

Mr David Roland Green

Ashwood Care

Inspection report

97-99 Stoke road
Gosport
Hampshire
PO12 1LR

Tel: 02392522237

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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

We undertook an announced inspection of Ashwood Care on 16 August 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Ashwood Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of our inspection 31 people were being supported by the service.

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. The provider was also the registered manager.

At our last inspection we found breaches of Regulations 12, 14, 17 and 18 Health and Social Care Act, Regulated Activities Regulations 2014 and one breach of Regulation 18 Registration Regulations 2009, Notifications of other incidents. These concerns related to risks to people's safety, risks to people's food and hydration needs, ineffective monitoring systems, staff training and failing to notify CQC of reportable events. At this inspection we found improvements had been made and the service improved from Requires Improvement to Good.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to protecting people from the risk of harm. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified most care plans had appropriate risk assessments in place and action had been taken to manage the risks, although some still required updating. At the time of our inspection, care plans and risk assessments were being reviewed and updated. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The provider was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

Most people told us staff were mostly punctual and they were generally informed if staff were running late. Records showed there were no missed visits.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the provider. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the provider was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service remained requires improvement

Risks to people were managed and assessments were mostly in place to manage the risk and keep people safe. Care plans and risk assessments were being reviewed and updated. People received their medicines as prescribed.

There were sufficient staff deployed to meet people's needs. However, staff were not always punctual.

People told us they felt safe. Staff knew how to identify and raise concerns.

Is the service effective?

Good 

The service improved to Good

People's needs were assessed and care planned to ensure people's needs were met.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good 

The service remained Good.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good ●

The service remained Good.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good ●

The service improved to Good.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Ashwood 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 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 16 August 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the provider is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and an Expert 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 we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 10 people, nine relatives, four care staff, the supervisor, the coordinator and the provider. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection in January 2017 we found that risk assessments did not always contain sufficient detailed guidance to manage the identified risk. This was a breach of Regulation 12 HSCA RA Regulations 2014; Safe care and treatment. At this inspection we found improvements had been made. However, the service remains Requires Improvement.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person had limited mobility and used a hoist for all transfers. Staff were provided with detailed guidance on how to safely transfer this person. However, not all risks identified were accurate or had an appropriate risk assessment in place to manage the risk. One person's care plan stated the person was at risk of 'losing their independence'. There was no risk assessment in place. We asked the provider about this who said, "That care plan requires updating as that risk no longer applies. We are reviewing them". Another person's care plan stated they were at risk of developing 'pressure ulcers'. Again, no risk assessment was in place. However, staff applied prescribed cream and monitored this person's skin. The person did not have a pressure ulcer.

The provider told us the care plans were being reviewed. We spoke with a supervisor who was reviewing people's care plans and saw plans that had been updated and completed. Those reviewed plans we saw were accurate, up to date and contained appropriate risk assessments. We were satisfied this work was in progress and could not find any evidence that despite some risk assessments having not yet been updated people had been put at risk.

People told us they felt safe. People's comments included; "I feel very safe with my carers", "I do feel safe (with staff). All are okay but I have got a couple of favourites" and "I only started having care seven months ago but have always felt quite safe with the carers". Relatives also told us people were safe. Their comments included; "I feel my wife is safe with the carers and they know how to hoist her appropriately" and "I feel my partner is very safe with our carers. They are never rude and use his hoist properly and safely."

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd call the office, the Care Quality Commission (CQC) and social services", "I would inform my senior supervisor the safeguarding team and CQC" and "I have been trained, I'd contact my supervisor".

There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were mostly punctual. Records confirmed if a staff member could not attend the visit another member of staff was deployed. However, this meant the visit would be late. We asked people if staff were punctual and we received conflicting views. People's comments included; "They always arrive on time and together (two staff members)", "They are late on occasions but will ring and let me know" and "No, they aren't always on time but will ring if going to be over half an hour late". Relatives also

commented on staff's punctuality. One relative said, "No, they are not always time and they don't ring and let me know. Although both carers do come together". Office staff monitored late visits weekly to look for patterns and trends to enable the provider to improve punctuality.

Staff told us there were sufficient staff deployed to support people. Comments included; "Always seems to be enough staff. I'm happy to do extra if needed" and "Yes, I think we have enough staff".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included background checks and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. One person said, "They always give it (medicine) to me on time. They sit by me and count the pills out into the cup and say, 'Let me see you take it now with this water'. They record what they given me". One staff member said, "I have been trained and I am regularly checked. I have no problems with medicine".

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines.

Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. No accidents or incidents had been reported during 2018.

Is the service effective?

Our findings

At our last inspection in January 2018 we found staff training was not always up to date. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that where people's food and fluid intake required monitoring, charts that were in place to monitor people's intake were not always completed. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action, improvements had been made and the service improved from Requires Improvement to Good.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to the Care Certificate which is a nationally recognised induction program for the care sector. Refresher training was completed to ensure staff were up to date and competent. For example, between April and July 2018 all staff had received refresher training in moving and handling. The supervisor, who managed staff training, showed us a rolling programme of planned, staff training. Staff also shadowed an experienced member of staff before being signed off as being competent to work alone.

People told us they felt staff were competent and well trained. Comments included; "They do fairly well with their training and I have no issues with them" and "I am confident that the staff that come are able to give the right care and support".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. Where people were at risk of malnutrition or dehydration we saw staff were provided with guidance to support people with eating and drinking. Where appropriate, food and fluid charts were maintained, accurate and up to date.

One person spoke with us about food and drink. They said, "They always ask me what I want and they do cook for me at lunch time. They also ensure I have plenty to drink and leave me with two glasses of water and one of orange. When they are here they make sure I have as much tea and coffee as I want". One relative commented, "Although I do his [person] main meals the carers do his snacks. They always give him a choice by telling him what is in the fridge and they do what he wants. They make sure he has plenty to drink and they have to record this".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people relating best practice, such as alignment with the Accessible Information Standard. People's ability and preferred on communication was highlighted in their care plans. One staff member said, "One lady doesn't speak so we use hand gestures. We have learnt her way of communicating. It does work and her

family helps as well".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). Staff were also supported through 'spot checks'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

We discussed the Mental Capacity Act (MCA) 2005 with the provider. 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. The provider was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff member told us, "We monitor people's capacity to ensure they can make their own choices". Another staff member said, "People can all make their own decisions and I encourage them to make their own choices. I'd report any concerns".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

People told us staff sought their consent. One person said, "Yes they do (seek consent). I like things done my way and they will do it my way and explain what is required". One relative said, "Oh yes and even though my wife has very limited speech and doesn't really know what is going on anymore she will say no if she doesn't want them to do something. They do explain to her what they are doing".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, opticians, dentists, NHS Trusts, social services, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. Information was provided, including in accessible formats, to help people understand the care available to them. One person said, "I am quite sure that if ever I was unwell they would ring my Doctor".

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They (staff) are brilliant. My main carer is very compassionate I can talk to her about anything" and "They do talk to me and my husband. We have a laugh and a joke but if either of us if upset or worried we can talk to the carers and they do their best to ensure we are less worried by the time they leave".

Staff spoke with us about positive relationships at the service. Comments included; "My job is very good. I love helping clients", "I love my job and my clients" and "It's our clients. I love them".

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. For example, one person had difficulty verbalising and could become anxious. Staff were guided to be 'patient at all time and reassure [person]'. Staff we spoke with were aware of this guidance and records confirmed staff put this guidance into practice. One staff member said, "One client is very emotional. I reassure her, give her lots of attention and she loves a cuddle. We look at family photos to distract her. It works".

People told us they were treated with dignity and respect. One person said, "Yes they always come out of the bathroom when I am sat on the toilet and they knock on the door and ask if it is okay to come in". Another person said, "They are really respectful and ensure that when doing my personal care, they protect my dignity by covering my bottom when doing my top and vice versa. They never make me feel embarrassed". When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

We asked staff how they promoted, dignity and respect. Comments included; "I am always polite and respectful. I draw curtains and shuts doors to keep care private" and "I close doors and windows with personal care and keep clients covered so they don't get embarrassed. I respect their privacy".

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits, people were informed. One staff member said, "I constantly offer choices and keep my clients informed of what is going on".

People had been involved in the creation and updates of their care plans. Staff met with people and their families and sought their input into how care plans were to be created. One person said, "My husband and I went into the office to sort out the help I needed. We got just what we wanted as we were with another company who were not very good. They started my care within one week of us going into the office. My first month with them has been good so far".

People told us their independence was promoted. Their comments included; "Yes, they encourage me to try and do things for myself like giving me a flannel to wash under my left side armpit. They have to do my right

side because of paralysis", "Yes they do, I can now wash my face myself with their support, the first time in six months" and "They try to make it easy for me to wash my face and neck as they have to do the rest". One relative said, "They encourage my partner to feed himself but sometimes they have to help him".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Is the service responsive?

Our findings

People were assessed to ensure their support plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, staff had gained the confidence of one person who privately revealed information to staff but wanted it to remain confidential. The person's care plan highlighted this information.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion. One staff member said, "I treat clients as people. I understand them and work to their ways".

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's condition changed the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's individual changing needs. One person said, "Considering I have only been with them a month and had to go to hospital, they have been so good at being flexible".

People had access to their care records and staff informed people about all aspects of their care. One person said, "My main carers have given me their contact details so if I need to alter anything I can ring them and, for example, work out any changes to timings with them". Where appropriate, staff explained documents to relatives and legal representatives. Staff supported people to have access to information. Where people used glasses staff told us they ensured the person was wearing them and their glasses were clean.

Staff spoke to us about ensuring people had access to the information they needed. One staff member said, "I make sure their glasses are clean and hearing aids are working. I also explain care plans and processes so they are informed".

People knew how to raise concerns and most people were confident action would be taken. People's comments included; "They know if I am unhappy I will say. Most of the time I am happy but I know if I wasn't I could ring the office and they would be absolutely brilliant about it" and "If I am unhappy with any of the carers I would tell them. If they make a slip up I tell them the next time they come and it doesn't happen again". The provider said, "We try to deal with any issues long before they become a formal complaint".

Details of how to complain were provided to people in a service user guide. Systems were in place to record and investigate complaint complaints and all the complaints we saw had been resolved in line with the provider's policy. The service had also recorded numerous compliments. These included compliments from people and their relatives, thanking staff, and from healthcare professionals who were involved with people.

People's opinions were sought. The service conducted regular surveys to obtain people's opinions about the service. We saw the results of the latest survey which were positive.

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

We ask people's relatives if staff had discussed end of life care with people. One relative said, "Yes it was and everyone now knows what his [person's] wishes are". Another relative said, "Yes, they have. My friend has power of attorney and Ashwood know how to contact her".

Is the service well-led?

Our findings

At our last inspection in January 2017 we found the service did not always notify the Care Quality Commission about reportable events. Notifications are certain events that providers are required by law to tell us about. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents.

We also found that systems and processes in place to assess, monitor and improve the quality and safety of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. For example, following a recent expected death the provider was completing a notification to inform us of the event.

The registered manager monitored the quality of service provided. Information from monitoring was used to improve the service. For example, one audit identified some staff training was overdue. Action was taken and the staff training plan was updated. Staff training had taken place with further training planned. Another audit identified one person's condition had slowly deteriorated. Their care was reviewed and included input from the person, social services and the local mental health team. The person's family were also involved. We saw this person's support plan had been updated to reflect their current condition.

Most people we spoke with knew the provider and had confidence in the service. People's comments included; "The manager [provider] was very kind when my husband and I went to see him about Ashwood taking over my care. He was easy to talk to and supported my wishes. I felt involved in the decisions as he spoke to me as well as my husband. This is important to me" and "I have met him and though I don't see him very often he is easy to talk to". A relative said, "Yes I know the manager [provider] and he and the lady who does the organising has visited us from time to time. He is easy to speak to and will follow things up. They are both good listeners and I am sure would change anything if necessary".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Provider] has been good to me. They are supportive and he listens" and "I get on quite well with management, they are supportive and I'd say they listen".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The provider spoke openly and honestly about the service and the challenges they faced.

Staff told us learning was shared at staff meetings and supervisions. Staff comments included. "We have some meetings, though not that many and we get text's and telephone calls to keep us up to date" and "We do get messages and calls to let us know what's changed or what is going on".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

The service worked in partnership with local authorities, GPs, healthcare professionals and social services.