

Allied Care Limited

Ashlong House Domiciliary Care

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

Ashlong House Domiciliary Care Agency provides personal care and support services to people with learning disabilities, complex mental and physical needs living in their own homes. The agency is owned by Allied Care Limited. Services are currently provided across the counties of Kent, Surrey, Sussex, Essex, Hampshire, Oxfordshire, and Devon. Packages of care and support are based on individual needs and visits range from one hour to 24 hours.

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 and associated Regulations about how the service is run. The registered manager was supported by a project manager based at each location known as hubs. The registered manager was present for the duration of the inspection.

The service's risk assessment process enabled people to take risks as safely as possible. The risk assessments identified risks and provided guidance for staff to manage these safely without compromising people's independence.

Arrangements for the administration of medicines were in place which ensured that people received their medicines safely and in an appropriate way. Some people were able to manage their own medicines.

Staff recruitment processes were safe. Appropriate checks, such as a criminal record check, were carried out to help ensure only suitable staff worked in the service. Staff met with their line manager on a one to one basis to discuss their work. Staff felt they had the necessary support to undertake their roles.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

Staff were aware of their responsibilities regarding safeguarding people from abuse and were able to demonstrate what they would do if they suspected abuse had taken place. They had access to a whistleblowing policy should they need to use it.

People's privacy and dignity were respected. People felt they were treated as individuals and that staff respected them when visiting them in their homes. Gender specific staff were provided for people who made a specific choice and people's information was handled confidentially.

Staff supported people to keep healthy by encouraging them in their choice of nutritious foods. People were either supported or supervised in their menu planning and shopping.

People had access to health care professional and staff supported people to have regular health checks and

to attend appointments and clinics as appropriate. When people lived with anxieties or required specialist intervention they had the support of clinical experts for advice and guidance.

When people had individual activity plans the agency provided support for them to follow these. This included supporting people to attend college, plan and shop for food and take part in leisure activities.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were sufficient numbers of staff provided to meet people's needs and support their activities. Staff were allocated at individual hubs either to visit people independently or in supported living homes.

The registered manager and project managers undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were actioned by staff.

If an emergency occurred people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was available in a format that was easy for people to understand. People were encouraged to feedback their views and ideas about the service they received.

Records management was good and showed the service and staff practice was regularly checked to ensure it was of a good standard.

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.

People received medicines who needed them.

People's individual risks had been identified and guidance drawn up for staff to follow on how to manage these without restricting people's choices.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the service.

Staff knew what to do should they suspect abuse was taking place.

There was a plan in place in case of an emergency to ensure people still received a safe standard of support.

Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People's rights under the Mental Capacity Act were met.

People were involved in planning and preparing nutritious meals.

People had access to healthcare professionals to support them regularly.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity.

Staff were caring and kind when supporting people.

People were encouraged to be involved in their care as much as possible.

Is the service responsive?

Good ●

The service was responsive

People were able to take part in activities that meant something and interested them.

Staff responded well to people's needs or changing needs and people were knowledgeable about their care plans and involved in any reviews.

A complaint procedure was available for people in a format they could understand.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

People were involved in the running of the service at local level. This included attending meetings and providing feedback on the service provided.

Staff felt supported by their project managers and by the management structure in place.

The registered manager submitted notifications as required.□

Ashlong House Domiciliary 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 was an announced inspection that took place on the 13 January 2017. The provider was given 48 hours' notice of our visit because we wanted to ensure the Registered Manager was available to support the inspection process. This is normal procedure when we visit a domiciliary care service. The inspection was carried out by one inspector who had background experience in adult social care 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 service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete 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.

As part of the inspection we spoke with the registered manager, the office manager, the administrator, six members of staff, three health care professionals and twenty people who used the service. We looked at a range of records about people's care and how the service was managed. For example, we looked at six

plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

Is the service safe?

Our findings

All the people that we spoke with told us that they felt very safe. One person said "The staff make sure I am safe." Another person said "Although I live by myself the carers support me and I feel safe." A third person said "I am safe here and I have my own space."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. Staff told us who they would go to if they had any concerns relating to abuse. One member of staff said they would report anything they felt unhappy about to their line manager or the registered manager. Another member of staff said "There is always someone available if I needed to report anything."

The registered manager understood their responsibilities in relation to safeguarding people from abuse. Before the inspection the registered manager sent us information about safeguarding when concerns were identified or raised about people's safety. The information included evidence of action taken to address the concerns and reduce risks to people. The registered manager made safeguarding referrals to the appropriate local authorities when appropriate.

People were kept safe because the risk of harm to them had been assessed. People were supported to take positive risks in order to support independent lifestyles and to try new experiences. Individual records identified risks such as going out, use of the kitchen, medicine management, alcohol abuse, gambling, financial abuse, asthma awareness and behaviours that could be challenging to other people. There were detailed support plans in place to minimise the risks to people and guidance for staff to follow in order to keep people safe. Risk assessments supported people to reach their personal goals while minimising any risk to their personal safety. Guidance included how staff supported someone to manage their money with regard to rent and food and how to support a person with their medicine management to prevent them from becoming unwell. Risk assessments were reviewed and updated every three months. Following a care review it was agreed to reduce a person's level of support while accessing the local community and a new risk assessment drawn up to support the decision.

People medicines were managed safely across the various locations to ensure people received their prescribed medicines appropriately and when they required them. One person said "My medicines are in the cupboard and they tell me what to take." Another person said "They check to see if I have taken my medicine as in the past I have been known to forget." Another person said "They prompt me with my medicine which I take in the evening." Each person had an individual medicine profile. This provided a good account of the medicines people took the side effects, the frequency and the dose prescribed and if there were any known allergies.

Staff understood how to support people with their medicines in a safe way. Staff had to undertake training in medicine awareness followed by a competency assessment before they were permitted to administer medicines to people. The service had a medicines policy and procedure in place. This provided staff with up to date guidance to follow to ensure best practice. There was also a policy relating for 'homely' remedies which meant that when people complained of minor ailments their symptoms could be treated in a timely

manner.

Medicines were stored and disposed of safely and regular audits of medicines were undertaken to ensure good accountability.

People were safe because there were enough staff to meet people's needs. People's care needs had been assessed and a staffing level to meet those needs had been set by the registered manager. The level of support people required in their own homes varied from a daily visit to multiple visits over seven days. The allocation of staff was flexible depending on what activities or events were planned on any one day. This also took into account the number of staff required to provide support during the night. Staffing duty rotas confirmed that the appropriate number of staff specified by the registered manager had been deployed to support people over the previous month. One person told us "They are good at timekeeping and never had any times they didn't come." Another person said "They come 9 to about 11 every day and never let me down." A further example of safe staffing levels was when staff supported people in supported living to attend appointments additional support was available to maintain safe staffing levels. The staff we spoke with felt the staffing levels were sufficient to enable them to undertake their roles safely. There was an on call system in place and staff knew who to contact in an emergency for support.

The staff recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the service. Staff files included information for example an employment history, a recent photograph, two written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

The agency had a lone working policy in place which staff were familiar with. The registered manager told us staff did not make calls usually after 10 pm and they knew the procedure to follow if they were going to be late on a call.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents were kept locally and the information reviewed by the local managers to look for patterns or triggers that may suggest a person's support needs had changed. This is then discussed with the registered manager during their monthly visits. Action taken and measures put in place to help prevent reoccurrence had been recorded.

People would continue to receive appropriate care in the event of an emergency. Contingency plans were in place to ensure people continued to receive a service in the event of staff sickness and adverse weather conditions. There was information and guidance for staff in relation to contingency planning and people had their own personal evacuation plan (PEEP) at supported living locations. Recent fire risk assessment had been carried out on individual premises and fire drills were undertaken routinely both for day staff and during the night. Training records showed staff were up to date with fire training which meant they would know what to do should the need arise.

Is the service effective?

Our findings

People received effective care from a staff team with the skills and qualifications to undertake their roles. Everyone was very positive and felt the care they received from the care staff and the managers was good and helped them to be as independent as possible and 'lead the best life possible.'

One person said "I like my carer and she helps me with everything." Another person said "They know what I like and how to look after me they seem to know what they are doing." take me places." Another person told us they received effective care. They said "With the help I've had I have become more independent. If I need help to go to the doctors they help me organise it and I am sure if I needed someone to go with me they would."

All new staff were provided with induction training to enable them to undertake their roles effectively. This included getting familiar with the organisations policies and procedures, face to face training and e learning. It also included working with a more experienced member of staff until they were assessed as competent to undertake their roles unsupervised. Staff told us they all undertook induction training in line with the care certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in order to deliver caring, compassionate and quality care. The thorough induction process ensured they had the skills learnt to support people effectively. Staff told us they received training regularly and that they were up to date with their mandatory training. This included safeguarding adults, fire safety, medicines awareness, health and safety, first aid and food hygiene. One staff member said, "We have lots of training to care for people

and are regularly offered new training to manage different situations." So staff were able to meet with their line manager on a one to one basis, for supervision and appraisal. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support. Records showed that all staff were up to date with both of these.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for individual decisions. One person required specific support when having blood tests, another for attending medical appointments, another for going out shopping alone and another person who required support managing their financial affairs. The registered manager told us if someone was unable to give consent then a best interest meeting would take place.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff understood the legal framework regarding the MCA and DoLS. DoLS applications were made and authorised where necessary. For example, in relation to people not being able to go out alone or when someone required additional support with finances.

Each person had a nutritional profile in their care plan, and guidance for staff to follow in order to keep people nourished. People had enough to eat and drink to keep them healthy and were happy with the arrangements in place to manage their nutrition. One person said "The staff help me as I need help with cooking lunch and tea." Another person said "My carer and I cook lunch together it's fantastic and helps me to be independent." Another person said "My choice is respected. I have started cooking from scratch now. I decide what I would like and they give me a list of ingredients and I go and buy them. Then I come home and they help me with cooking from scratch. It tastes much nicer than ready meals and is better for me too." A person who lived in a shared house said "We have the choice either to cook for ourselves or to cook as a group, whichever we want." Some people said they enjoyed to eat out occasionally or have a 'Saturday night takeaway.'

People with specific dietary needs had these addressed. The registered manager told us if someone had specific dietary requirements they would be referred for the appropriate professional guidance for example the diabetic clinic. There was also guidance for staff to follow if people required specific support when eating. For example if people needed their food to be cut up or if they needed particular cutlery such as a spoon, rather than a fork to eat independently. All staff had been trained in choking which was mandatory and would know what to do in an emergency.

People were supported by staff to maintain good health. There was a co-ordinated approach between Ashlong House Domiciliary Care Agency and other service providers such as mental health commissioning teams, local care managers, doctors and district nurses. There were processes in place whereby regular meetings were arranged with all the relevant service providers and the person using the service to discuss their on going needs and any changes. People told us they had been involved in regular reviews of care and were able to agree or disagree to changes discussed.

Is the service caring?

Our findings

We received positive comments regarding the caring nature of the staff. One person said "The carers are very kind nice people." Another person said "I couldn't manage without them they are very caring." The staff are good and look after me very well." Staff were knowledgeable about people's needs and preferences and supported people in a way they liked.

People received good care from a well-established staff team across all locations and in their own homes. There was a trusting relationship between people and staff. One person said "Staff are fantastic and there is nothing I would change."

People told us they were well cared for. One person said "When my carer calls she will wash my hair and then take me out for coffee. I like to look nice and my carer knows that. A person who lived in a group home said "The best thing is this is a lovely home and there is nothing I would change to make it any better." Another person said "I get support with things I need. They make such a difference to my life and they always turn up. Very caring people."

People we spoke with were receiving good person centred care where their needs were being met and their care package of living arrangements were tailored to their needs and driven by helping people to be as independent as possible. People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. They told us they were aware of their care plan and what was written about them.

People told us that staff respected their dignity and privacy at all times. One person said "The carers are kind people. Very helpful. They do a wonderful job and should get paid more. They always treat me with dignity and respect. They always ask me what I want and if it's ok with me. I like that. I may have mental health problems but I am still a human being and they treat me like one." Another person said "I have my own room and staff respect my privacy and don't come barging in" Another person said "When staff visit they always ring the doorbell and wait for me to answer it, they just never walk in."

A member of staff said "I always make sure I undertake personal care in private." Staff said they would never discuss people's care and support plans in front of other people or where they could be overheard in order to respect people's privacy. The registered manager told us that gender specific staff was provided and made available as required.

The provider had a confidentiality and data protection policy in place which contained information on the law around protecting people's personal information and what information could be shared. We saw staff had signed these policies to show they had read them and staff were able to demonstrate to us their knowledge in this area. We saw evidence from the care plans we looked at that people were asked for their consent before information was given to other services. We also saw people's personal information was stored securely when not in use to protect their confidentiality.

Is the service responsive?

Our findings

People's needs were assessed before a package of care was offered to the person to ensure their needs could be met. When assessments identified specific needs the service ensured they had the skills and resources in place before they agreed to offer a care package for that person.

People had been involved in their care planning. One person said "I was involved in my care plan and asked how I liked things done, what I was able to do myself and the help I may need." Another person said "Staff went through things with me and we agreed to write it in my care plan. I have also signed this." One person did not wish to be involved in their care plan and signed to say this was the case.

Care plans were well written and informative. They provided a detailed account of people's likes, dislikes, which were important to them and friendship links they wished to maintain. They also contained information about how personal care would be delivered, communication skills, medicine plan, nutrition plan, emotional wellbeing plan, and mobility needs. Care was provided according to people's care plans and their needs. Care plans were reviewed with people every three months and updated appropriately when needs changed. Each manager in individual locations had the responsibility of ensuring information about an individual was up to date and relevant.

The service supported people with their individual activity plans that had been discussed and agreed. These were based on people's likes, hobbies and interests. One person said "I go out every day with support. I go to the gym, go swimming, sometimes walking and shopping." One person who lived in a group home said "We go out on trips and things to different places. We go to shows, we go to the sea front and the café. On Monday I go to Restore a charity and do gardening and woodwork." Another person said they went to college three times a week and staff supported them to achieve this. They told us they were also able to work on an allotment.

People were supported to participate in meetings in order to air their views and discuss issues that may arise within the service. This may include planning group events or talking about the things that happen in the service.

People were supported by staff who listened to them and responded to complaints. People knew how to raise any concerns or make a complaint. One person said "If they needed to complain they would speak to the manager and they were confident it would be dealt with straight away." Another person said "I've never ever needed to complain. If I did I would but I can't imagine ever needing to." Another person said "Everything meets my needs. I get everything I need to be independent as possible. If I needed to complain I would." Another person said "If I was unhappy about anything I would tell the staff. I never made a complaint."

There was a complaints procedure available for people. This gave information to people on how to make a

complaint. The procedures was written in a way that people could understand, for example pictorial. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The registered manager told us they had received five complaints about the service in the last 12 months. These were all managed effectively in accordance with the complaints procedure Staff were aware of the complaints procedure.

Is the service well-led?

Our findings

There was a positive culture within the service between the people who received support, the staff and the registered manager. People were very positive about the service and the way it was managed. One person said "I like living in my flat and am happy with how everything is managed." Another person said "I like the manager and the people in charge." Staff were confident in their roles and felt they were supported by a good management team. One member of staff said "I get all the support I need to do my job." Another member of staff said "This is a nice place to work."

Ashlong House Domiciliary Care Agency had a registered manager in post who was responsible for the overall management of the service. They had the support of a project manager and deputy project manager in each provision over the various locations (hubs). They also had the support of an office manager and an administrator in the main office in Surrey. People said they were comfortable speaking with the management team as they were approachable and felt they were listened to.

There was regular corporate involvement in the service and supported living locations. The Quality Assurance Team undertook three monthly visits to each hub to ensure people and staff were happy and they were providing a good service for people. They had recently been a quality assurance audit undertaken for monitoring purposes. These visits included talking to people, looking at care records, looking at records around the management of the service and talking to staff. A report was generated following each visit and any actions identified were checked at the next visit.

The registered manager undertook monthly visits to each hub to checks of quality service provision to drive improvement regarding the standard of care people received. This included checks of medicine records, care plans, risk assessments nutritional plans and staff duty rotas to monitor the service people received. A report of these audits were sent to the manager of each hub and areas for improvement were followed up at the next visit.

The managers at each hub undertook health and safety audits to ensure the safety and wellbeing of the people who used the service, people visiting and the staff who worked for the service to promote a safe working environment. This covered areas such as infection control, staff training, accidents and incidents.

Staff were involved in how the service was run. Staff had the opportunity to meet in their hubs on a monthly basis to discuss general information and any issues or concerns. Minutes were available to us. We saw the last meeting in Sussex took place on 22/12/2016 when issues regarding Christmas activities were discussed and the last meeting at the Devon was 8/11/2016 when staff hours and overtime was discussed. Staff said this provided them with an opportunity to discuss issues that concerned working arrangements or to just air their views.

People included in how the service was run. Surveys were sent to people who used the service, relatives, staff and health care professionals annually to gain feedback on how the service was performing. The latest

survey was sent in December 2016 and the final analysis was in progress. We saw the previous report for 2015 which gave an overall satisfaction of the agency. People were satisfied with the standard of care they received. Comments seen were "I am very happy with the care I receive" "Staff are all nice have good manners and show me respect" "Sometimes I could do with more hours". Health care professionals said they were very impressed with the standard of support from the staff. One said "He is in receipt of the best possible support he is very happy." Allied Care offer a very comprehensive and professional service." The staff survey showed overall satisfaction with support, training, and job satisfaction. Relatives were also satisfied with the standard of care provided. They said the care was good people were treated with respect and people were encouraged to achieve their goals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. There was a whistleblowing policy in place and staff were aware of this policy. The registered manager told us they supported a member of staff through this policy last year. Staff told us if they had any concerns about the service or people who worked there they would discuss this with the registered manager.

Records management was good and showed the service and the staff practice was regularly checked to ensure it was of a good standard.