Mr Gareth Nesbit

Ascot Care Agency

Inspection report

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

Overall summary

The inspection took place on 7, 8 December 2015. The inspection was announced. This was because the service was small we needed to be sure that someone would be available so we could carry out our inspection.

Ascot Care is a Domiciliary Care service that provides personal care and support to older people who live in their own home. The service covers the Darlington area and currently provides supportfor 16 people.

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 2008 and associated Regulations about how the service is run.

We spoke with a range of different staff members; the registered manager, care co-ordinator and care staff who told us that the registered manager was always available and approachable. Throughout the day we spoke with the people who used the service and staff were

Summary of findings

comfortable and relaxed with the registered manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at people's care plans we saw they were written in plain English and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, district nurse team and care managers.

Speaking to people who used the service and their relatives during our inspection showed us that people were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes. The recruitment process that we looked into was safe and inclusive and people were matched to their own support staff.

When we looked at the staff training records we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were unable to observe how the service administered medicines on the day of our inspection but we were able to establish how people stored and managed them safely in their own home. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

From speaking to people who used the service and their relatives during the inspection it was evident that the staff had a good rapport with the people who used the service. People give us positive feedback that showed us that the staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage. At the time of our inspection no applications had been made to the Court of Protection. We found that the staff had not received any MCA or DoLS training and this was highlighted to the registered manager to action.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

Good

There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported to administer their own medicines safely.

Is the service effective?
This service was effective.

Good

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Staff recruitment was inclusive and people were matched to their own support staff.

Staff required Mental Capacity Act training and Deprovation of Liberty training.

Is the service caring?
This service was caring.

Good

People were treated with kindness and compassion and their dignity was respected.

People who used the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?
This service was responsive.

Good

Summary of findings

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings that were important and relevant to them and they were protected from social isolation.

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, healthy lifestyles, community involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents and complaints/ concerns.

Ascot 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. 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 7, 8 December 2015 and was announced. This was because the service was small we needed to be sure someone would be available. The inspection team consisted of an Adult Social Care Inspector and an Inspection Manager. At the inspection we spoke with five people who used the service, three relatives, the registered manager, the care co-ordinator, and three members of care staff.

Before we visited the home we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including; commissioners, and no concerns were raised.

The provider was not asked to complete a provider information return prior to our inspection. 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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we talked to people who used the service and their relatives to ask how the staff interacted with people who used the service to see whether people had positive experiences. This included looking at the care plans and asking people their feedback on the care and support that was given by the staff.

We spoke to staff members and managers to establish how relationships were built with the people who used the service and how care and support was delivered in line with people's wants, wishes, likes and dislikes.

We also reviewed staff training records, recruitment files, medication records, safety certificates, quality surveys and records relating to the management of the service such as audits, policies and minutes of team meetings.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe having Ascot Care supporting them in their own home. One person told us, "Yes the staff make me feel very safe, they really help me and I feel safe with them." Another told us, "They are always here on time and do everything by the book. If they spot anything that could be dangerous they soon get it out of the way".

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We saw copies of contact sheets that were available in people's homes that held all the important contacts for safeguarding. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure that people were protected from abuse. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I know what to do about whistleblowing, I would go straight to my manager."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; taking medicines independently and aspects of personal care. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and an effective communications book that logged all calls relating to incidents and this recorded how actions had been taken to ensure people were immediately safe.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered manger showed us the records and explained how they kept on top of staff safety checks and when they needed to be updated.

The people we spoke with who used the service self-administered medicines in their own homes. We saw the medicines records, in people's files which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We did see that some of the MAR sheets were not signed and the registered manager was able to show us why this was and agreed to use a clearer system to record why medicine was not given for example if someone was unwell, or had refused their medication. The registered Manager agreed that this would be implemented straight away.

We were unable to observe medicines being self-administered but could see how this was managed and recorded. One person who used the service told us how they kept their medicines safe in their home and also told us how it was recorded and at what times they took it. They told us; "The girls helped me with my creams and they write it in the book and on the sheet when I have it."

We saw in people's records that the application of prescribed local medicines, such as creams, was clearly recorded on a body map and stored in the Medication Administration Record (MAR) sheets. Records were signed appropriately indicating the creams had been applied at the correct times.

We found there were effective systems in place to reduce the risk and spread of infection. All staff received infection control training and had access to protective gloves and aprons for carrying out personal care tasks. Staff told us that they carried this equipment in their cars and that they could always have access to more when required.

Good

Is the service effective?

Our findings

During this inspection, there were 16 people using the service in their own homes. We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff we asked them if they thought they were supported to develop their skills and knowledge one Member of staff told us, "The training is good, there is plenty to do." Another told us, "I have just finished my level three care training and I attend all the training that's offered." A person who used the service tols us,"One of the staff are doing their medication training at the moment and a few of them are doing other training. It helps them so they can cope with everything and we get peace of mind knowing that they are fully trained."

For any new employees their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training called the care certificate to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. The registered manager told us, "The care certificate brought in lots of changes and we tied it up with our vocational training to make sure that our staff are competent and confident in each area of their role."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Food safety, data protection, infection control, equality and diversity, medicines and first aid and also vocational training for personal development in health and social care. We also saw that some staff had had specialist training on epilepsy awareness.

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes. Guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes and when we spoke with staff, they said, "I attend the team meetings they are useful, we can talk to each other and share ideas at them."

Individual staff supervisions were planned in advance and the registered manager had a system in place to track them. Appraisals were also annual to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us, "The manager always discusses my training with me at supervisions. I have done my medication training and finished my NVQ two and now I'm on my level three."

Where possible, we saw that people were asked to give their consent to their care and we could see that the staff had considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

It was evident from people's care plans that the people who used the service where encouraged to eat healthily and also support was there for people who needed extra support or had special diet needs for example when someone needed to gain weight advice was sought from the GP and they were monitored closely and offered extra snacks between meals. This was recorded in the care plan.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage. At the time of our inspection no applications had been made to the Court of Protection.

From speaking with staff and looking at the training records we could see that there was no training provided regarding MCA or DOLS and the registered manager assured us that training would be provided for staff to attend commencing in January 2016.

Good

Is the service caring?

Our findings

When we spoke with the people who used the service they told us that the staff were caring, supportive and helped them with their personal care needs and with day to day living. One person who used the service told us, "The staff are lovely, bubbly and punctual. I know I'm going to get a happy smiley face and a lovely bit of company throughout the day." Another told us, "The staff are definitely caring. They're so gentle and they always ask me first and then I explain what I want doing." This showed us that the staff had positive caring attitudes towards the people who used the service.

From speaking with the people who used the service and their family members we found from their feedback that staff spoke with people in a positive, encouraging, caring and professional way. We found that people were respected by staff and treated with kindness. One member of staff told us; "I love working on homecare, I wouldn't change anything, I get on well with the clients and I like seeing other carers, they're good." One person told us, "The staff listen to me, they sit and have a chat with me, and they've been very good to me." A relative told us, "The staff come in and chat to my family member and they really lift their mood."

Staff knew the people they were supporting very well. They were able to tell us about people's interests and their preferences. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One person who used the service told us, "The staff absolutely respect my privacy and dignity at all times."

People who use the service told us how important their independence was to them and how they like to be supported to do the things that they can and we saw evidence in people's care plans and one relative told us, "My family member's independence is important and now because we have the same carers we can enjoy family days out. The staff help my family member to do things for themself and they're really good like that." One staff member told us, "I enjoy helping people to stay and live in their own community and to be independent in their own homes."

When we spoke with staff they told us how they respect people's dignity especially when supporting them with aspects of personal care in their own home. One person who used the service told us, "The staff always ask my permission first." This showed us that the staff valued the importance of respecting people's privacy and dignity.

We saw that there was information in the care plans for people who used the service that held contacts for advocacy and for other organisations that they accessed for support, for example Age UK, and when we spoke to the registered manager and people who used the service they were knowledgeable about how to voice their opinions relating to their care or how to get support to do this. This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

We saw in people's care plans that they were supported to attend appointments and access a range of different health care professionals including their GP and mental health services. One member of staff told us, "I regularly assist people to attend hospital and GP appointments."

Good

Is the service responsive?

Our findings

During the inspection we found that people who used the service were supported to engage in the local community. We could see this recorded in the daily records and from talking with the people who used the service, family members, staff and relatives. One member of staff told us, "Supporting people to access the community varies between clients. Keeping people active by going shopping, cinema trips and supporting people in the community."

The care plans that we looked at were not written in a person centred way. Person centred means they are all about the person receiving care and the plan puts them first. The care plans were easy to read and in plain English but with minimal information about the person's history, likes and dislikes. They didn't give an insight into the individual's personality, preferences and choices and didn't include any photographs or personalisation.

The main focus of the care plan was on care tasks rather than setting out how people liked to live their lives and how they wanted to be supported at home. The registered manager assured us that they would be spending some with the staff team and the people who used the service to update all the care plans to make them more person centred. They told us, "We will be introducing a one page profile to be more person centred." The care plans did have a good layout and there were risk assessments and daily activity logs that were completed and reviewed regularly.

The people we spoke with told us that their choices, likes and dislikes were respected by the service and their staff. One person told us, "Yes the staff let me make my own choices, I choose my own clothes and things like that. They all know me by now, they know what I like. The staff always take on board my choices, they understand me." Another told us, "They know what I like and don't like they do things the way I like, it's individualised, just for me." One staff member told us, "I always ask people what they want and get them to make their own choices where it is possible." This showed us that people were being supported and cared for in a person centred way although the care plans needed updating to reflect this level of insight and personalisation.

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see that there had been no recent complaints made but from the records we could see how previous complaints had been responded to and monitored appropriately. From speaking with staff and the registered manager they were knowledgeable of the complaints procedure. One member of staff told us, "I would go to the manager and follow our complaints procedure. If a client wanted to complain I would advise them how to go about it and who they needed to contact. I would also make the office aware of this too."

The service had also received a number of recent compliments that were also kept on file and shared with the staff team one example stated, "Thank you for your consistent and reliable care, we couldn't of coped without you."

The people who used the service were also aware of their right to complain and were able to tell us that they were aware of what action to take. One person told us, "I haven't had to complain before, but I know how to if I needed to. I have raised issues before in the past and it got sorted straight away, I was pleased." This showed us that the service had implemented a robust complaints procedure and everyone was aware how to action this.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service a registered manager who had been registered with the CQC for over two years. A registered manager is a person who has registered with CQC to manage the service. The registered manager carried out regular spot checks to observe the staff team supporting people in their own homes and used these observations to ensure quality care and support was delivered. The registered manager told us, "I carry out spot checks on the staff and I go out to people homes and do calls myself." "Spot checks are for continuity to see that staff are doing what has been agreed and delivering care in a way that was agreed."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm that these took place. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us, "I am definitely supported in my role the managers are very good, they're always ringing me to see if I'm Ok."

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw how the care co-ordinator had developed and put in place a communication system to analyse incidents that had resulted in, or had the potential to result in harm. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, staff and relatives gathered through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. In the most recent survey the feedback was 100% positive and on a whole people were happy with the care they received. The manager told us, "We take suggestions on board; we have changed peoples call times when needed and even the colour of our uniform following staff suggestions."

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was, open and inclusive. We saw in the care co-ordinators communication book it recorded when the staff had called her with concerns or queries and these were all recorded with outcomes. The registered manager told us, "I have a good relationship with the staff but I would rather get any issues put right than leave them."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.