

Ask Care Limited

ASK Care Limited

Inspection report

40 Argyle Road
Ilford
Essex
IG1 3BG

Tel: 02085547766
Website: www.ask-care.com

Date of inspection visit:
29 February 2016

Date of publication:
07 April 2016

Ratings

Overall rating for this service	Good ●
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?	Good ●

Summary of findings

Overall summary

The inspection took place on 29 February 2016 and was announced. The provider met all legal requirements at our last inspection.

ASK Care Limited provides personal care to over 200 people living in their homes living in the London boroughs of Redbridge, Havering, Newham and Waltham forest and some areas of west Essex. It offers a rehabilitation service and has a mixture of CCG funded, self-funded, Direct Payments and local authority funded care packages.

The registered manager was present during our visit. '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 told us they felt safe and trusted the staff who cared for them. They told us that they were kept informed if staff were running late and were able to reschedule visits to suit their needs.

Medicines were managed safely by staff who had been assessed as competent.

Comprehensive risk assessments for people and their environment were completed and updated as people's condition changed in order to ensure staff were aware of how to mitigate all assessed risks. For people who were taken out into the community separate assessments were completed to ensure appropriate action was taken during travel and in public areas.

Staff were trained on safeguarding and could explain how they would report any allegations or witnessed abuse. They knew where to find the policy and told us they would follow up any actions with the registered manager and clearly document the incident.

Staff were aware of the incident and accident reporting procedure and could demonstrate any learning from past incidents. They were aware of the procedure to take in an emergency and told us they would stay with the person until an ambulance turned up. They were all aware of the need to keep key safe numbers secure and separate from people's.

There were recruitment processes in place to ensure that only staff deemed as suitable to work in a social care environment were employed. We noted that the provider had only just started to refresh disclosure and barring service checks for staff who had been employed for over five years. Annual appraisals and regular supervision and spot checks were completed to ensure staff followed appropriate procedure to deliver safe care.

Although annual training was offered and an opportunity for professional development by encouraging staff

to gain a social care qualification, people and their relatives complained about the limited understanding of English language of some staff. In addition we noted that training for essential topics such as Mental Capacity Act (MCA) and first aid was out of date. We recommend further training for staff identified as unable to communicate effectively and a more proactive approach to arrange training for before it expired.

Care was assessed before people started to use the service and reassessed every six months or as people's conditions changed. Care plans included people's likes and dislikes.

People told us staff were polite and caring and treated them with dignity and respect. They told us the service was flexible and they could request the same staff to assist them on a regular basis. People said they were aware of the complaint procedure and felt that concerns were listened to and acted upon by the registered manager and the director.

Staff were aware of the Mental Capacity Act (MCA) and how it applied in their daily practice. They told us they would always seek people's consent before assisting them.

People and their relatives told us there was an open and honest culture as management was approachable and listened to people's concerns and complaints. There was regular quality assurance ensure people's views were listened to. The service had a strong links with the community and offered a free recreational service to women in the community every Monday.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People told us they trusted the staff who supported them and they received the same staff member most times.

Staff were aware of the procedures to follow in an emergency and could explain the reporting structures if they witnessed or were informed of any allegation of abuse.

Staffing absences were covered by a pool of regular staff and the coordinators. Missed and late visits were monitored and people were kept informed of any changes or delays to care and treatment.

Medicines were managed safely for the few people who needed assistance where required.

Is the service effective?

Requires Improvement 

The service was effective. People told us they were cared for by staff who understood how to support them. People who required support to prepare food were supported by staff who had undergone food hygiene training.

Staff were supported by means of a comprehensive training program and an induction program that included four day training plus shadowing until they were confident to work independently. However we identified a few shortfalls in the way training was refreshed.

Annual appraisals, supervisions and spot checks were completed to ensure staff were supported to deliver evidenced based care safely.

Staff were aware of the Mental Capacity Act and how it applied in practice. They told us that they always waited for a person's consent before they began support.

Is the service caring?

Good 

The service was caring. People told us that staff were polite,

caring and listened to them.

People were treated with dignity and respect. Staff told us they respected people's wishes and decisions. We found most staff were matched according to people's cultural, religious and personal preferences in order to cater for people's diversity and breach language barriers.

People told us they were kept informed of any staff changes and had received information leaflets kept within their care files.

Is the service responsive?

Good ●

People told us they were involved in planning their care and were aware of their weekly contracted hours.

Care plans were up to date and specified people's preferences.

People told us they were able to make a complaint if they had any concerns and it was listened to without impacting the care they received.

Is the service well-led?

Good ●

The service was well led. People told us that they could contact the registered manager or the director at any time.

There were robust quality assurance mechanisms to ensure people's views were heard and acted upon.

Staff were aware of their roles and responsibilities as well as the vision and values of the service which included compassion and reaching out to the community.

ASK Care Limited

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 took place on 29 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by one inspector.

Before the inspection we gathered and reviewed information from notifications, complaints commissioners and other stakeholders such as the local safeguarding team and Heathwatch. The provider completed 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.

During the inspection we spoke with the registered manager, the director, two care coordinators and 10 staff. We visited one person who used the service with their consent and observed interactions between them and staff. We looked at eight care records, eight staff files including supervision appraisals and recruitment checks. We looked at comments, complaints and quality assurance audits.

After the inspection we spoke to ten relatives and 12 people over the telephone. We also received feedback in the form of emails from social workers and two relatives.

Is the service safe?

Our findings

People told us they felt safe and that they trusted staff who looked after them. One person said, "Staff are trustworthy. It gets easier to trust as it's the same regular people [staff] you see on a daily basis." Another said, "I would not let them in if I didn't trust them." Another person said, "There are occasions a new person [staff] comes, but they are in uniform or with another familiar face."

People were safeguarded from harm because the provider took appropriate steps to ensure guidance was followed. Staff were aware of the procedure to follow if they witnessed or were informed of any allegations of abuse. They were knowledgeable about the different types of abuse and told us they would inform the registered manager and record it as an incident as well as complete a body map if the abuse was physical. They were aware of the procedure to follow in an emergency and told us that they would wait with the person at their home until an ambulance arrived. They told us that usually one of the management team would also come to give a hand while the rest of the visits scheduled for that staff member were either covered by another staff member or rescheduled to an agreed time with the people involved.

Staff were aware of the whistleblowing policy in place and told us they would not hesitate to report any concerns about care and support provided. They told us that the registered manager and the director were always willing to listen to any concerns and act upon them.

Staff were aware of the individual risk assessments for people. These included physical and emotional risks and how to reduce the risk of them happening. Risk assessments included but were not limited to falls, agitation, hypothermia and choking. Risks of the environment were also assessed and reviewed each time there was a change. For example a person's home was assessed as a fire hazard as there would be no escape route in the event of a fire. Following the assessment a referral to social services was made and the person was moved to respite service until suitable accommodation was found.

There were robust incident and accident reporting procedures. Staff were aware of these and told us that they would complete the forms each time an incident occurs and that they would ensure any risk assessments and care plans would be referred to the office for updating if required.

People's medicines were managed safely. One person said, "Staff remind me to take my medicines." Staff who administered medicine attended comprehensive training and were not allowed to help with medicine until they were assessed as competent. Medicine administration risk assessments were in place and staff were aware not to administer any homely remedies and advised people to check with their GP before using these to prevent any medicine interactions.

Staffing levels were matched to people's needs. One person said, "I get the same staff every time." Another said, "Yes I get along well with my regular carer." A relative said, "Ask Care make sure I get the same staff and have agreed that they don't wear a uniform to make [my relative] less apprehensive." The coordinators told us that they would not accept any new packages unless they knew they had staff to support people. We looked at missed and late visits for the past six months and found that people were informed and visits were

rescheduled where possible otherwise staff on standby would cover the calls as close to the agreed time as possible.

There was ongoing recruitment to ensure that there would always be staff in the process of completing appropriate recruitment checks and training to ensure that there would be staff available should the service accept new care packages. Recruitment checks included disclosure and barring checks to ensure staff were suitable to work in a health and social care environment. Two verified references, proof of identity, qualifications, skills and right to work in the UK were also checked before staff could start work.

Staff told us that they had been trained on how to use equipment safely. They told us they routinely completed safety checks. They completed checks on the hoists, slings and commodes before they used them in order to ensure they were safe for before use. They told us they reported any faults to the office and would also call the service numbers in order to get the equipment repaired.

Is the service effective?

Our findings

People told us they were supported by a regular set of staff who knew them well and supported them effectively. One person said, "Staff are very good. They listen." Another person said, "I can't complain. Although they have it all written up, they always ask in case I change my mind." A relative told us, "We are very lucky that we have found one in a million carer."

We saw an accredited training program that was offered to all staff on an annual basis. We noted that some training was overdue. However we saw a system in place to track all overdue training and found that there was a list of training required and the process had been started to schedule dates for all the overdue training. All staff either had a qualification in social care or were working towards a qualification. In addition some staff who spoke dialects understood by most of the people using the service were supported and offered English lessons to enable them to study further and gain knowledge to enable them to effectively support people. However five people and their relatives told us that their enquiries were sometimes misunderstood at times by staff working at the office. On occasions some people had reported communication barriers. One relative told us, "Training needs to be given to staff and they need to be fluent in English. They need to know a bit more about the country and activities available so that they help their clients have a better life." Another relative said, "I have a problem sometimes when I call the office as some of the staff do not always understand my request." We recommend further training for some staff to be more proficient in English, especially staff who handle people's calls and requests.

We reviewed staff files and found that annual appraisals were completed with clear developmental needs outlined. Supervision and spot checks were also completed in order to feedback on performance, acknowledge good practice and discuss areas for development. Staff told us they found spot checks supervisions to be supportive and completed in a way that encouraged staff to learn and ask more questions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The director and the registered manager were aware of the MCA implications and had provided training for staff. We saw that for people with variable capacity, assessments were completed and if applicable referrals were made where best interests decisions were required.

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. For people in their own homes applications must be made to the Court of Protection. At the time of inspection there were no applications to the Court of Protection according to the director, the records we reviewed and registered managers no person was being deprived of their liberty.

Before care was delivered staff always asked people for consent. People told us that staff always sought

their consent before care was delivered. One person said, "They ask if I want a shower or a wash and ask me what I want for breakfast and wait for my response."

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. People told us they were satisfied with the support they received. One person said, "They cook what I want, how I want it." Another said, "They serve me all my meals and make sure I have a drink at hand." Staff told us how they encouraged people to eat and drink and how they reported any concern to the office who would in turn make appropriate referrals to the dietitian or speech and language therapist was requested. There was a good relationship with the district nursing teams, the GPs and the pharmacists who described staff as proactive. In addition all the regular health care professionals involved in a person's care contact details were outlined in the care file.

Is the service caring?

Our findings

People told us that staff were compassionate, polite and caring. We were told that staff went the extra mile to help people sometimes beyond the time they were being paid for. In addition the provider said they rewarded staff even if they were not getting any funding for the extra care provided in order to ensure people got the care they needed. One person said, "The staff are gentle, pleasant and easy to talk to." Another person said, "They are very helpful and good to me." One relative said, "I am very happy with the care delivered, especially that the same girls [staff] attend to [my relative]. That is great as [my relative] doesn't like new people." All ten relatives told us that staff were kind and caring.

People were encouraged to be independent as much as they could and were supported to attend day centres to reduce social isolation if required. People on reablement were supported until they were able to be independent again. Staff told us they encouraged people to try and do as much as they could for themselves. One person said, "Staff are very encouraging and reassured when they just walk behind me until I get to my chair."

Staff were aware of end of life care and supported people and their families if required to have a comfortable and dignified death in their own home. Staff told us that they were aware of the need to look after the family as well when delivering end of life care to ensure that they also rested. They told us they tried to build a good rapport with people and their families and work together to explore different ways of making people comfortable such as repositioning, mouth care and massage. Feedback from relatives on end of life care delivered included; "Excellent care and compassion received from ASK care for my dad and family during a difficult time. They were there for him till the very end."

People were provided with a folder with information about the service including contact numbers, and the complaints policy. Staff told us that they sign posted people to various services such as the district nurses, advocacy and local charities. One person said, "I can ask staff about anything and they usually help or direct me to someone who can help."

Staff had attended training on privacy, dignity and respect and were aware of the need to maintain people's confidentiality. Where possible people were taken to the toilet rather than using a commode. Continence was promoted where possible to preserve people's dignity. Staff told us they respected people's wishes during care delivery. For example people's wishes to have same gender staff to deliver personal care was respected. Similarly where there was a language barrier if available people were matched with staff who were able to communicate in the person's language. Careful considerations were also made to ensure that people's preferences related to their religious or cultural beliefs were respected.

People told us that staff were very considerate and did not rush them. They said staff listened to them and involved them in planning their daily care. One person said, "I choose what I want to eat or wear." Another said, "I do as much as I can myself during my daily wash and they will only help when I ask for it." Eight out of the ten relatives we spoke with thought staff worked at a pace that suited people they supported, while the other two relatives told us they thought some staff were better than others.

Is the service responsive?

Our findings

People were supported according to their preferences. People told us that ASK Care was good at listening and responding to their request. Ten out of 12 people said the service was flexible and that they could change their visit times if required to enable them to carry on with other activities.

People and their relatives told us they had been involved in planning their care package, they were aware of the contracted weekly hours and told us they could choose when these times would be. One person said, "They come four times week and stick to my requested time." Another said, "They come at the same time each week give or take once or twice where delays occur due to traffic." Eight out of ten relatives told us they were happy with the visit times. Some said they preferred to have the same staff come even if it meant they were sometimes late due to delays at a previous visit.

Care was assessed before the package began and a support plan was completed together with the person and their relative if appropriate. Support plans were specific and detailed people's emotional, social and physical needs. Visit times were specified and people's favourite routines were highlighted. Preferences such as how often people wanted their hair washed, where they liked to sit, and how they liked their beverages was specified. Religious preferences such as prayer times were also noted where applicable.

We saw several thank you messages from people and their relatives acknowledging the care they received. People told us that the service was very flexible and met their needs. One person said, "I can change my visit time to suit my schedule." Another person said, "They are very good at listening to what I want. Sometimes I do play around with the times I need help to suit all my hospital appointments." A relative told us, "They are quite good. We get the same staff all the time so that makes it easier as they now know [my relative] very well."

People were aware of the complaints procedure and told us that their complaints were listened to. One person said, "If I have concerns I call the office. They usually find a solution." Another person said, "They changed the staff for me when I was not happy. Now I am satisfied with the carer [staff] I have." We looked at the complaints log and found complaints were investigated and responded to in a timely manner and where possible an amicable resolution was found. Staff told us that they referred complaints to the registered manager.

People were supported to receive safe care in a timely manner by staff who were responsive to their needs. We saw several examples where staff had been proactive on occasions where people had come back home from hospital. These included liaising with district nurses to chase up essential equipment such as pressure relieving mattresses and aids, chasing up the medicines to ensure that people had the correct prescription and doing shopping for people if they come back home with no food in the house.

Is the service well-led?

Our findings

The service was well-led. People told us that senior management were always available over the phone and listened to their concerns. Ten out of twelve people described the registered manager and the director as "approachable", "kind" and "considerate." Staff told us that the management was approachable and supportive.

There was a registered manager in place who kept us informed of all issues relating to the service that were of concern that were required by law to do so. This included but was not limited to any falls, pressure sores and any safeguarding concerns.

An open door culture was evident as staff requested to see either the registered manager or the director during the inspection and had free access. Staff told us they had built a rapport with the registered manager who was very passionate and supportive and had empowered them by offering training and support. They told us they could come to the office at any time. Examples of management going the extra mile were instances where staff were offered time off or flexible working during difficult times, and offering pay advances when staff experienced difficulties. Staff morale was very high as they felt that they were treated well and that their opinions mattered.

Staff meetings were regular and included updates on any changes, new staff or current complaints. Staff told us that these meetings were useful. There was recognition for staff who completed their social care qualifications followed by a graduation ceremony. This meant a lot to some of the staff who told us they came from a background where women were not encouraged or expected to work other than raise their families. All staff we spoke with felt their job was rewarding. One of the staff had been nominated and won the 'carer of the year' award issued by an external body.

The service vision and values were clearly demonstrated by staff who said they would go the extra mile to keep people satisfied. For example some care packages were not sufficient to meet people's needs safely but staff continued to care for people over the contracted time before an increased package was agreed. The extra time was paid for by the service as a charitable gesture to give back to the community. In addition a free day centre service was available to elderly women in the community every Monday.

There were newsletters printed with several events the service held for the community and people. These included BBQs and Skydiving to raise money for Multiple Sclerosis charity. The service had clear links within the community it served and had been awarded by Redbridge the best "Business Contribution To The Community Award" in recognition for their work in the community.

People's records were up to date and reflected their current support needs. Records were audited when they came back to the office to ensure that MARs and daily log sheets were completed correctly. People and staff records were stored securely in lockable cabinets. Other records relating to the management of the service were up to date.

Staff practice was monitored during regular spot-checks that were completed to ensure that staff adhered

to best practice. Monthly tele-monitoring (getting people's views over the phone) and annual satisfaction surveys were also used as a means of obtaining feedback about the service. We reviewed 40 quality assurance calls logs made between January and February in which 38 people described the care delivered as good. Only two people had issues which related to timekeeping on Sundays. This had been addressed by speaking with staff and rearranging visit times to ensure that increased travel times for staff who used public transport on a Sunday were factored into the visit schedules. There was a system in place to ensure if complex care packages were required, an experienced member of staff went to train staff in people's homes in order to make sure staff were familiar with the new equipment or assistive device such as catheters or stoma bags.