

Ashling Homes Healthcare Ltd

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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

Ashling Homes Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection one person was receiving a service.

A registered manager was 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.

This was our first inspection of Ashling Homes Healthcare Ltd since the service registered with the Care Quality Commission in September 2016.

Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an induction programme when they started work and completed mandatory training.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

There were systems to safeguard people from abuse. The principles of the Mental Capacity Act 2005 were also being followed to ensure that people's human rights were being upheld and that they were consenting to their care from the service.

People's needs had been assessed to determine their support needs. Detailed care documentation had been developed to guide the care worker about the support the person required.

The registered manager was in regular communication with the person and their relative to check they were happy with the care. Staff said they were well supported by the manager and they enjoyed working for the 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

There were systems to safeguard people from abuse.

There were sufficient staff employed to provide care and support.
The service carried out checks on new staff to make sure they were suitable to work with people using the service.

Staff had good access to personal protective equipment for the prevention and control of infection.

Appropriate systems and processes were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff completed training to provide effective care and support to people using the service.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

Records showed staff supported people to have enough to eat and drink which met their health needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff respected people using the service and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The service had systems to respond to complaints they received.

Is the service well-led?

Good ●

The service was well-led.

The service carried out checks to monitor quality in the service and make improvements where necessary.

Ashling Homes Healthcare Ltd

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.

We gave the service notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector carried out this inspection.

Our inspection site visit activity started on 30 April 2018 with a visit to the agency office and ended on 4 June 2018 following telephone calls to staff. The person receiving a service declined to speak with us. We spoke with the registered manager and two care staff.

We also looked at records and electronic systems relating to the management of the service, including care records, staff schedules, spreadsheets to monitor staff training and supervision, field observation and findings from satisfaction surveys. We also looked at two staff records including the recruitment information held. We received written feedback from one healthcare professional following our inspection.

Is the service safe?

Our findings

One healthcare professional told us that Ashling Homes Healthcare Ltd had provided "a very good service" to their client. A survey response from another healthcare professional stated that the agency provided a safe and effective service.

Staff rotas showed that the person using the service received a 24-hour service with consistent staff providing their support. Recruitment procedures made sure that the right staff were recruited to support people using the service to stay safe. Two staff files seen included references from previous employers and proof of identity documentation. Criminal records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Staff had been trained in safeguarding and understood how to protect people from the risk of abuse. We saw worksheets had been completed by care staff during their training checking their learning around this important area of care. There was a safeguarding policy in place and the provider was able to demonstrate that they were aware of their responsibilities to report any concerns to the local authority and the Care Quality Commission (CQC). Contact numbers for the local authority safeguarding team were displayed in the agency office. Staff said they would approach the manager if they had any concerns. One staff member said, "I am able to talk to her. She is reliable."

The registered manager demonstrated a good awareness of risks to the person they supported and knew what to do to keep the person safe. Guidance on how to keep the person safe was recorded in their care plan and associated guidance around their support. Individual risk assessments were completed with formal management plans in place. For example, around moving and handling, pressure care and other health related risks. Risks around the person's home environment had also been formally assessed and recorded to help make sure staff were safe working there. One member of staff told us they were aware of any risks and monitored the person carefully to make sure they were safe.

Appropriate systems and processes were in place for the safe management of medicines in accordance with the provider's medicine management policy. Medicine Administration Records (MAR) were kept by staff and checked by the registered manager. There was a list of medicines taken by the person and this was reflected in the care guidance and support documentation.

The provider had a policy in place for infection control and staff had received training in infection control and food hygiene. Protective equipment such as gloves and aprons were available for staff to help control the spread of infection. Shoe covers were used by staff to also respect the person's religious beliefs. One staff member commented, "There are always supplies of equipment. If we run out of anything we get it the same day."

Is the service effective?

Our findings

Assessments of people's needs were completed or obtained from commissioners before people began to receive a service. The expected outcomes for the person were identified and care plans put in place to meet these.

Records showed that staff received mandatory training in key areas such as safeguarding, health and safety, life support and equality & diversity. Other training certificates seen on staff files included dementia awareness and medicines competency. New staff completed induction training and were required to shadow existing staff before lone working. The provider was in the process of implementing the care certificate for any new staff commencing work with the service.

A training matrix was used to make sure staff were up to date with their training and that they received regular supervision. Records of staff supervision included a review of training and discussion of their work with people using the service.

The Mental Capacity Act (MCA) 2005 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.

The registered manager understood the principles of the MCA 2005 and were aware that any decisions made for people who lacked capacity had to be in their best interests. The person currently using the service had the capacity to make their own decisions and were in control of their support. Daily notes seen documented their daily care including the refusal of support from staff. The care plan reflected the need for staff to respect the persons wishes and preferences for their support at all times. 'The carer must gain consent' was written in capitals within the care plan to emphasise the importance of this.

Staff told us they gained consent before delivering care or treatment and respected people's decision if they refused support. One staff member said, "The person is very independent. They always tell you what they want."

Records showed staff supported the person to have enough to eat and drink which met their health needs and preferences. Detailed guidance was provided to care staff around the persons routines including their preferred diet and mealtime support.

Is the service caring?

Our findings

People were positive about the caring attitude of the staff. Feedback from people and their relatives who had used the service previously was positive about the registered manager and staff. One relative commented, "Always kind and helpful" in a recent questionnaire.

Staff spoken with were positive about the support provided and said that people were treated with dignity and respect. One staff member said, "They are getting good quality care." Another staff member commented, "It's extra good care."

Care records contained information in relation to the person's background, needs, likes and dislikes and preferred routines. This meant that the service could provide care and support in a way that suited the person. Care planning information also highlighted how staff needed to close curtains and shut doors in order to uphold the persons dignity and privacy.

Care plans and guidance focused on the importance of supporting the person's independence and ensuring staff respected the persons wishes. The persons preferences for support were made clear and the instructions in the care plan provided guidance on how to help them remain as independent as possible. For example, their personal care routine each day. A staff member told us that the person receiving the service was always in control of their care and support.

The service recognised equality and diversity and protected people's human rights. Care records captured key information about people including any personal, cultural and religious beliefs. An external healthcare professional commented, "The agency has been prepared to arrange bespoke care packages to suit each case including religious preferences and language preferences." The service was working with the person using the service to make sure that their religious beliefs were respected and supported as required.

Is the service responsive?

Our findings

People and their families were involved in developing their care, support and treatment plans. Comprehensive care documentation was in place for the person using the service informed by the obtained assessments of their care needs. This documentation provided good detail about how they and their relative wanted the care and support to be provided. The registered manager had captured details of the person's likes, dislikes and preferred routines. This helped staff in providing person-centred care tailored to the person.

A staff member told us that they received regular feedback from the registered manager about the support provided and any changes required.

The registered manager told us about how the person using the service communicated, demonstrating a clear understanding of their needs and how these were responded to effectively. Care plans included information about the ways the person interacted and communicated with staff. An external health professional spoke about the positive way the agency had worked in responding to people's individual support needs.

The small size of the agency meant that people could easily give feedback about their experiences of care and support. The registered manager showed they were in touch with the person using the service and received on-going feedback in different ways via mobile phone and other technology. There were policies and procedures in place to manage complaints if required. Information on how to make a complaint was supplied to people using the service.

Is the service well-led?

Our findings

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff told us they felt respected, valued and supported by the registered manager. One staff member said, "The manager is very good. Very supportive" Another staff member told us they 'loved' working for the service and said the registered manager was "Always on the end of a phone."

Policies and procedures covered all aspects relevant to operating a homecare service, which included management of medicines, whistleblowing, confidentiality and recruitment procedures. The service set out its principles of care in a written document setting out what each person using the service had a right to expect. These principles included encouragement to be as independent as possible, to have privacy and to have their values, beliefs and chosen lifestyle respected.

An external health professional told us, "The registered manager has been both transparent and professional in dealing with sensitive issues."

Quality assurance arrangements were in place to identify current and potential concerns and any areas for improvement. However due to the service operating with only one person using its services, the systems tended to be more informal. The registered manager explained in detail how they communicated effectively with the person and their relative to make sure any issues or concerns were dealt with promptly. An external healthcare professional commented positively on the work undertaken by the registered manager in working with their clients and responding to challenges.

Questionnaires were used for people and their relatives to complete and comment on the quality of the care received. Feedback received from previous clients included, "You have all been brilliant" and "You have been great." Observations of care staff took place to make sure people were receiving a good quality, safe and effective service.