

Ashwood Home Care Limited

Ashwood 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

The inspection of Ashwood Care took place on 10,11,12,13 April 2018 and was announced.

At our last inspection in April 2017 we found breaches of Regulation 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in Good Governance and Personal Care which related to fit and proper persons employed, staff supervision and training and quality assurance systems to assess, monitor and improve the quality and safety of the service. Following that inspection we asked the provider to complete an action plan to identify what they would do and by when to improve the key questions- Is the service safe, effective, well led.

The action plan submitted identified the service had implemented robust recruitment and selection processes, updated training and personal development systems and commenced a quality monitoring procedure. At this inspection, we found that all the required improvements had been made.

Ashwood care is a domiciliary care agency based in the Padgate area of Warrington. It provides personal care to people living in their own houses and flats in the community. The services provided include care and support provision for older people, people with a physical or learning disability, people living with dementia, children and end of life care.

At the time of our inspection, the service offered support to 60 people who lived in the Warrington area.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable people. All staff had been subject to a check by the disclosure and baring service (DBS) and had also been required to provide two references.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager was supportive and they felt that they could contact her and the office staff at any time.

Staff had received the training they required to carry out their roles effectively and new staff had also been supported to undertake a period of induction. This helped ensure that staff had the skills they needed to support people.

Records showed that staff carried out their home visits at the agreed time.

Systems were in place to check the quality and safety of the service. The registered manager also sought feedback from people informally on a regular basis and on a formal basis annually. All the feedback we viewed was positive. Spot checks and observations were carried out with staff to ensure that the standards of care were maintained.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to respond to and report any concerns they may have.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records contained personalised information about people's needs which helped ensure that staff had access to up-to-date and accurate information around people's support needs. This helped ensure that people received the correct level of support.

Medication administration records (MAR) sheets held details of types of medication and the times they were to be given. However although all records viewed held details of the administration of medication there were some inconsistencies in the recording such as gaps being left on the MAR sheets when medication was not required. This was discussed with the registered manager and refresher training was immediately arranged for all staff to ensure they were compliant with the agency medication policy which detailed how all MAR sheets should be completed.

There were clear lines of responsibility within the service and the registered manager worked positively with the local authority and other professional services in order to develop and drive improvement.

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.

Staff were aware of their responsibilities to protect people from the risk of abuse. People using the service and their relatives told us that they felt safe and secure when staff visited them in their own home.

Recruitment records demonstrated there were systems in place to help ensure staff employed at service were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they felt well cared for and they had no concerns about staff knowledge and skills.

Records showed that staff had received induction when they began working for the service and they were able to access support and training to build upon their knowledge and skills.

Daily records were kept that monitored any changes to people's health and wellbeing. Where any changes were noted in people's care need, relevant action taken.

Is the service caring?

Good ●

The service was caring.

The people that were using the service and their relatives told us that the staff were kind and caring.

People felt that staff who knew them, their needs and preferences well.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided detailed guidance for staff on how people wanted to be supported to meet their individual needs.

The provider had a complaints policy and processes were in place to record any complaints received and everyone we spoke to knew how to complain.

Is the service well-led?

The service was well-led.

The provider had systems in place to check the quality of the care provided.

Spot checks of staff were regularly carried out to ensure that standards of care were maintained.

Feedback was regularly sought from the people receiving a service and all the comments we viewed were positive about the service.

Good ●

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 10,11,12,13 April 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to ensure that someone was available. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

During the inspection we looked at nine people's care records and made observations on staff interactions with people who received care and support from the service. We reviewed the recruitment records for six members of staff and spoke with nine members of staff working at the service as well as the registered manager, care co-ordinator and operations manager. We also reviewed records relating to the day-to-day management of the service, for example daily staff rotas and audit systems, policies and procedures, medicine administration records (MAR), staff rotas and complaints.

With their permission we visited four people who received services from Ashwood Care in their own homes and looked at their care records and medication administration records and spoke with eight other people who used the service or their relative by telephone to gain their perception of the staff and services provided.

Is the service safe?

Our findings

People told us they felt secure when the care staff visited them and staff made sure wherever possible that their home environment was safe. Comments included "They (staff) are very good to me. They check my house to see that everything works and they make sure that my doors are locked when they leave so that I am safe in my home" and "The girls are wonderful. They make sure I get my medicine at the right time, check that everything is alright in the house and make sure the kitchen and bathroom are clean before they leave".

At our last inspection in April 2017, we found the provider was in breach of Regulations 19 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some of the records in relation to recruitment were not complete and the provider did not have systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. We found improvements at this inspection and the provider was no longer in breach of this regulation.

Recruitment processes were robust and helped ensure that people were protected from the risk of harm. New staff had been subject to a check by the disclosure and barring service (DBS) and had been required to provide two references, one of which was from their most recent employer. New staff had also been required to provide two forms of identification so that their ID could be verified. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file viewed held suitable proof of identity, an application form as well as evidence of references.

During the inspection we reviewed the number of staff in post and found this to be sufficient to meet the needs of people using the service. We spoke with staff who told us they felt staffing numbers were fairly low but they were able to fulfil all the home visits allocated at the agreed time. We reviewed staffing rotas which showed that travel time had been built into the rotas to assist staff to have sufficient time between visits. Staff were provided with an electronic call monitoring appliance which they logged in and out every home visit. The electronic system meant that the registered manager could see the start and finish times of calls. Where there were any problems, all office staff had received training in care; therefore they could cover for any emergencies or any late visits.

Risk assessments were in place regarding people's needs. For example one person had a risk assessment in place which clearly outlined indicators and signs which showed how this person was at risk of self-neglect and another had a risk assessment relating to diabetes management. The risk assessments also outlined what action staff should take in response.

We reviewed accidents and incident records which showed that there had been no serious incidents recorded since the previous inspection. Where an incident had occurred, staff had documented this and appropriate action had been taken in response. For example a request had been for an urgent occupation therapy assessment for a person who used the service due to frequent falls.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how to respond to and report any concerns they may have.

People were supported to take their medication as prescribed. We looked at medication administration records (MARs) which were being signed by staff after medication had been given. The MAR sheets held details of types of medication and the times they were to be given. However although all records viewed held details of the administration of medication there were some inconsistencies in the recording such as gaps being left on the MAR sheets when medication was not required. This was discussed with the registered manager and refresher training was immediately arranged for all staff to ensure they were compliant with the agency medication policy which detailed how all MAR sheets should be completed.

The registered manager showed us how MAR sheets were audited and we noted this took place every month. However this process was retrospective and the current monthly MAR sheets were not audited until the month was completed. The registered manager told us that she had instructed all staff to check current MAR sheets and if they noted any discrepancy to alert senior staff. This would ensure that any errors could be rectified with immediate effect.

Infection control procedures were in place to prevent the risk and spread of infection. Staff had received training in infection control. Personal protective equipment, such as disposable aprons and gloves was available for staff to use when carrying out personal care tasks.

The registered manager and operations manager told us that they had learned a lot since the previous inspection and as a consequence had changed some working practices and updated policies and procedures in line with the standards required.

Is the service effective?

Our findings

People told us they were happy with the services provided by Ashwood Care. Comments included "The girls are so good, they certainly know what they are doing. They come in here always cheerful and ask me what I want although they know I always have the same things. They just like me to feel that I am in control they are good like that", "They always ask me before they do anything. They understand me, they know what I want such as what I like to eat, what medication I need. They are a lovely bunch of people".

At our last inspection in April 2017, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people who were employed by the service did not receive appropriate support, training and personal development, supervision and appraisal as is necessary to enable them to carry out their duties. At this inspection we saw that all requirements in this area had been met.

Staff told us that after interview and prior to starting work they had a period of induction. This included training in areas such as manual handling, safeguarding, infection control and medicines. The provider also enrolled staff on the Care Certificate which they were expected to complete within their first three months of employment. This is a nationally recognised and accredited system for inducting new staff. Staff were also encouraged to enrol on further courses following their induction and a number of staff told us that they had completed or registered to undertake National Vocational Qualifications. The staff members also confirmed that they shadowed a number of shifts before starting work within the service. They stated that they were given time to read the care plan if this was a new visit to them.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We were able to view the supervision records. We could see that all staff received regular supervisions. Staff also received regular direct observations of their practice approximately four times each year. Records showed that each staff member had an annual appraisal.

People's care records contained information regarding any nutritional and dietary needs. During the inspection we observed staff promoting the independence of one person by allowing them to choose and prepare their evening meal. Staff remained on hand to provide support if this was required. In another example we observed that one person was diabetic and needed to follow a specific diet. We spoke with staff who were aware of this person's needs and supported this person with their routine.

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 Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they noticed any change in the capacity

of a person using the service, they would contact the office. The registered manager confirmed that if they had any concerns about someone's capacity, they would involve the local authority or GP in order that they could assess the situation and take appropriate action in the person's best interests. We did note where someone lacked capacity the details were clearly recorded within their care plan.

We asked staff how they made sure that they sought permission from people before providing care. Staff told us they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People we spoke with who used the service confirmed that carers would always gain their consent prior to carrying out any tasks. We noted in the care plans that people had been asked to sign their consent to receiving the care prior to the care commencing.

One person told us they had difficulty reading the identity badges worn by staff as they were small and not easy to read. We fed this back to the registered manager who told us that the badges were worn around people's necks and were possibly not always easy to read. She addressed this issue with immediate effect and before the end of the inspection provided new larger clip on badges for all staff to enable them to be easily seen.

Care records showed examples where people had been supported to access health care professionals. This helped to ensure their health and wellbeing was maintained.

Is the service caring?

Our findings

People told us that staff were 'friendly, lovely, kind, caring, absolute gems, like family, trustworthy, helpful and jolly and like angels'.

We were able to view how staff communicated and interacted with people during four home visits. Staff were respectful, encouraging and friendly and we noted an atmosphere of mutual trust and rapport.

There was a friendly atmosphere within the service and staff spoke kindly and with respect to people. During discussions and observations with staff we noted they had a good understanding of people's needs and appeared to enjoy spending time with the people they were supporting. For example in order to give people living with dementia reassurance staff did so with patience, speaking in level tones to help people to settle. In other examples we observed staff relaxing people and keeping them calm and focused on their aims for the future.

People's relatives told us that the staff respected people's dignity and always explained what they were going to do prior to carrying out any actions. They spoke of the carers taking their time and always having time to have a chat with people and not rushing.

People were supported to maintain their dignity. We observed that people looked clean and well cared for and they told us that staff ensured they were dressed in clothing of their choice. Whilst we did not observe any examples of staff providing personal care, staff did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example by ensuring curtains and doors remained closed whilst supporting with personal care tasks.

All the staff we spoke with were positive about their job and echoed the ethos of the provider that they were providing care in people's homes and enabling them to be as independent as possible. One staff member told us, "We are trained and supported to ensure that the customer is the main focus for all that we do. We endeavour to provide a safe, well planned, reliable, care at home service which maintains people's dignity, choice and rights. I really do love my job".

People's confidentiality was protected. Records containing personal information were being stored securely. Where information was stored on computers this was password protected to prevent unauthorised access to this.

Is the service responsive?

Our findings

People told us that staff treated them well and knew what they wanted. Comments included "They give me consistent care. No matter who comes here they know what I want and how I like it done", "They give me a choice about what I want them to do and are reliable, friendly and respect me" and "I have records over there. I think they are called a care plan. Staff write in it when there are any changes identified and they write in another record what they do for me at every visit. I can read them but I never really bother".

An initial assessment was in place prior to people starting with the service which included information about people's care needs, risk assessments and drew upon information from other professionals. This helped ensure that people's needs could be met by the service.

Care records contained personalised information about people's care needs which was specific to them. For example one person's care record contained information about their behavioural needs and how they needed to be supported with this. In another example, care records contained information about their activity preferences and dietary needs. There were risk assessments specific to each person and associated care plans. The care plans included the person's voice as it detailed in their words how they would like to be supported in each area, and then there was a detailed section as to how staff could meet this need. This helped ensure that information was available for staff around how they should support people.

Care records also included Information about people's preferred daily routine and important relationships. We spoke with staff who demonstrated a good understanding of people's daily routine and their needs in relation to this.

We noted that the daily records in each care plan gave an overview of what services had been provided at each visit. The carers commented that any changes were reported to the office and prompt action taken. They felt supported by the office and on-call staff and if they noted any changes or required longer with calls that these would be amended. We observed during our inspection the registered manager liaising with various professionals such as GP and social worker where changes had been identified to ensure that the care package in place was suitable to meet peoples changing needs.

The provider had a complaints policy and processes were in place to record any complaints received and to address them in accordance with their policy. The service had received 13 complaints in 2017 and we could see that these had been dealt with appropriately. People we spoke with told us that they knew how to complain and the complaints policy was contained in the care plan and in the supported living schemes, this was provided in pictorial format.

We noted that end of life care had been discussed with people who used the service and staff had received training to enable them to carry this out when required.

Is the service well-led?

Our findings

People told us that Ashwood Care was well organised and well led. Comments included "It's a good service, they never let us down, "They call here and ask us if we are happy with the service and they do spot checks and things to make sure we are getting a good service" and "Pleasant reliable staff, their managers check up on them to make sure they are doing their job".

At our last inspection in April 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were no formal service quality assurance processes to identify if people were not receiving care and support for the amount of time they had been assessed as needing. Staff were not receiving spot checks, supervision and appraisals. We found improvements at this inspection and the provider was no longer in breach of this regulation. However whilst the quality assurance system was adequate we noted that it would benefit from additional information being recorded in a more consistent format. This was discussed during the inspection and the registered manager made improvements to the system with immediate effect.

There was a registered manager who had been registered with CQC since 2013; however she had worked at the service as a carer and care manager prior to this date. The owner and managers were involved in the day to day running of the business and pride themselves on a friendly family feel. The staff all echoed this vision and talked positively about their jobs and the people they worked with.

The registered manager told us that she had addressed all the areas of concern raised during our previous inspection and had updated all their policies and procedures, staff training and induction programmes and quality assurance tools. She advised that she held dual registration as registered manager of Warrington and Wigan branches of Ashwood Care and as a consequence had recruited senior staff to enable her to delegate some tasks in respect of monitoring and reviewing the Warrington service.

The registered manager told us that information about safety and quality of the service provided was gathered continually via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She or other delegated staff carried out care visits and was able to check that standards were maintained and she regularly spoke with people receiving a service to gain feedback. This was observed throughout our inspection.

Spot checks and direct observations were carried out with staff on a regular basis to ensure that standards of care were maintained. We were able to view a sample of these and could see that they were carried out regularly and where issues were noted, staff attended additional training such as medication refresher training or action was taken in relation to their performance.

There was an 'on call' system in place to ensure that staff could get support from a senior member of staff in the event of an emergency. Staff commented that the on call system was effective and that someone was always available to support them. This showed that effective contingency measures were in place to support staff and people in emergency situations.

Quality assurance checks were sent to people receiving a service annually and the responses we viewed were all positive. One person said, "The staff are all wonderful and treat me well".

We saw that staff meetings were held regularly and staff had the opportunity to raise any issues and discussions took place regarding individual people who used the service as well as training, planning, documentation and confidentiality.

The registered manager and operations manager demonstrated they had excellent listening skills and were open to all the feedback given throughout the inspection and immediately looked at improving the areas identified. An example was when a person who used the service told us that the staff identify badges were too small this was addressed with immediate effect with larger badges being provided prior to the end of the inspection. Another example was when discrepancies were noted as to how staff recorded medication, refresher training was again arranged with immediate effect.

There were clear lines of responsibility within the service and the registered manager worked positively with the local authority and other professional services in order to develop and drive improvement.