but I have no need to complain I can't fault them for anything". The registered manager said that to date she had not received any complaints.

Is the service well-led?

Our findings

People and staff said the registered manager was good and they could talk with them at any time. One person said, "If I need anything I can contact the office and I know they will sort it out for me". Another person commented, "I get a survey to complete but if I am unsure about anything I would speak with my care worker, I could tell her anything".

Staff said the manager was very approachable and commented positively about the registered manager and the management team based at the agency office. Staff told us there was always someone available for advice and support. Staff said there was an 'on call system' used for when the office was not manned. One staff member told us "We have all got the managers phone number, I know I can contact her if I had any problems".

The registered manager told us they operated an 'open door' policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The registered manager said they would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication with the registered manager was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that she was open and transparent and worked well with them.

The registered manager showed a commitment to improving the service people received by ensuring their own personal knowledge and skills were up to date. She held an NVQ5 and attended all the training which staff undertook so she kept her skills up to date. She also attended training organised by the local authority training teams. She said she regularly monitored professional websites to keep up to date with best practice. The registered manager completed the Provider Information Return (PIR) and sent this back to us in good time. She was aware of the requirements to send us notifications as required to inform us of any important events that took place.

The registered manager told us she had tried to hold regular staff meetings but it was difficult to get everyone together. Therefore she now operated an 'open house' afternoon every Wednesday Any member of staff or service user could call in to speak with the manager or a member of the management team. This enabled anyone to talk to the registered manager about all aspects of the service and to provide feedback on the service provided. Staff told us that their regular supervision sessions and annual appraisals also presented them with an opportunity to raise issues about their work.

The agency produced a weekly newsletter for staff to update them on any issues. The newsletter informed staff about what had been happening, staff holidays and provided an opportunity to pass information to staff. There was also a newsletter sent out to service users three times a year which provided updates about the agency.

The registered manager told us there was regular spot checks carried out to observe care staff practice. This

was also confirmed by staff. This was also an opportunity to speak to people in their own homes and see how the agency was meeting their needs and if any issues needed to be addressed. People confirmed this.

The provider had a policy for quality assurance and checks and audits were carried out to monitor the quality of service provided to people and to drive improvements in the service provided.

Quality assurance surveys were sent out by the provider to people, their relatives and staff to ascertain their views on the service provided by Ashton Domiciliary Care Agency. We saw copies of the most recent survey. 55 surveys were sent out and 35 were returned. Over 90% of responses were either very good or excellent with a number of positive comments from people. These surveys gave people an opportunity to comment on the service provided. Where suggestions for improvement had been put forward the registered manager produced an action plan to address these areas. For example we saw one negative comment which stated that the person had not always been informed if there was a change to their care worker. The action plan reminded all the office staff to ensure that people were informed of any changes as soon as they were made.

Records were kept securely. All care records for people were held in individual files which were stored in the office and were locked away when not in use. The registered manager was able to locate records we asked for quickly and these were accurate and up to date.