Ascot Care Ltd

Ascot Care

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected Ascot Care on the 28 October 2015 and it was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Ascot Care is a domiciliary care agency providing personal care and live in care workers for a range of people living in their own homes. These included people living with dementia, older people, people with a physical disability and people with a learning disability. At the time of our inspection, the service was supporting up to 47 people and employed 39 members of staff.

A registered manager was 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.

People, relatives and staff spoke highly of the service. Relatives confirmed they would recommend the agency and people felt confident in the skills and ability of their care workers. One relative told us, "Absolutely, we can't fault them they are so kind and helpful." Another relative told us, "I don't think we would manage without Ascot Care. They are very worthwhile."

Summary of findings

Training schedules confirmed care workers had not received training on Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider also failed to have policies and procedures in place regarding these pieces of legislation. Where people had bed rails in place, bed rail risk assessments had not been completed and the provider was unable to demonstrate if the person had consented to their freedom being restricted or not. We have identified this as an area of practice that needs improvement.

A robust quality assurance framework was not in place. The provider was completing quarterly audits for the local authority but was not undertaking their own internal audits to demonstrate how they assessed, reviewed and monitored the quality of the agency and identified where standards were falling. We have made a recommendation for improvement in this area.

There were sufficient numbers of care workers available to make sure people's needs were met. Care workers had permanent regular schedules of calls so that people received care from a consistent team. Each week, people were sent a rota informing them who would be visiting next week and the times of their care calls.

Systems were in place to protect people from abuse and harm and care workers knew how to use them. Care workers understood the needs of the people they were supporting and had received training on safeguarding adults. People commented they felt safe with care workers entering their home. One person told uh, "I know I feel safe because my carers will do anything for me, they all have good training."

People were protected by robust recruitment procedures and new care workers had induction training which included shadowing more experienced care workers, until they were competent to work on their own. Care workers had core training and more specialist training, so they had the skills and knowledge to meet people's needs.

Placing people first was at the core of Ascot Care. The provider demonstrated outstanding flexibility and ability to deliver person centred care. There was a real focus on improving the quality of lives for people. Risks of social isolation was minimised and the provider had strived to create strong links with the local community. Care workers supported people on social outings, to tea dances and to the local RAFA (Royal Airforce Association) club.

The culture within the service was transparent, personalised and open. The registered manager led by example and care workers spoke highly of their leadership style. Two care workers were up for the South Coast carer of the year award and the registered manager understood the importance of recognising care workers achievements.

People confirmed care workers respected their privacy and dignity. Care workers had a firm understanding of respecting people within their own home and providing them with choice and control. The agency had identified people's needs and preferences in order to plan and deliver their care. Mechanisms were in place to review people's packages of care and care plans to ensure the level of support was still meeting their care needs. One person told us, " One of the carers especially is very initiative, they go that bit extra with their job."

Summary of findings

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

Ascot Care was safe. People told us they felt safe receiving care in their own home. There were enough care workers to meet people's needs. Recruitment procedures were in place to check care workers skills, experience and good character before they started working for the agency.

Care workers had undertaken training in administering medicines safely and their competence had been assessed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Care workers demonstrated they could apply the training they received in how to recognise and report abuse.

Is the service effective?

Requires improvement

Ascot Care was not consistently effective. Care workers had not received training on the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people had bed rails in situ, the provider had not completed risk assessments or demonstrated that bed rails were the least restrictive option.

Care workers understood people's health needs and acted quickly when those needs changed. Where necessary further support had been requested from health care professionals. This ensured that the person's changing needs could be met.

People were supported with their health and dietary needs

Is the service caring?

Good

Ascot Care was caring. People and relatives valued their relationships with the care workers and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered.

Care workers were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

Care workers demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

Is the service responsive?

Good

Ascot Care was responsive. The provider demonstrated excellent practice in promoting social inclusion and reducing social isolation. Strong links with the community had been built and the provider worked in partnership with charitable events which many people attended, supported by their care worker.

Summary of findings

Open days were held at the agency's office and the provider was committed to supporting people and their relatives. Support groups had been established and a pastor visited the agency on a monthly basis.

People and their relatives were confident to raise any concerns and that they would be dealt with appropriately.

Is the service well-led?

Requires improvement

Ascot Care was not consistently well-led. There was not a robust quality assurance framework in place. The provider was unable to demonstrate how they internally monitored, reviewed and assessed the quality of the agency.

People, relatives and care workers spoke highly of the registered manager. The registered manager was committed to recognised care workers achievements and dedication.

The ethos, valued and vision of the organisation were embedded into practice. Care workers spoke highly about working for the provider and recognised they worked together as a team.

Ascot 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.

The inspection began with a visit to the agency's office which took place on 28 October 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Before visiting the agency's office, we started to contact people and their relatives by telephone on the 27 October 2015, 2 and 3 November 2015 to obtain their views and feedback. We also visited two people in their own homes after the inspection on the 28 October 2015.

The inspection team consisted of two inspectors 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 service. The expert by experience helped us with the telephone calls to get feedback from people and their relatives.

We spoke with 21 people and relatives by telephone. On the day of the office inspection, we spoke with the registered manager, care manager and six care workers. Over the course of the day we spent time reviewing the records of the service. We looked at eight staff files, complaints recording, accident/incident and safeguarding recording, rotas and records of audit, quality control and feedback from people and care workers. We also reviewed seven care plans and other relevant documentation to support our findings.

Before our inspection we reviewed the information we held about the agency. We considered information which had been shared from the local authority, and looked at safeguarding concerns that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask 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. Ascot Care was last inspected in December 2013 where we had no concerns.

Good

Is the service safe?

Our findings

Without exception people and their relatives told us care and support were delivered in a safe manner. One person told us, "I know I feel safe because my carers will do anything for me, they all have good training." One relative told us, "My relative has a good rapport with them so that makes her feel safe." People felt safe and comfortable with the care workers because they knew them well and felt safe with care workers coming into their home to provide care. They explained care workers were easily recognisable due to the uniform and identification badge they wore. One relative told us, "The staff always wear their badges but my relative knows all their names anyway."

There were enough care workers to meet people's needs. Rotas were planned on a weekly basis and care workers were informed of their shifts a week in advance. A member of the office team told us, "On a weekly basis, we schedule the care calls. A large proportion of care workers have set care calls each week. We schedule those, and then work around care calls where the care worker may be off. We also take into account people's preference for a male or female care worker and their preferred time when scheduling the care calls." To help determine staffing levels, the registered manager and office team calculated how many care workers were employed (including live in care workers). How many were employed on a full time and part time basis and how many hours of care they were required to deliver. This enabled the provider to monitor how many hours of care they were required to deliver alongside how many hours they could deliver. For example, if sickness or annual leave left the provider short. During one week, the provider was required to deliver '555 hours' worth of care but was only able to deliver '493 hours' which therefore left the provider short of 62 hours. A member of the office team told us, "We all stepped in and myself and the registered manager covered the care calls, and care workers also covered additional calls. No calls were missed and people's safety was not compromised."

The provider operated a model whereby live in carers worked for two to three weeks, then had two to three weeks off. This enabled the care worker to have time to relax and have a sufficient break. The rota for live in care workers was prepared up to months in advance. This empowered people to know who would be supporting them. Rotas were also supplied to people receiving domiciliary care a week in advance. The rota advised who would be supporting them and what times. People confirmed they either had a regular care worker or a team of care workers who supported them. One relative told us, "(Person) now has a team of four care workers who know him well, his routine and what he likes. They come at the same time every day and we've had no issues with missed calls or late calls." The registered manager told us, "When we take on packages of care, we always find out if the person wants a female, male and what time preference they have." The care manager told us, "We have one client who prefers one or two care workers. One person wants a range of care workers as they enjoy the interaction it brings." We looked at a sample of rotas and found people received care calls at a set time on a weekly basis. For example, one person received a morning call at 07.00am, lunch call at 12.00pm, a tea time call at 16.30pm and their bedtime care call at 19.00pm. The rota confirmed the person received their care calls at those times the remainder of the week. One person told us, "I've had carers since March and they are all very good. I got a few different ones at first but now I get the regular few which I asked for." This empowered people to know when their care workers would be arriving, who would be undertaking the care call and provide them with a sense of knowing.

Care workers told us their rotas allowed for realistic travel time, which meant they could arrive at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary. One care worker told us, "If delayed I phone the office at once and they can fill in the call to make sure it's not missed." Another care worker told us, "We get 15 minutes driving time between visits, usually five minutes is enough, so we can make up for minor delays. But if I'm going to be over 15 minutes late, I ask office to inform service user and they decide whether to allow me to catch up, or to send in someone else. I had a recent issue that made me late for my first call, the office arranged with person that I would still attend but late, another carer was sent to my second visit, and I was able to get back on time with the third person."

There were effective recruitment and selection processes in place. Live in carers and care workers had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and

Good

Is the service safe?

Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

All staff had received training in the safe handling of medicines. Care workers understanding and skills were assessed through knowledge tests and observations to ensure staff were competent in administering medicines. One care worker told us, "It's the part of the job I'm most concerned about to get right, even though most people look after their own medicines and we might only help with opening things. The care plans show what level of medicine help people need." People had an individual medicine risk assessments which considered the level of support required from care workers. The risk assessment considered if the person required prompting, physical assistance or administration from care workers. Consideration was also given to where medicines were kept, if there was a risk of overdose and if it was safe for the person to access the medicines. Where people required specialist support to administer medicines, such as suppositories. Care workers and live in carers received specialist training and clear guidance was in place.

People were protected from the risk of abuse and harm. Care workers had received training in how to identify and report abuse. They said they would have no hesitation in raising any concerns with the provider and were confident the provider would take appropriate action. Care workers were also aware of their own responsibility under the Care Act 2014 to raise a safeguarding concern themselves. Appropriate procedures were in place to account for people's money when care workers bought shopping for them. For example care workers recorded the amount of money taken and initialled to confirm this was the amount they had received. Once returning from the shopping, care workers then documented how much change had been returned and initialled to confirm this. Receipts were also available to confirm this. We saw these were followed, so people were protected from the risk of financial abuse.

Care workers recognised the importance of leaving people's property secure at the end of a care call. People expressed confidence in care workers always leaving their property safe and secure. Measures were also in place to ensure care workers safety when working alone. The provider gave all care workers torches if there was no external lighting to people's homes when care workers carried out visits when it was dark. On-call support was always available and the registered manager told us, "The carers always text to say they got home ok and we encourage them to call us if they are worried or feeling unsafe."

Risks to people's safety were assessed and risk assessment developed. The provider recognised the impact of providing care to people in their own homes and as part of the delivery of care considered the home environment and any possible risks. For example, the provider considered COSHH, gas and electrical safety and whether any pets were in the home. As many people lived on their own, fire risk assessments were also completed and on a weekly basis, care workers would check smoke alarms to ensure they were in working order. Care workers also completed weekly checks on people's link alarms (alarms which allow people to summon help). One relative told us, "It's nice to know they do these checks and keep (person) safe." Where people required moving and handling equipment such as hoists, slings and profiling beds, care workers worked in partnership with other professionals to ensure the equipment was regularly serviced and remained safe to use.

Requires improvement

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the care workers. One person told us, "They are all very good and look after me well." Another person told us, "My carer is so well trained they do anything for me. I had a problem with a badger in my garden and they even sorted that out for me." People commented they were supported by care workers who were familiar with their needs and preferences and knew them well. One person told us, "I have a live in carer and they are fine with me." Although people spoke positively of Ascot Care, we found aspects which were not consistently effective.

Ascot Care provided care and support to people living with dementia and neurological conditions. Training schedules confirmed care workers had not received training on the Mental Capacity Act (2005) MCA and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 is designed to protect and restore power to people who lack capacity to make specific decisions. Care workers demonstrated a good understanding of the importance of gaining consent but acknowledged they would like more training on capacity. One care worker told us, "The training has included a lot around consent, such as the dementia training but no specific training on mental capacity." Another care worker told us how they always gained consent from the person before delivering care and understands that the person had the right to refuse consent.

Care workers understood the principle of consent, but understanding of the principles of the MCA 2005 was limited, such as how the time of the day may impact on people's ability to make day to day decisions. Good dementia care involves a clear and robust understanding of the MCA and paid staff who provide care and support are legally required to work within the framework of the MCA and have regard to the MCA Code of Practice. In the absence of training, we also identified that the provider failed to have policies and procedures in place in relation to the MCA 2005 and Deprivation of Liberty Safeguards (DoLS). Therefore guidance was not readily available for care workers if any concerns arose. The registered manager acknowledged training had not been provided and would organise training immediately and implement policies and procedures. We have therefore identified this as an area of practice that needs improvement.

A sample of people had been provided with a profiling bed from the local Clinical Commissioning Group (CCG) with integral bed rails. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. The registered manager confirmed people had the bed rails up but was unable to demonstrate any risk assessments to confirm having the bed rails up was the least restrictive option. Documentation also failed to confirm whether the person consented to the bed rails or not. Where people could not consent to bed rails, mental capacity assessments had not been completed. Assessment of capacity should be undertaken to ascertain if the person could consent to the restriction of their freedom for example use of bed rails. If not, it must be explained why the bed rails were implemented in their best interest and if other options were explored. Therefore the provider was unable to demonstrate that bedrails were being used in a lawful manner. The registered manager acknowledged work was required and advised they would implement risk assessments immediately and mental capacity assessments if required. We have therefore identified this as an area of practice that needs improvement.

Care workers told us they felt supported and received a robust induction which enabled them to provide effective care to people. Following successful interviews and appropriate checks, new care workers attended an Induction course. The registered manager told us, "We have just implemented the care certificate which new care workers are now completing. I am also requesting that current care workers also complete some of the standards as well." The Care Certificate (designed by Skills for Care) is an identified set of standards that health and social care workers adhere to in their daily working life. One care workers told us, "As part of my induction I shadowed another care worker and shadowed the care calls I would be doing which was good." As part of the care workers induction, the registered manager and office staff also gained feedback from people to ascertain their views on the person and if they would be happy with the care worker providing care and support to them. One relative told us, "What I like is if they have a new carer coming to my relative's home they are always shadowed by an experienced member of staff who has been before." The registered manager told us, "If people raise concerns, we may implement more shadowing and training as we need

Is the service effective?

to be confident." Live in care workers also received a robust induction programme which enabled them to shadow other live in care workers and also stay overnight to help enable them and understand the job role as a live in care worker. The registered manager said they did not let any new care workers and live in care workers do anything unsupervised until they were totally confident in their skills and abilities.

Care workers received essential training which provided them with the skills and confidence required. Training was based upon the care needs of people Ascot Care provided support to. Training included moving and handling, equality and diversity, dementia awareness, confidentiality, medication, oxygen therapy and autonomic dysreflexia. Care workers spoke positively of the training provided. One care worker told us, "The registered manager is qualified to do manual handling training and that was done in the training room, with the equipment here. Then you learn on the job with people's actual equipment, and still get guided."

Training was provided through a variety of practical training and DVDs. To assess care workers competency and understanding of the training provided, the provider provided questionnaires following each training session. These assessed the care worker's knowledge and understanding. For example, following the oxygen therapy training (supporting people to use oxygen machines in their own homes), the questionnaire explored the care workers understanding of oxygen. One care worker felt the questionnaires after each training session was helpful in assessing their understanding. They told us, "It's not so much whether it's right or wrong, it's to show if you need to discuss things further, it's to make sure you understand."

Mechanisms were in place to provide on-going support to care workers. Supervisions were held on a regular basis. These provided staff with the forum to discuss any concerns, practice issues, training needs and also how they are doing. Spot checks were conducted on a monthly basis. These were unannounced visits whereby the registered manager observed the care worker and live in care worker in practice. The registered manager told us, "Spot checks help us ascertain how the care worker is in practice, if any additional training or support is required." Care workers spoke highly of the support they received from the registered manager and office staff. One care worker told us, "The manager is very accessible and very supportive." Another care worker told us, "We can arrange for one to one meetings if we need it. I get one to one supervision every three months plus spot checks."

Where required, care workers supported people to eat and drink and maintain a healthy diet. One person told us, "The girls are very good; they make sure I have drinks and always ask me what I want to eat." One relative told us, "We sometimes prepare meals for my relative and the carers always heat it up and makes sure they eat as much as they can." When visiting a person in their own home, the care worker ensured they had a hot drink upon arrival and queried what they would like for supper. They provided the person with options and empowered them to make their own decisions. Whilst waiting for supper, they laid the table for the person and poured their glass of wine ready for them to have with their supper.

Care plans provided information about people's food and nutrition. Information was readily available if the person required assistance with food and fluid intake, how the person describes their nutritional intake, any dietary requirements and if adapted cutlery was required. One person required the use of a beaker and straw to enable them to drink independently. Information was also available on their favourite flavour drinks. Where people were living with diabetes, guidance was available on how to provide a diabetic diet alongside the symptoms of high and low blood sugar. One person was identified as at risk of malnourishment and dehydration. Their care plan identified for care workers to encourage fluids with the aim of drinking half a litre of fluid at each care call. Clear guidance was in place on how they preferred their hot drink alongside guidance that they should not be using the hob. Daily notes kept a clear audit trial of the person's nutritional intake at each care call. For example, what they had for breakfast, lunch and supper. One relative told us, "I look in the care plan and the staff are always checking my relative's hydration levels and make sure they have a drink before leaving."

The provider expressed a positive commitment to providing effective care. The registered manager told us, "We only accept packages of care (and live in packages) within a 10 mile radius of the office. This means that in an emergency, we can get out their immediately." The registered manager and office staff recognised the importance of being able to respond to people's healthcare

Requires improvement

Is the service effective?

needs in an emergency. Relatives praised the agency's ability to step up in an emergency. One relative told us, "I was unwell myself and was unable to go and see (person), the agency was brilliant, they did extra calls which meant I didn't have to worry."

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Care workers actively sought support when they needed it and did not work in isolation. Documentation confirmed the provider maintained good relationships with external healthcare professionals, such as GPs. Recordings reflected when GP practices called the agency and any outcomes of GP visits. People were supported to make their own and to attend medical appointments. People's daily notes made regular reference to care workers supporting people to access their GP or hospital appointment. One relative told us, "The staff take my relative to the doctors or hospital appointments when necessary." When people's physical and/or mental health declined and they required more support care workers responded quickly. For example, care workers identified one person was experiencing more and more spasms. The office staff made contact with the rehabilitation centre to ascertain how best to support the person when experiencing the spasms. This demonstrated the provider worked with other health care professionals to ensure people's health care needs were assessed and managed.

Good

Is the service caring?

Our findings

People had high praise for the care workers. One person told us, "They are lovely." One relative told us, "The carers are always respectful and friendly." Another relative told us, "All the staff have a good attitude." A third relative told us, "We can't fault them they are so kind and helpful."

Care workers spoke with compassion for the people they supported. One care worker told us, "It's a pleasure to support the people we care for." Another care worker told us, "I love my job and the people I look after." People were matched with care workers and live in care workers with whom they were compatible with. The registered manager told us "When we undertake the initial assessment, we find out the person's likes, dislikes, history and social needs. From that information, we match the care worker to the person. For example, one person has an interest in the air force and one of our male care workers does to, we matched them together." The registered manager and office staff confirmed if people expressed a dislike to a certain care worker this would be noted and that care worker would not provide support again. When considering compatibility, the person's preference for a male or female care worker was also taken into consideration. One relative told us, "My Father responds better to male care workers and the agency now has a team of two male care workers they send to my Father and he responds very well to them. They have got to known my Father and how best to support him."

During visits to people's homes we found that care workers respected people's homes and the right for them to do things for themselves when they wanted to. Care workers did not go into people's homes unless there was someone in. When we went to one house the care worker asked people if it was alright if they made a drink for the inspector and waited for a response before doing so. People appeared comfortable in the company of their care worker.

Care workers demonstrated kindness and empathy towards the people they supported. Relatives confirmed that care workers always go the extra mile. One relative told us, "They've gone and got prescriptions for me, which has helped me greatly. They also do the little things, like empty the bins." Another relative told us, "The carers always go the extra mile. They pop to the shops and get things and always ensure my Mum has everything she needs." A third relative told us, "One of the carers especially is very initiative they go that bit extra with their job." People confirmed that care workers always treated them in a kind and caring manner.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us, "The manager came to see us, went over everything and together we designed the care plan and the level of support needed." One person told us, "I have a care plan and the girls write in it whenever they visit. I'm very happy with the support I get." Another relative told us, "The service is very good including us in matters. They are very supportive to me and my son." Care workers were also involved in the design and review of care plans. One care worker told us, "The care plan is set up before carers are introduced, but we personalise it. Care plans are updated in response to change, and that's based on our observations." Care plans were written in a person centred manner. They helped care workers understand a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share. This information was available in people's homes so care workers had access to it. For example, one person's care plan included guidance on information topics for care workers to talk with the person about and information on their life history was also available.

Care workers were aware of the need to preserve people's dignity when providing care to people. Care workers told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. Relatives confirmed their loved one's dignity and privacy was always upheld and respected. One relative told us, "I have no concerns in that regard. They are always respectful to my Father." Another relative told us, "They always close the curtains in my relative's bedroom when he is having personal care." Care workers confirmed they called people by their preferred name and the principles of privacy and dignity were covered in their induction. Spot checks were utilised as a forum by the registered manager to ensure the principles of dignity and respect were embedded into

Good

Is the service caring?

everyday practice. The registered manager told us, “At spot checks, we check care workers understanding of privacy and dignity and ensure they understand the importance of protecting people’s privacy and dignity.”

Some people had requested that their care workers do not wear a uniform. One relative told us, “I ask the carers not to wear their uniforms as my relative prefers it like that.” The registered manager told us, “Some people and their relatives make requests for the care worker and live in care worker not to wear their uniform and we always respect this. They feel more comfortable with the care worker and we want to respect that.”

People’s confidentiality was respected. Care workers understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care worker’s rotas were sent via secure email or collected from the office. Key codes were sent via secure email in a coded form to protect the security and safety of people. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to care workers and was also included in the care workers employee handbook.

Good

Is the service responsive?

Our findings

We found examples of excellent practice in person centred care provided by Ascot Care. People received a high level of care that promoted their health and well-being. There was a firm focus on minimising social isolation and supporting people to live fulfilling lives. The provider demonstrated flexibility and was responsive to people's individual needs and found creative ways to involve people in the local community. One relative told us, "I don't think we would manage without Ascot Care. They are very worthwhile."

Guidance produced by the Equality and Human Rights Commission identified that for many people, having care workers come into their own homes, involves having to trust other people to help them with very intimate tasks. The registered manager and staff team at Ascot Care recognised the impact on people having care workers in their own home. The registered manager told us, "When we initially visit people, it's about gaining their trust and fully involve them in the process." The registered manager identified that often it will take months to set up a package of care or live in package of care. The registered manager told us, "We don't rush things, we work with people. For example, one person enquired about a package of care but may not need it until January 2016. I visited them and explained Ascot Care and what we do just to provide them with reassurance." When visiting people for the first time, the registered manager took along a photograph album with pictures of staff members and other people who receive a package of care. On the inspection, the registered manager with pride went through their photo album showing us various events they had organised which people had attended alongside care worker events. The registered manager told us, "We focus on unity and I feel its important people know and meet other people we support." People and their relatives confirmed they were supported throughout the transition of receiving care by staff at Ascot Care. One person told us how the registered manager was extremely supportive and worked with them at their own pace in making the transition to having care workers in their own home.

Ascot Care demonstrated excellent practice in delivering person centred care. Guidance produced by Social Care Institute for Excellence identified that personalisation meant thinking about care and support services in an entirely different way. This means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. The registered manager told us, "It's important we learn about people's hopes, aspirations and what they want to achieve. We cover this during the initial assessment and build upon it." As part of the delivery of person centred care, there was a firm focus on promoting people's social and psychological needs. The registered manager told us, "We don't just provide personal care, we want to make a difference to people's lives and to see lives transformed." Care workers clearly recognised that their role was about supporting people to live fulfilling lives. One care worker told us, how the job was very much about building trust and a relationship with the person. They told us, "It's not about the physical tasks; the job is just as much about building trusting relationships." The care worker then added that through building trusting relationships, they could engage with people and make a difference to people's lives.

Placing people was at the core of Ascot Care and in line with person centred care, the registered manager promoted for companionship to be at the core of all care calls. For example, care plans included topics for care workers to talk to the person about and there was a clear emphasis on companionship. Each care plan provided an outline of what needed to be done at each care call. As part of this outline was guidance on the person's interest and how to engage with. For example, one care plan identified the person enjoyed talking about current affairs and Sudoku. Care workers told us that they utilised this information to build a rapport with the person and engage with the person about topics they enjoyed. Therefore during the care call, there was a clear emphasis on engagement with the person and companionship for the person.

The provider demonstrated compassion and dedication in supporting people to lead fulfilling lives and reduce the risk of social isolation. The registered manager told us, "Through supporting people, we learn what outings they may enjoy and support them to do things they would enjoy. We had one person who was very anxious and never went. Through building a rapport with them, learning what they like, we are slowly beginning to take them out for various outings. This is a huge step." Collectively care workers worked in partnership with people and suggested

Good

Is the service responsive?

ideas the person may not have considered for themselves. This promoted people to have an enhanced sense of well-being and exceptional quality of life. One care worker told us, "A lot of the people we work with don't realise they can live a normal life. We try to make a difference by helping people do things they like. Yesterday I took a lady to see the new Bond film as she really wanted to see it." During our home visits, this person spoke proudly of going to the cinema and seeing the film. They told us, "I can't remember the last time I went to the cinema, I really enjoyed it."

The provider took an active role in the local community and was actively involved in building further links. Innovation was demonstrated by the provider in how they created links with the local community. Contact with the local church had been promoted and the church approached the provider enquiring if people would be interested in attending tea dances. The provider utilised this opportunity to promote people's well-being and social inclusion. The registered manager told us, "It's an excellent event which is held every first Tuesday of the month." To reduce the risk of social isolation and promotion of inclusion, many people supported by Ascot Care attended including those with live in care workers. Care workers supported people to attend and took them home again. The registered manager told us, "It's an event for people to attend and meet other people. Myself and care workers also attend and it's a lovely event." Through supporting a person, the registered manager also learnt of another local charity in the area. The registered manager told us. "I was supporting one person when they told me about RAFA (royal air force association). I discovered that they organised local coffee meetings in the area. Although aimed for people from the air force, many people can attend. Our care workers support people to attend every Wednesday and again it provides an opportunity for people to meet other and also meet our care workers." One person told us how they enjoyed attending the tea dances and through attending the tea dance saw an old friend they hadn't seen in years.

The provider was committed to welcoming and involving people in Ascot Care. Every month, the agency held an open day. This provided a forum for care workers, people, relatives and potential people to visit the office and meet with the team. The registered manager told us, "We also get guest speakers in and hold events at the open days. For example, we held a Macmillan coffee morning whereby we raised money for the organisation. It was well attended by care workers along with people." Care workers told us how they enjoy the opens day as it provides an opportunity for people to come to the office and meet other people who use the service along with meeting all the care workers. One person told us how they attended the coffee morning and enjoyed the opportunity to meet more people.

As part of the provider's commitment to promoting well-being, the provider had set up support groups for the local area. Support groups for dementia and carers had been organised and held every month at the agencies office. The registered manager told us, "It's important to raise awareness and support relatives and carers as-well. We don't just support people, we also provide emotional and practical support to their loved ones and I want to support them as much as possible as-well."

On-going support was also provided to the staff team. The provider had organised for a pastor to visit the office on a monthly basis to provide additional support to the care workers and also people who visited the agency. The pastor visiting the agency on a monthly basis provided the care workers and people with the opportunity to talk to someone about any difficulties they may be experiencing. The registered manager told us, "The visiting Pastor has been useful when any clients pass away. It enables the care workers to talk about it and provides them with someone external to the agency to discuss things." Care workers and office staff told us how it was useful to have an external person come into the office and engage with.

People and their relatives spoke highly of the level of flexibility offered by the agency. Relatives spoke highly of the agency's ability to pick up additional care calls. One relative told us, "If I ever want the weekend off, I just phone up and organise a carer to do the weekend calls for me. They are very good. " Another relative told us, "I recently went on holiday so I could have a break and the service provided my relative with 24 hour live in care." Mechanisms were in place to review people's packages of care and care plans to ensure they were continuing the meet the person's needs. Every three months, a review took place which considered personal hygiene, toileting needs, medication, nutrition and mobility. These provided people and their relatives with the forum to identify any aspects of the care package which may not be working or working well. Comments from one review included, 'All seems to work well, thank you.'

Good

Is the service responsive?

Communication was seen as an integral element to providing safe, effective and responsive care. Care workers spoke highly of the level of communication within the agency. One care worker told us, "We also leave notes for each other, it's better to have overkill on communication than something be missed." Another care worker told us how the agency emphasised the importance of open communication. The registered manager told us, "Communication is key. It helps us take action, identify if someone is unwell and provide the best care possible."

People and their relatives confirmed they felt able to express their views, opinions or raise any concerns. One relative told us, "I can give suggestions how things can evolve with my dad's care and they always listen."

Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, as a copy was available in their care plan. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. The provider had not received any formal complaints in over two years. We were informed, "If we did receive any formal complaints, they would be investigated and taken seriously."

Requires improvement

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager. One relative told us, "When looking for a care service I thought of them (Ascot Care) first. I first met the manager at church and she seemed very nice." Another relative told us, "It's nice to see the manager visit and do some caring duties as well." Despite people's high praise for Ascot Care, we found certain aspects of Ascot Care were not consistently well-led.

The provider completed a quarterly audit for the local authority which considered staffing levels, training and the number of hours of care delivered. However, the provider had no internal quality assurance framework which governed the running of the agency. For example, they were not completing internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. Alongside not completing internal audits, there were no formal mechanisms in place to identify where quality and/or safety was being compromised.

We looked at a sample of MAR Charts (Medicine Administration Records). One MAR chart reflected numerous omissions in recording. For example, one medicine was not administered for ten days. The MAR chart failed to record why the medicine was omitted for ten days. Recordings on the MAR chart had also been crossed out and recorded at a different time on the MAR chart. Therefore it could not be ascertain from the recording, when the medicines were administered to the person. We requested to see the MAR chart audit. One member of the office team told us, "We don't complete formal MAR chart audits. The care workers bring the MAR charts back to the office every month and we go through them looking for any omissions and take actions but we don't record this." The absence of a formal MAR Chart audit meant the provider was unable to demonstrate how they were monitoring omissions on MAR charts, taking action when omissions occur and how they implemented measures to ensure no further omissions occurred. The registered manager was able to verbally tell us why the person had not received their medicines for ten days, documentation, such as a MAR chart audit was not available to confirm this.

Care plans were also not subject to a formal audit. Therefore, there was no formal mechanism in place to continual improve and expand upon care plans. We found care plans contained the information required but further work could be undertaken to expand and improve the care plans. For example, people at high risk of skin breakdown, there was not a robust skin integrity risk assessment in place. One person was living with significant reduced mobility and was dependent upon care workers and equipment to move and transfer. The risk assessment identified they were at risk of pressure ulcers and for care workers to observe and record any changes. No further guidance was available on what these changes may be. The importance of regular re-positioning and applying barrier creams. Another person was at high risk of skin breakdown. There moving and handling risk assessment recorded, 'apply cream to knees, legs and arms' but failed to record the name of the cream to be applied. Care workers also advised that a night worker was supplied to assist with re-positioning. This was not reflected in the care plan and there was no guidance on how often the person should be re-positioned. The absence of a formal care plan audit also meant the provider had not identified that moving and handling risk assessments failed to include the sling size required to safely move and transfer someone alongside what loop attachments should be used on the sling.

The absence of a formal audit programme meant the provider had not identified shortfalls in care plans and MAR charts. Although short falls were presence, care workers demonstrated a good understanding of how to minimise the risk of any skin breakdown and the steps required to safely move and transfer someone. We have therefore identified this as an area of practice that needs improvement.

The absence of a robust quality assurance framework also meant the provider had not identified the need for care workers and live in care workers to receive child protection training. Care workers often attended care calls where children were present. Although the registered manager felt confident in the skills of the care workers to identify and pick up on any child protection concerns, care workers had not received formal training. We have therefore identified this as an area of practice that needs improvement.

We recommend that the provider considers a robust quality assurance framework which governs the running of the agency.

Requires improvement

Is the service well-led?

People's voice, thoughts and opinions were valued and respected by care workers and the provider. People were regularly given the opportunity to feedback regarding the agency. Satisfaction surveys were sent out on a regular basis which enabled the provider to gain feedback from people. The satisfaction survey for 2015 had just been sent out and results not yet received. The results from the 2014 satisfaction survey demonstrated that people were happy with the care and support provided. Comments included, 'I think the service provided is excellent and have recommended Ascot to my family.' 'They do everything well.' 'They take care of all of my needs.' The results from the satisfaction survey were analysed for any emerging trends, themes or patterns and as a result of the survey an action included a review of communication with family members.

There was a positive culture in the agency, the management team provided strong leadership and led by example. The registered manager and office staff regularly went out and provided hands on care. The registered manager told us, "I want to make a difference and I believe I'm quite an inspirational leader who leads by example. I'm very hands on but I also believe in delegation and supporting my team." Care workers spoke highly of the registered manager and confirmed they were supported as employees. Staff meetings were well-regarded by care workers. They confirmed the forum of a staff meeting provided them with the time to air any concerns, discuss practice issues and share learning. One care worker told us, "Team meetings held every four weeks, discuss operational matters and specific clients. We were discussing a person who has four calls a day, I suggested that as tea time was an easier visit, we could empty the bin bags then rather than at the late visit and it was agreed to change the care plan in that way. We also go through all care plan changes in the meetings, and new staff get introduced to everyone." Minutes from the last staff meeting in August 2015 reflected that training, introductions, incidents, care plans and learning was discussed. Care workers confirmed if they were unable to attend the staff meeting, they were sent the minutes. The registered manager also confirmed that live in care workers would be supported to attend staff meetings by arranging cover to enable them to attend.

Care workers commitment and dedication was noticed by the provider and people. Every three months, the provider recognised outstanding practice by a specific care worker. At the team meeting, this would be recognised and the care worker would be rewarded with a voucher for a meal out. In the interim, the registered manager also recognised the dedication of all care workers at each staff meeting and following any feedback from people and other care workers nominated a carer of the month. With pride, the registered manager told us how two care workers had been nominated for the South Coast awards. This is an event whereby all care agencies in the South of England can nominate their care workers for carer of the year. The registered manager told us, "This year we are lucky to have two care workers nominated for carer of the year, I am very proud."

The provider was committed to supporting care workers as much as possible, alongside offering carer of the month, parties were organised for care workers, such as Christmas parties. The registered manager told us, "The care workers work incredibly hard, we need to demonstrate that we recognise their hard work and appreciate everything they do."

The ethos and philosophy of the agency was embedded into every day to day practice. The registered manager told us, "Our ethos is to make a difference to our clients lives, this also includes our care workers. Our aim is to see lives transformed and we focus on unity." The registered manager acknowledged that the key strength of the agency was unity and how everyone worked together. This was echoed by care workers who confirmed team work was highly valued. One care worker told us, "Quality of service was hammered in from the start and we are very involved together." Another care worker told us, "It's a professional service, in training, management and service to people. The company instils that and maintains it through staff meetings and training."