

Ascension Care Services Limited

Studio 757 The Big Peg

Inspection report

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21 February 2019

22 February 2019

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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

About the service:

Ascension Care Services is a domiciliary care service which is registered to provide personal care to people living in their own homes. At the time of inspection, 10 people were receiving care and support services.

People's experience of using this service:

People told us they felt safe when supported by staff. People's risks were assessed and staff had a good understanding of them and how to minimise them. People received their medication as prescribed.

People were supported by staff who had the skills to meet their needs. People were given choices and their consent was gained before providing support. People had access to healthcare professionals when required.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was maintained. Staff understood the importance of encouraging people to remain as independent as possible.

People were supported to go out into the community. People and their families were involved in their assessment and reviews of their needs. People and relatives knew how to raise concerns and felt comfortable doing so.

The provider had quality assurance systems in place and these had been used to drive improvement. People, relatives and staff spoke positively of the registered manager.

Rating at last inspection:

This was the first inspection since the provider registered with the Care Quality Commission (CQC) on 19 January 2017.

Why we inspected:

This was a planned inspection which took place on 21 and 22 February 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our Well Led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant 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. The expert's area of expertise was older people and dementia.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider.

Notice of inspection:

We gave the service 48 hours' 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.

We visited the office location on 21 February 2019 to see the manager and office staff; and to review care records and policies and procedures. The second day of inspection was used to contact people who use the service and their relatives.

What we did:

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us to give key information about the service, what the service does well and what improvements they

plan to make. We also contacted the local authority and commissioners of people's care to gain feedback. They did not report any concerns, this helped us to plan our inspection.

During the inspection, we spoke with the registered manager, one office staff member and three care staff. We also spoke with two people who used the service and five relatives. We looked at four people's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had risk assessments in place that gave guidance to staff on how to manage and minimise these risks to people. For example, where someone was at risk of falling, there were clear instructions for staff on how to reduce these risks. For example, one person's risk assessment included information about the person's environment being clutter free and allowing the person time to walk to ensure their safety. Staff we spoke with were aware of the risks to people and how to minimise them.
- Staff told us they knew how to reduce the risk of people developing sore skin. The registered manager informed us and showed us a leaflet that had been given to people with health guidance in to ensure people recognised and understood the risks in relation to developing sore skin.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe when being supported by staff. One person said, "I do feel very safe with the carers because they put me at my ease when they are here. I trust them all."
- Staff demonstrated a good understanding of abuse and how to report it and the registered manager had systems in place to protect people from abuse.
- The registered manager kept a record of accidents and incidents including safeguarding referrals that had been made or enquiries carried out by the local authority. Where there were lessons to be learnt for the service and the staff team, these had been shared with staff in team meetings.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff told us they had enough time to complete each care call.
- The registered manager explained how they completed a lot of the care calls due to having trouble recruiting extra staff members due to either no applicants or the applicants not being right for the service. The registered manager was currently advertising for care staff to enable their role to be more office focused.
- People and relatives explained that staff were always on time. One person told us, "They [staff] are very reliable and they never miss a call."

Using medicines safely

- People received their medication as prescribed. We saw that staff had been trained to support people to take their medication and their competency to do so was checked as part of a staff spot check.
- Most of the people we spoke with did not require care staff to support them with their medication. However, where people did need support with this, they were happy with the support they received.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) and people and relatives confirmed that staff wore it appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to the service starting to support them. We saw people and their relatives were involved in these assessments and records were updated when people's needs changed.

Ensuring consent to care and treatment in line with law and guidance

- 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's consent was sought before providing support to people and staff understood the importance of this and explained how they would do this if the person was not able to verbally give consent.
- Staff had a good understanding of the MCA and what this meant for people and ensured they supported people in the least restrictive way.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills to meet their needs.
- Staff received an induction to prepare them for their role. This included relevant training, shadowing a more experienced member of staff and being made aware of policies and procedures. As part of this induction, staff completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff told us they found the induction process useful and felt confident in their role.
- We saw that where there was a specific training need due to a person's health needs, for example, diabetes, the registered manager ensured that staff had the relevant training and knowledge to meet the person's needs.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their meals and drinks where required. Where people had been identified as risk of losing weight, these people were monitored and any concerns were reported to the GP or dietician if needed.
- People were supported to access healthcare professionals when required. One person told us, "Yes they [staff] have rung for an ambulance when I wasn't well...and they waited with me until it came."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring in their approach. One person explained, "They are lovely... very respectful but very friendly. They don't rush when they are hoisting me...they take their time so I am not disoriented."
- Staff told us they supported the same people on a regular basis and so had built a good relationship with them and knew them well.
- Staff spoke about people in a caring way and explained how they loved their job and getting to know people.
- We saw compliments from people who use the service, their relatives and professionals had been recorded and shared with staff. These compliments were expressing their gratitude towards specific staff and commenting on their caring nature.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about day to day decisions and staff understood the importance of this.
- Staff told us that they always gave people choices such as what they would like to eat, drink and wear. People and relatives, we spoke with confirmed this. One person said, "Yes I make lots of choices...what to wear after my shower and eat."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff gave examples of how they protected people's privacy and dignity when supporting them with their personal care needs. One staff member told us, "Like personal care I make sure that there is privacy and I knock on the door to check whether everything is alright."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives were involved in their assessment and regular reviews of their care.
- People's care records we looked at were personalised and included their likes, dislikes, preferences and personal history. We saw they focused on people's strengths, highlighting what the person could do themselves, as well as what the person required support with. For example, one person's care plan detailed they could wash the upper part of their body but not the lower part.
- People and relatives told us they were kept up to date with any changes and felt involved in their care. One relative explained, "[Registered manager] keeps me up to speed without asking her."

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they had not had to raise any concerns but would feel confident doing so if they needed to. One person told us, "I would speak to [Registered manager] if I was worried about anything. Never had the need though."
- We saw the registered manager kept a record of any complaints and they were responded to in a timely and appropriate way and any learning was shared with staff to reduce risk of reoccurrence.

End of life care and support

- At the time of our inspection, there was nobody receiving end of life care. However, we saw where people were happy to discuss their wishes, this had been recorded in their care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had quality assurance systems in place including audits for medication, accidents and incidents and infection control. The provider used these audits to implement actions and improve the service. For example, following their first infection control audit, they ensured all staff completed up to date infection control training and the score from the audit increased as a result.
- We saw that notifications had been submitted to the Care Quality Commission (CQC) as per their legal responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person centred and high-quality care. People and their relatives had been involved in their assessment and reviews of their care.
- People and relatives spoke positively about the registered manager and said they would recommend the service. One person said, "[Registered manager] comes quite often so she knows if everything is ok." Another person explained, "Yes, without a doubt I would [recommend the service]." A relative told us, "I do think it is very well managed. I can't think of anything they could do better...they are a life saver for me."
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and professionals had been asked for their feedback on the service.
- Staff told us they attended regular staff meetings and were encouraged to give feedback and input into the service. Staff explained they felt if they raised anything, changes would be made.
- Staff spoke positively about the support they received and felt the registered manager was approachable. One staff member said, "[Registered manager name] is so good I can just go to them if I have any difficulty, even the office is really supportive if I have a question."

Continuous learning and improving care

- The provider recognised and encouraged success within the staff team. We saw from team meeting minutes that staff had been given gifts and certificates as a reward for their hard work and positive feedback

from professionals, people who use the service and relatives.

- The provider completed regular spot checks on staff member's practice to highlight any areas for improvement. Staff told us they found this useful.

Working in partnership with others

- The provider worked closely with other agencies such as the district nurses, local authority and GP practices. We also saw they supported people to get into the community if they wished and where it was part of their care planning.