

Ashgate Home Care Limited

Ashgate Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashgate Home Care provides personal care to people living in their own houses and flats in the community. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 34 people.

People's experience of using this service and what we found

People told us they received safe care and treatment. They spoke positively about the care staff and the support the service provided. People were not adequately protected from unsafe care practices because recruitment checks were not robust. People's ability to receive person centred care was affected by staff shortages. They were supported with the safe use of medicines and staff knew how to report concerns about abuse.

People were supported by staff who had received a range of training to enable them to carry out their role safely. Staff supported people to have maximum choice and control of their lives, the policies and systems in the service supported this practice. People were asked to consent to their care. However, improvements were required to ensure people's ability to make their own decisions was assessed. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

We received mixed responses from people regarding the way they were treated. Some people told us staff treated them with dignity and were respectful however, some felt this was not always the case with some of the staff. Before the inspection we had received concerns from professionals regarding a staff member's approach to caring for people. The registered manager took action to address this.

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly. Previous complaints had been adequately investigated and outcomes had been shared and used to improve care delivery.

The registered provider had governance systems to support the delivery of safe care. However, their systems needed to be improved to maintain safe recruitment practices. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

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

Rating at last inspection:

At the last inspection the service was rated good.

Why we inspected

This was a planned inspection based on the previous rating

Enforcement:

We have identified breaches in relation to the lack of robust staff recruitment checks at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Ashgate Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, and the deputy manager.

We looked at five people's care records. We looked at six staff files in relation to recruitment and two to

review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke to five relatives of people who used the service via telephone to seek their views about the care. We also spoke to four care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered provider had not always operated safe recruitment practices and did not always have enough staff to deliver care in a timely manner. Staff had started working before full criminal checks had been carried out. As result concerns with staff's previous conduct were not identified in a timely manner and risk assessed. The registered manager had not always ensured employment references obtained were reliable to assure themselves that staff were of good character. In addition, the provider had not always sought explanations for gaps in employment history and reasons for leaving their previous employment.

There was a failure to carry out employment checks to ensure staff employed were fit and proper and of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not always have adequate numbers of care staff to meet people's needs. Comments from relatives included; "They visit on time in most cases however they have struggled to provide cover because of one reason or another." And, "Overall they visit okay and are helpful however, they have struggled to maintain the visits, there is a lot of sickness."

- Before the inspection we received concerns that staff were working long hours without breaks. During the inspection we noted that, two staff had been working night shifts followed by day shifts without a break in between. This would expose staff and people to unsafe care practices. We spoke to the registered manager who informed us they had been experiencing staff shortages and are now recruiting more staff before accepting new people.

We recommend the provider consider current guidance on staff's working hours and care visit planning and take action to update their practice accordingly.

Using medicines safely

- People were supported to ensure they received their medicines safely. People told us they were adequately supported to ensure they had their medicines as required. Care records indicated the level of support that each person required.

- Staff continued to receive training in the safe management of medicines and their competence were regularly checked. They brought completed medicines administration records to the office for auditing. The registered manager addressed any medicines errors identified during audits and staff involved were supported to improve their practices.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and

management

- There were systems and processes to safeguard people from risks of abuse. People and their relatives told us they felt safe receiving care from their care staff. All staff were trained in safeguarding adults and knew what to do if they were concerned about the well-being of the people who used the service.
- People's individual safety and well-being were assessed and managed to protect them from personal and environmental risks. They had risk management plans and care plans to guide staff on how to support people against ongoing risks.
- Staff had documented accidents and incidents and where required they had taken action to support people accessing medical attention.
- There were emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies.
- Staff we spoke with were aware of the lone working policy which supported staff who worked alone in the community.

Learning lessons when things go wrong

- The provider had not established a system for identifying lessons that could be learnt following incidents or significant events across the organisation. The registered manager informed us they will be reviewing their systems and will introduce this to allow staff to learn from events and how to reduce the risks.

Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons. People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination. Staff had completed training in infection control and food hygiene.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. This meant people's outcomes were good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were working within the principles of the MCA. They had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before starting to provide any care or support.
- We discussed the need to ensure that staff completed MCA assessments to demonstrate how they had determined a person's capacity and the decision they were required to make. This was because three of the records we reviewed showed staff were waiting for other professionals to complete MCA assessment on their behalf when they should be completing these records themselves. The registered manager informed us they would address this.

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

- People's needs, risks and choices were fully assessed before they started using the service to ensure staff were able to meet the needs. This was consistent throughout the records we reviewed. Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow.
- The registered manager continued to follow national guidelines and best practice. This included local safeguarding protocols and guidance on various matters including medicines management.

Staff support: induction, training, skills and experience

- Staff were supported to learn the skills they needed to carry out their role effectively. New staff had received induction at the start of their employment which included the completion of the Care Certificate. The care certificate is considered to be best practice for staff members new to the care industry. The induction process involved new staff working alongside experienced staff before they could work

independently.

- Staff continued to receive supervision for their role. The registered manager had carried out unannounced spot checks to observe staff in the community and ensure they visited and delivered care as planned.

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

- Staff supported people to meet their dietary needs. People who required assistance with nutritional needs had nutritional care plans and monitoring records which identified the level of support they required. All staff had received training in food preparation and hygiene.
- Staff supported people to contact social workers, district nurses and their GPs including arranging hospital appointments. Where required, staff had made referrals to professionals in a timely manner.

Adapting service, design, decoration to meet people's needs

- The registered manager designed people's care to ensure it met their needs and preferences. People who used the service decided when they wanted care staff to visit and this was taken into consideration in designing and planning the care delivery.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- In the majority of cases people told us they were treated with kindness and respect. Relatives told us staff were caring, patient and approachable. Staff we spoke with knew the importance of respecting people's choice and independence.
- Staff had received training on the importance of treating people with dignity and respect and there was a policy which supported this practice. However, before the inspection we had received concerns from a professional regarding a staff member's approach towards people they supported. We discussed this with the registered manager during the inspection. We saw evidence which demonstrated they had addressed the concerns in line with their policies and had put plans in place to monitor staff conduct and to seek feedback from people regarding staff's approach.
- Staff knew people well and had formed familiar relationships with the people they supported. They understood, and supported people's communication needs and choices.
- People's records were kept securely to maintain privacy and confidentiality in the office.

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

- People and their family members were able to share their views about the care they received. We saw each care file had details of people's preferred routines and people told us staff followed their preferred routines.
- Records we reviewed showed people were actively involved in the planning of their care.
- People and their relatives were confident in expressing their views about the care and support provided by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. This meant people's needs were met through good organisation and delivery.

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

- People's care records were written and designed in a person-centred manner and reflected a person-centred approach to care.
- All the records we reviewed took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and time of care visits. They were regularly reviewed and checked for accuracy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's communication needs as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. For example, surveys and letters could be produced in large print for people with sight impairment. In addition, people's communication needs were assessed, and staff were aware of each person's needs and how they could meet them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. All the people we spoke with knew how to raise concerns. They were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily.

End of life care and support

- The service was not supporting people who required end of their life care at the time of the inspection. However they had policies and arrangements for exploring people's preferences and choices in relation to end of life care if they required this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and their staff were clear about their roles. However, the governance systems were not effectively established to assist them to effectively monitor the quality of the care delivered and ensure compliance with regulations. Systems for carrying out recruitment checks were not effectively implemented, and quality audits had not been carried out to monitor staff recruitment files and the recruitment process.
- The registered provider and the registered manager had not always ensured staff working hours were in line with related regulations.
- The registered manager continued to carry out regular audits to check the quality of care and people's experiences of receiving care. This supported them in identifying some of the areas of concern such as record keeping and medicines managements shortfalls at an early stage.
- People felt the service was well managed. They were complimentary about the staff and the registered manager. They informed us the registered manager was actively involved and would step in to support if there were any staff shortages.

Continuous learning and improving care

- The registered manager showed a desire to promote continuous learning and improve the care provided. However, they needed to continuously review systems and arrangements at the service to enabled them to maintain standards and to identify any shortfalls in the quality of care provided.
- The registered manager shared their knowledge and experience with their staff. They worked with the local authority and other health and social care professionals to keep up with developments in the sector.

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

- People and staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to. There were regular staff meetings where challenges were discussed between staff and the registered manager.
- The registered manager visited people in their homes regularly to discuss their care experiences and also asked people regularly for their feedback on the care delivered through questionnaires. People told us they could propose a change in their visit and felt listened to. Staff told us they felt valued.

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

- The registered manager and staff were open and transparent with the inspection process. They had submitted notifications to the Care Quality Commission. We noted apologies had been offered where things had gone wrong.
- There was good partnership working with the relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff had continued to have access to best practice guidance on meeting people's needs in a person-centred manner. There was a clear understanding throughout the organisation on what was expected of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure that robust checks had been undertaken to ensure staff employed were of good character. Regulation 19 (1) (a) Fit and proper persons</p>