

# Ashrey Care Limited

# Ashrey Care

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

We undertook an announced inspection of Ashrey Care on 3 May 2017. Ashrey Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to eight people, one of which received personal care.

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

The service was registered with the CQC in May 2015. The service did not provide personal care to a client until July 2016 and therefore we did not inspect the service during this period. This inspection on 3 May 2017 was the first inspection for the service.

The service was providing personal care to one person at the time of this inspection. The registered manager explained that she provided the care to the one person receiving personal care and a care worker was in place in case she was unable to carry out a visit.

During this inspection we found the service was operating efficiently, however as they were only providing care to one person, there was insufficient evidence for us to rate the service.

One person who used the service had limited communication and therefore we spoke with their relative. This relative told us they were satisfied with the care and services provided. They said they were confident that their relative was treated with respect and they were safe when cared for by staff.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. The registered manager and care worker had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs and details about how to support people appropriately.

The registered manager confirmed that the service did not currently administer medicines to the person they provided personal care to. As a result of this we did not look at how the service managed medicines as part of this inspection.

The relative we spoke with told us that the registered manager turned up on time. There was evidence that the person received care from the same staff and there was consistency in the level of care they received.

The registered manager and care worker had the necessary knowledge and skills they needed to carry out their roles and responsibilities. They spoke positively about their experiences working at the service. Staff had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from one relative indicated that positive relationships had developed between the person using the service and the registered manager and they were treated with dignity and respect.

The person who used the service received care that was responsive to their needs and their daily routines were reflected in their care plan. The service encouraged and prompted people's independence and we found the care plan included information about preferences.

The service had a complaints procedure in place. One relative we spoke with said that they thought the service was well managed and would not hesitate to raise concerns if they needed to.

The registered manager explained that she held regular meetings with the care worker and we saw evidence that these meetings occurred regularly. The care worker we spoke with told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service through a satisfaction survey. The service also undertook checks and audits of the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. One relative told us that they were confident that their relative was safe and raised no concerns in respect of this.

Risks were identified and managed so that the person receiving care was safe and their freedom supported and protected.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out.

**Inspected but not rated**

### Is the service effective?

The service was effective. Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Staff had completed relevant training to enable them to care for people effectively.

Health care needs and medical history was clearly detailed in the care plan we looked at.

**Inspected but not rated**

### Is the service caring?

The service was caring. One relative told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff were able to form positive relationships and people were treated with respect and dignity.

**Inspected but not rated**

### Is the service responsive?

The service was responsive. The care plan we looked at included information about individual needs and choices.

**Inspected but not rated**

The service carried out regular reviews of care to enable people to express their views and ensure people's needs were met.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### **Is the service well-led?**

The service was well led. One relative spoke positively about the management of the service.

One care worker we spoke with said that they were supported by management and told us they felt able to have open and transparent discussions.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements

### **Inspected but not rated**

# Ashrey 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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 3 May 2017. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed one person's care plan, two staff files, training records and records relating to the management of the service such as audits, policies and procedures.

The service was providing personal care to one person at the time of the inspection. This person had limited communication and therefore we spoke with their relative. We also spoke with the registered manager and one care worker.

# Is the service safe?

## Our findings

We spoke with a relative of one person who received care from the service. This person told us that they were confident their relative was safe when being cared for by the service. They said, "[My relative] is 100% safe."

There was a safeguarding policy and procedure in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Information about safeguarding procedures within the service was detailed in the service user guide. The registered manager and care worker had received training in safeguarding people and training records confirmed this. They were both able to clearly describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur and the procedure to follow. They were aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. The registered manager and care worker we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

We looked at the risk assessments in place for one person who received care and found that a comprehensive and detailed risk assessment was in place to ensure risks were managed so that this person was safe and their freedom supported and protected. This risk assessment covered areas such as walking unaided, water temperatures and personal care and included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support this person safely. The risk assessment we looked at provided outlines of what this person could do on their own and when they required assistance. This helped ensure that the person was supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We saw evidence that this person's risk assessment was reviewed regularly and updated where necessary.

We spoke with the registered manager about staffing levels. She explained that at the time of the inspection the service provided care to one person once a week and she personally provided the care. She also explained that another care worker was employed by the service so that if the registered manager was unable to provide care to this person, there was an alternative arrangement in place to ensure the person received their care. The registered manager explained that at present there were sufficient numbers of staff. She also explained that the service aimed to provide consistency and continuity of care and they did this by ensuring that the person they provided care to received care from the same member of staff.

The registered manager explained that as she provided care to one person at the time of the inspection, there was not a formal system for monitoring timekeeping. She explained that she completed timesheets and said that she was always punctual for visits and if there was any delay, she would always contact the person and inform them of this. The relative we spoke with raised no concerns regarding the punctuality of the registered manager or care worker.

We looked at the recruitment records for the registered manager and one care worker to check whether the necessary recruitment checks had been carried out. We found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained.

We spoke with the registered manager about medicines administration and she confirmed that the service did not currently administer medicines to the person they provided personal care to. As a result of this we did not look at how the service managed medicines as part of this inspection.

The service had an infection control policy which included guidance on the management of infectious diseases. The registered manager confirmed that she had had access to gloves, aprons and other protective clothing. The relative we spoke with told us that the registered manager observed hygienic practices when providing care.



## Is the service effective?

### Our findings

One relative we spoke with told us they were satisfied with the care provided. This relative said, "I am very happy with the care. [My relative] is very happy. I am happy because [my relative] is happy." This relative told us that they were confident that the registered manager had the necessary knowledge and skills to carry out their role effectively.

Records showed that the registered manager and one care worker had completed training in areas which ensured they had the skills and knowledge to effectively meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. The registered manager explained that training was a combination of external and internal classroom based training and online training. One care worker spoke positively about the training they received and said that they had received the training they needed to complete their role effectively.

The registered manager explained that there was a formal induction in place and the care worker currently employed had completed this and provided us with evidence to confirm this. The registered manager also explained that when they recruited more care workers as the service expanded, all care workers would complete the induction before providing care to people.

There was evidence that supervision sessions were regularly carried out by the registered manager. These supervision sessions enabled the care worker to discuss their personal development objectives and goals. We also saw evidence that the care worker had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

We spoke with one care worker about the support they received from the registered manager. This care worker told us that they felt supported by the registered manager. They were positive about working at the service and said, "I am happy here. The manager is really helpful. I can talk to her. I feel comfortable talking to her." This care worker told us they felt confident about approaching the registered manager if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. The care plan we looked at contained comprehensive information about the person's health and medical conditions.

We spoke with the registered manager about how the service monitored health and nutrition. She explained that the service did not currently prepare food for people as part of their care. However, she explained that if she had concerns about a person's weight, she would contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We noted that the care plan we looked at for one person included detailed information about their dietary preferences and needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and care worker we spoke with had an understanding of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that the care plan we looked at had been signed to indicate that the care had been agreed.

## Is the service caring?

### Our findings

One relative we spoke with told us that they felt the service was caring and spoke positively about the care provided. One relative said, "The carer is caring. She listens."

We looked at one person's care plan and noted that it included information that showed they had been consulted about their individual needs including their spiritual and cultural needs. We found that there was detailed information about this person's cultural and spiritual values. For example, we observed that the person's care plan detailed information about religious fasts and detailed how to support this person in respect of this.

The service had a policy on ensuring equality and valuing diversity. The registered manager and care worker informed us that they knew that people should be treated with respect and dignity regardless of their background and personal circumstances. The registered manager explained that she always asked people about their preferences and respected each person's individual needs. We saw that this information was clearly documented in the care plan we looked at.

The registered manager explained that the service did not provide home visits less than 30 minutes. She explained that it was important for care staff to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled them to do this.

The registered manager confirmed that they reviewed the care plan regularly to ensure that this person's needs were continuously being met and to assess and monitor whether there had been any changes.

People and relatives we spoke with were all familiar with the director and the registered manager and said that they were able to contact management if they had any queries. The director explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

The service had a comprehensive service user guide which was provided to people who used the service. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers and was presented in easy read format so that it was accessible to all people. It also included information about the aims of the service which was, "To provide professional care support that is flexible, responsive and proactive". The registered manager explained that the service aimed to provide the highest level of care for people which was focused on tailoring the care provided to people's specific needs.

The registered manager and care worker we spoke with were aware of the importance of ensuring people were given a choice and promoting their independence. They were aware of the importance of respecting people's privacy and maintaining their dignity. One care worker told us, "I always listen and take an interest in a person. I ensure that they are comfortable and trust is important. It is important for people to feel able to speak with me." The registered manager explained, "We always ensure people are treated with respect

and dignity. They are treated as individuals. It is important to promote their choice and independence and encourage them to do as much as they can."

## Is the service responsive?

### Our findings

One relative we spoke with told us they were satisfied with the care provided by the service and said that the service listened to them. This relative said, "I feel like they really do listen."

We looked at one person's care plan and found that this included a care needs assessment, a detailed support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The registered manager explained that before providing care, the service assessed each person and discussed their care with them and their relatives.

The care support plan we looked at detailed what tasks needed to be done, time of visits, people's needs and how these needs were to be met. We found that the care support plan was individualised and specific to the person and their needs. This care plan included information about the person's preferences, their likes and dislikes. They also included information about the person, what was important to them and their overall goals.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service has clear procedures for receiving, handling and responding to comments and complaints. One relative we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We noted that the service had not received any formal complaints and spoke with the registered manager about this. She explained that she encouraged people to speak with her if they had any concerns about the level of care and said that she had an open door policy so that people felt able to speak with her.

## Is the service well-led?

### Our findings

The service was made up of the registered manager and one care worker. Both the registered manager and the care worker spoke positively about working at the service. The care worker told us the service was organised well and said, "Communication is great. I have regular meetings with the manager so I know what is going on."

The registered manager explained that at the time of the inspection the service provided care to eight people, one of which received personal care. She explained that the aim for the service was "to grow but in a responsible way". The focus of the service was to provide exceptional care and she wanted to be involved in providing the care and therefore aimed to keep the service at a size that would enable her to do this and enable her to provide a personal service for people.

The registered manager explained that she held regular meetings with the care worker and we saw evidence that these meetings occurred regularly. The care worker we spoke with told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. She explained that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through satisfaction surveys. We saw that a satisfaction survey had been completed by one person who used the service and their relative. The feedback was positive and no concerns were raised.

The service undertook audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, staff files, and training.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing. We observed that some of the policies did not specifically relate to the service and discussed this with the registered manager. She explained that she was in the process of reviewing the policies and updating them where necessary.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

Care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.