

Ashley Community Care Services Limited

Ashley Care

Inspection report

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19 December 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

The Inspection took place on 10, 17 and 29 November 2016 and 2 and 19 December 2016 and was unannounced.

Ashley Care is registered to provide personal care (often called domiciliary care) to people in their own homes in and around the Southend on Sea area. The service caters for adults of all ages including people living with dementia and/or mental health needs. They provide various services such as short term Reablement, A home again service (HAS) which provides people with immediate cover on return from hospital for up to 72 hours or until a longer term provider can be found and mainstream care.

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.

Although people generally received their care and support in a way that ensured their safety and welfare there were not always enough care staff to support people when their regular care staff were not working. Improvements were in progress as the registered manager/provider had taken steps to remedy this and people confirmed there had been recent improvements to their evening and weekend calls when their regular care staff were not working. Although some people felt the service did not always respond appropriately to their concerns about relief care staff being late and missing calls most people told us, and the records confirmed that people's concerns and complaints had been listened to and acted upon.

Staff understood how to protect people from the risk of harm. They had been trained in safeguarding people and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely. The service had a robust recruitment process and staff had been safely recruited to protect vulnerable people. Where the service managed people's medication they received it as prescribed.

The registered manager/provider and staff had a good understanding of the Mental Capacity Act (MCA) 2005. Staff were well trained and supported to enable them to meet people's assessed needs. Advocacy services were available should people need them.

Where people were supported with their meals they were given sufficient food and drink to meet their individual needs. People were supported when necessary to obtain healthcare advice and to maintain their health. People said their regular care staff were kind, caring and thoughtful, knew them well and treated them with respect and their dignity was maintained. Although people had different views about relief care staff saying they were often rushed they said that improvements had been made recently.

People's needs had been assessed and their care plans gave staff the information they needed to meet

people's needs and preferences and to care for them safely. They were kept involved in their care and were able to express their views and opinions on a regular basis.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were not always protected from the risk of harm as there were insufficient staff to meet people's assessed needs during the evenings, at weekends and when regular staff were not working. The registered manager/provider had taken steps to monitor missed and late calls.

People generally received their medication as prescribed. However at times staffing levels had impacted on people receiving their medication appropriately.

Care staff had been safely recruited.

Requires Improvement ●

Is the service effective?

The service was effective.

People were generally cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good ●

Is the service caring?

The service was caring.

People were treated respectfully by kind, caring and compassionate regular care staff who knew them well. Improvements were taking place to ensure that people received a consistently caring service from all care staff including relief care staff.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Good ●

Is the service responsive?

The service was responsive.

The assessment and care plans contained sufficient information for care staff to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately. Action had been taken to address the complaints about missed and late calls made by relief care staff.

Good ●

Is the service well-led?

The service was well led.

The registered manager/provider demonstrated strong leadership and was committed to improving the quality of the service.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good ●

Ashley Care

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 was 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 10, 17 and 29 November 2016 and 2 and 19 December 2016 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 21 people, eight of their relatives, the registered manager and 13 staff. We reviewed 21 people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

Improvements were needed to ensure that people received a consistent safe service during evenings and at weekends. Although people told us that they felt completely safe when their regular care staff supported them, they felt differently when other care staff visited them in the evenings and at weekends. All of the people we spoke with who required evening and weekend care told us that it was erratic. One person said, "The whole process is very hit and miss, which is not acceptable. We never get notified if someone is going to be late." Another person told us, "My regular carer is excellent but come the weekend the relief staff just see me as a chore that they have to get through." Others told us similar stories of how they felt, and their comments included, "I will not let the relief carers wash me they have not been kind and professional like my regular care staff is." And, "The evening visits became such a lottery. We were seeing all sorts of carers at any time that seemed to suit them. Weekend timekeeping was awful." And, "We get so anxious because they miss visits and are often late, they are simply unreliable and it causes us a lot of stress."

One person told us they had four missed visits in a three week period. Another person said, "I had to cancel my evening visits because I saw so many different people. I got frightened not knowing who was going to turn up. They [care staff] were coming at ridiculous times – nearly up to midnight when they should have been here about 8pm. They never called to tell me they would be late."

One relative told us that their family member had to go to the hospital four times a week for dialysis. They said it was important for care staff to be there by 7.30am so that they were ready in time for their ambulance pick up. They told us that this had improved but 'they were on pins' each morning as the care staff often cut things fine and had to rush their family member to ensure they were ready in time for the ambulance. This showed that there were not enough staff to meet people's assessed needs in the evenings, at weekends and when regular care staff were not working.

The registered manager/provider had identified the need for improvements to relief care staffing and had taken steps to make the necessary changes. They showed us the system they were now using to establish when care staff were late for calls. The system was called real time alerts and enabled the monitoring officer to instantly see where calls were not made at the scheduled time. The monitoring officer explained that they then called the care staff to establish why they were late for their call and then they telephoned the person using the service to let them know the reasons and when they could expect their call. We saw this in practice on day two of the inspection. Where people had raised the issue of missed or late calls the registered manager/provider had apologised to them individually and explained the new process to them. They had also sent out a 'Good Housekeeping' bulletin to people apologising for any late calls and giving them information about staff's identity badges and key safe codes to help keep people safe. The registered manager/provider told us that although the monitoring officer had been in post for several weeks the new system had not started fully until the end of November 2016.

In addition to the new real time alerts system the registered manager/provider had ceased taking any new referrals until more staff were recruited. They told us that several new staff were going through the recruitment process which would improve the numbers of staff available to support people. They said that

their Christmas rotas had been devised and they were fully covered. This showed that the service had recognised the shortfalls in care staffing levels and taken action to improve.

Where people received their medication from regular care staff they were very happy with the way it was done. They told us that their regular care staff supported them well and ensured that they received their medication as prescribed. However, people did not always get their medication on time when they had relief care staff. One person told us, "[Name of regular care staff] is brilliant, they do my medication efficiently and on time and they record it in my file. The relief care staff are often late and very rushed which means I don't always get my medication as I should." This showed that staffing levels in the evening and weekends had an impact on people's care as they did not always receive their medication on time. Care staff had received medication training and had bi-annual competency checks to ensure that they knew how to administer medication safely.

People told us they felt safe with their regular care staff. They described them as trustworthy, careful and gentle. One relative said, "On one occasion my relative had some small bruises on their arms. The care staff took all of the appropriate safeguarding measures to question them about how it occurred and recorded this in their personal file." Others told us they felt they were 'in safe hands' with their regular care staff. Staff demonstrated a good knowledge of how to safeguard people and had received training during their induction and at annual intervals.

Staff told us that the recruitment process was thorough and the staff files we viewed contained the relevant documentation such as application forms with a full employment history, references and disclosure and barring checks (DBS). This showed that the service had checked to ensure that staff were safe to work with vulnerable people.

Risks assessments had been carried out for any risks to people including their environment and there were management plans in place describing how the risks were to be managed. Staff said they were aware of people's identified risks and they described how they managed them and they told us that the care plans were very clear about how risks should be managed. However, there had been occasions where staff were not fully aware of the management plans. For example, one person had been very ill and had collapsed so they were unable to open the door when the care staff visited. They told us that the care staff had left without making an attempt to get in. They said that their next door neighbour had a key for use in an emergency. They told us that Ashley Houses' office was aware of this but the member of staff was not. This meant that improvements were needed to ensure that people are not put at unnecessary risk.

Is the service effective?

Our findings

People said that they received an effective service during week days when their regular care staff was working. Care staff were generally positive about working for the service when they had a regular round of calls to make during the day. Some care staff told us, and the records confirmed that they had received support and supervision. Those that had regular call rounds felt more satisfied with their work. One care staff said, "I love my job, it's brilliant. I feel well supported." Other care staff said that although they generally felt supported they sometimes felt that the office staff did not always appreciate how difficult it was to take on extra calls during an already busy round. Staff told us that they had a good induction where they received mandatory training and had the opportunity to shadow more experienced members of care staff to enable them to care for people effectively.

People said that their regular care staff were 'brilliant', 'knew them well', 'knew what they were doing', 'are well trained' and 'they really know how to look after you'. One person said, "I have nothing but praise for [care staff's name] and they do a great job at training new staff." Another person told us, "My care staff shows me genuine concern and pays a lot of attention to detail and does everything properly." People had different opinions when talking about relief care staff and their comments were often negative about their knowledge and skills. For example one person said, "They [relief care staff] are often very superficial in what they do. They take short cuts and rush to get away as quickly as possible." And, "The relief care staff are often younger and don't seem to know what to do. They don't always seem suited to the job or well trained." However, staff told us, and the records confirmed that they had received a wide range of training that was appropriate to their role and was regularly updated. This showed that although staff were generally well trained the lack of regular staff was having an impact on people's care. As stated earlier in this report the registered manager/provider had taken steps to make improvements to relief care staffing.

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.

We checked whether the service was working within the principles of the MCA. People told us that care staff always asked for their consent before carrying out any tasks. The provider's statement of purpose stated, "If there is any doubt to a person's capacity to consent, a clearly defined procedure is followed to make sure their legal rights are not infringed." Mental capacity assessments had been completed where required. Staff had been trained and demonstrated a good understanding of the MCA and the Human Rights Act. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People told us that where care staff supported them with eating and drinking it was generally by heating microwave meals and preparing sandwiches and drinks. They said they believed that the food was properly prepared, well served and they cleaned up afterwards. One person told us, "The care staff ask me what I

want from what I have in the fridge and they get on and prepare the meals correctly. I am always offered choices – there are never any surprises." Another person said, "They [care staff] always leave me with a flask of tea because they know I have difficulty boiling the kettle." Where necessary, food and fluid charts had been completed to monitor people's nutritional intake. This showed that people received the support they needed to eat and drink sufficiently.

People told us that generally their family members supported them with their healthcare needs. However people said that where they were supported, they were happy with the support they received. For example one person told us, "I am very satisfied with the care staff who visit me to check that I am making progress - they have helped me make a strong recovery." Another person said, "[Care staff's name] has helped my leg ulcers heal and this has made me far more comfortable."

Is the service caring?

Our findings

People were very happy with their regular care staff. They all told us that they were very kind, caring and thoughtful. One person said, "[Name of care staff] is lovely. They are so kind and courteous and take the trouble to go the extra mile to make sure I have all that I need." Another person told us, "My TV needed re-booting it had frozen and didn't work. The switch is down low and I could not reach it. My lovely care staff came and did it for me. If they had not been here I would not have had a TV to watch which would have made me very unhappy as I can't get out to see people anymore. My care staff are marvellous. I can't speak more highly of them." People were not so happy with relief care staff and they told us that although some of the relief care staff were kind and caring, some were not as they were generally in a hurry. This showed that people felt they were mainly cared for by kind and caring staff

People said that they felt well treated, respected and had no concerns about their privacy when being cared for by their regular care staff. They were very complimentary about them. For example they said that their regular care staff showed genuine concern and paid attention to detail, looked after their welfare and were honest and trustworthy. They also told us that their regular care staff had a caring attitude and knew them well. One person said, "I am lucky to get two regular care staff. I even got extra help when I returned from hospital after I broke my hip. I have no anxiety with my regular carers because they are so kind and friendly. They lift my spirits." Another person told us, "I have complete trust in my regular care staff. They have a 'heart of gold' and are professional, kind and very good at their job." Other comments included, "They [regular care staff's name] support me in a very dignified way and I don't experience any awkward or embarrassing moments because they are so good at their job." And, "The work is done properly they are always polite and respectful." And, "They [regular care staff's name] are an absolute diamond. They are dedicated to their clients and are always punctual, thorough and very professional."

People told us that the care staff supported them to maintain their independence as much as was possible. One person said, "The care staff help me to remain independent as much as they can." Another person told us, "The care staff assist me with the things I need help with and encourage me to do the things that I can for myself." This showed that people were encouraged and supported to maintain their independence.

People said they had been actively involved in planning their care. They told us that they were asked for their opinions and that they felt in control of how the service worked for them. They told us they thought the care planning system worked well. The care plans contained sufficient information about how to meet people's needs.

There was information available about advocacy services available and the reviewing officer had a list of advocacy contact details which was shared with people when required. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People told us that their needs had been assessed and that their care plans worked well for them when they had their regular care staff. The provider's statement of purpose stated, "We will make sure that all people who use our service, and their families where this is appropriate, will be fully involved in the initial assessment of need and the drawing up of the resulting care plan and risk assessments." "Individuals will also be fully involved in the review of their care plan to ensure that the quality standards and changing needs are being met." People initially had their needs assessed by their funding authority and the care plans had been devised from this assessment. The service had also carried out assessments of need after the service started and at regular intervals thereafter when a person's needs had changed.

The care plans contained information about people's needs as set out in the funding authority's assessment. The registered manager/provider told us that if people's needs changed prior to formal reviews the funding authority was contacted to approve any additional time that was needed to meet the person's changing needs. Some people told us that they had not had formal reviews of their care plans. However, one person who could not remember if they had had reviews said that they were happy with their current package. Other people told us they had had reviews of their care service. One person told us about when they needed extra support and they said, "I received an extra, non-requested visit when I returned from hospital following a fall. I really appreciated the gesture by the Ashley Care team." This showed that Ashley House were responsive to people's changing needs. People told us they had agreed to their care plans and we saw that people had signed them to confirm their agreement. People received personalised care that was responsive to their individual needs.

People told us that they were mostly supported by regular care staff who knew them well. One person said, "I have nothing but praise for my regular care staff. They show me warmth when they carry out their care duties. They do a great job and look after my welfare." Another person told us, "I have no qualms about my regular care staff at all. They meet my needs and they do me proud." And another person said, "They [regular care staff's name] are an absolute diamond. They are dedicated to their clients, always punctual, thorough and very professional. Not only that they are always very chatty and friendly which brightens my day." Other people told us that they were far less satisfied with the service relief care staff provided. This showed that where people had regular care staff they knew them well and supported them to their satisfaction.

Many of the people using the service told us they knew how to complain and felt comfortable in doing so. They said they would, and had, telephoned the office and that the registered manager did their best to respond. However, most of the complaints had been about late and missed calls and some people told us that they had reported them to the office but had not received a satisfactory response. One person said, "After repeatedly asking for regular care staff the Ashley team responded and I no longer have any complaints about the service." Another person told us, "I complained once when the care staff were significantly late for my visit and although it did not help at that time things have got much better lately." Other people told us there had been some improvement in evening and weekend calls recently; however they said the improvements were made as a result of them persistently complaining to the service. As stated

earlier in this report the registered manager/provider had identified through the complaints process the need to improve on relief care staffing and had taken action to make the improvements, which are on-going.

The complaints process provided good information and fully described how complaints or concerns would be dealt with. It included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved as far as they could be.

Is the service well-led?

Our findings

There was a registered manager in post who is also the provider of the service and they worked in the office on a daily basis. People told us that Ashley Care provided them with 'excellent care' throughout the week when their regular care staff worked. However as stated earlier in this report people had not been so happy with relief care staff. One person said, "I cancelled my evening visits because of the unreliability of the service. Communication between the company and us was very poor and I don't believe that the office staff always passed on messages to their care team." Other people told us that there had been improvements recently. One person said, "It [weekends and when regular care staff were not working] has got a bit better recently, they [relief care staff] are a bit more to time and some of them are really good." This showed that the recent improvements were having a positive effect on the care that people received when their regular care staff were not working.

One health and social care professional told us they had worked with the service for many years. The service provided the local authority with around 3000 hours and 7000 visits each week. They told us that the service had struggled to fully recruit care staff because they had recently transferred work to them as two other providers had cancelled their contracts. Few of the staff working for the two providers were not able to transfer over to Ashley Care due to transport issues. They said, "We find the office staff responsive to us and when they do receive complaints they responded fully and promptly to them." And, "They [Ashley Care] reviewed their management structure earlier this year following an escalation in complaints and the actions they took have made the business more resilient. The registered manager/provider provides strong leadership to their team and has efficient managers working under them to support the business.

There was an on-call system during the evenings and at weekends and office opening hours had recently been extended to ensure that staff were available to deal with people's concerns quickly. The registered manager/provider told us that they planned to extend the office hours further at weekends to ensure that people's call times were monitored using the real time alert system described earlier in this report. They said this would enable co-ordinators to take quick action to minimise late and missed calls and to keep people informed.

Care staff had access to the office and the registered manager/provider during the week and to the on-call system in the evenings and at weekends. Most of the staff we spoke with told us they were happy in their work. They told us that they felt supported and valued and that they would be happy to share any concerns with the registered manager/provider. However, some staff, particularly staff that did relief care work, were less satisfied due to the volume of calls they had to complete. The registered manager/provider told us that their door was always open for staff to raise any concerns or worries and they told us that they had reassured relief care workers of this. We saw that a relief care staff meeting had been held to discuss any issues or concerns about their work.

All of the people we spoke with were very happy with the quality of the service they received from their regular care staff as described throughout this report. Their comments included, "It took a while to get things done the way that I like it but I am happy with the service that I currently receive." "Since I came home

from hospital in June, I can't fault it." "Ashley Care were brilliant, I couldn't have wished for better." "They [care staff] were fine, they were alright." And, "We would recommend this service based on our experience." "As far as we are concerned the service is very good. They (care staff) turn up on time and it's usually the same staff." People were not so happy when they had relief care staff but they did tell us it had improved recently.

People said that they had been given the opportunity to provide feedback to the service through reviews and regular surveys asking for their views and opinions. People told us that the service had improved recently and that they were more than happy with their regular care staff. One person told us, "My regular care staff are lovely and I am more than happy with the service they give me. They go above and beyond to make sure I am well cared for. They [Ashley Care] review my care and I complete surveys to let them know how I feel about the service." When we asked if people felt the service was well managed they responded by saying that it was. One person said, "Yes, I think so as they are very good." Another person told us, "They [Ashley Care] are in so far as it is a lot better than it was."

The service had clear whistle blowing, safeguarding and complaints procedures in place and care staff told us that they were confident about how to use them. One care staff said, "I know what to do if I have any worries or concerns about people's safety and welfare. I would immediately report them to the manager or CQC or to the social services." Although team meetings had taken place there had been a lack of attendance so the registered manager/provider had introduced quarterly newsletters to keep staff informed. The October 2016 newsletter informed staff of internal office changes, the expectations of staff, the use of mobile phones, parking and travel and pay increases. Care staff could respond to the newsletters if they wished to seek further clarification about the content or to discuss any of the issues in it. Some care staff told us they felt fully involved in how the service was run, whilst other care staff said they just carried out the work. Care staff communicated with each other through the use of people's daily notes.

Quarterly audits of the service had been carried out and reports showed that people's views, opinions and concerns had been gathered and analysed. Regular checks on people's care files, staff files and medication (where managed by the service) had been completed and any concerns dealt with by way of action plans. The service had achieved the Investors in People award which was renewed in 2016 and in recent years had been awarded the Southend and Essex County Business Awards in 'Training' and 'Growing Business of the year'.

People's personal records were safely stored in locked cabinets when not in use but they were accessible to office staff, when needed. The registered manager/provider had access to up to date information and shared this with the staff team to ensure that they had the knowledge to keep people safe and provide a good quality service.