Ashfield Care (Ross-on-Wye) Ltd

Ashfield Care Ltd

Inspection report

Kern Place
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Ross On Wye
Herefordshire
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Tel: 01989565309

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Ashfield Care is located in Ross-on-Wye, Herefordshire. It is domiciliary care agency which provides personal care to people in their own homes. It supports people with people with a mental health condition and people with a learning disability, people who need end of life care, people living with dementia, and people living with conditions such as Parkinson's disease and Multiple Sclerosis. On the day of our inspection, there were 47 people using the service.

The inspection took place on 11 July 2016 and was announced.

There was a registered manager at this service, who was also the provider, but they were not present on the day of our inspection. Therefore, we spoke with the deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 were involved in discussions about the individual risks associated with their care needs, and agreed the steps taken by staff to minimise risks to them. Incidents and accidents were reviewed to look at whether people needed additional support to keep them safe. Staff knew how to recognise signs of abuse or harm and where they had concerns, these had been reported.

People were prompted to take their medicines. Where there were concerns about people and their medicines, these were discussed with the relevant health professional.

People received care in a manner which was in accordance with the principles of the Mental Capacity Act. People were given the information needed to make informed choices, and their choices were respected. Staff received ongoing training which was relevant to the needs of the people they support.

People received help with their meals and drinks. Where there were concerns about people's weight loss, lack of appetite or general health, staff liaised with other health care professionals to ensure people's health and wellbeing were maintained.

People were involved in decisions about the level of care they would receive, and how they would like to be supported. People were kept informed of any changes to their care and were provided with explanations. People were treated with respect, and their privacy was upheld.

People received care which met their individual needs and preferences. Where people's needs changed, the provider responded to these and adapted the care package in place.

Where people or relatives were dissatisfied with the care provided, they knew how to make a complaint.

Complaints were investigated and reviewed and used to improve practice.

The provider had not notified the Care Quality Commission of incidents where people were at risk of harm or abuse.

People were involved in the provider's quality checks, and were asked for their views and opinions on the service they received. Staff felt appreciated in their roles, which resulted in a positive and enthusiastic team. Although people were not clear as to the management structure of the service, they felt the service was well-run.

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 is safe.

People were supported by staff who understood how to meet their individual care needs safely. Staff understood how to recognise signs of abuse or neglect, and where they had concerns, these had been reported to the relevant authority. People were reminded to take their medicines.

Is the service effective?

Good

The service is effective.

People were supported by staff who were trained to care for them effectively. People received the assistance they needed with their meals and drinks. People's consent was sought and choices offered, in accordance with the principles of the Mental Capacity Act.

Is the service caring?

Good

The service is caring.

People were involved in the assessment of their care needs and decisions about they received their care. People enjoyed positive and respectful relationships with staff. People were treated with dignity and respect.

Is the service responsive?

Good

The service is responsive.

People's individual needs were reviewed and where their needs had changed, staff responded to these. People's preferences and interests were known and respected by staff and were used to inform their practice. People knew how to complain about the service they received. Where complaints had been made, these were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had failed to comply with its requirement to notify the Care Quality Commission when people were at risk of harm or abuse.

People benefited from a provider who regularly monitored the quality of care provided and sought people's views. Staff were clear about what was expected of them, and of the values of the service. There was a system in place for reporting unsafe or abusive practice, which staff knew of and were confident action would be taken.

Ashfield Care Ltd

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.

We made an announced inspection on 11 July 2016. The inspection team consisted of one Inspector. We gave the deputy manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with nine people who use the service and two relatives. We also spoke with an external Personal Development Manager and a social worker from the local authority. We spoke with the deputy manager and seven staff members, which included the Training Manager, two care-coordinators and four care staff. We looked at three care records, which included risk assessments, initial assessments of needs and reviews of people's care. We looked at the complaints received by the service and the quality assurance records.

Good

Is the service safe?

Our findings

We asked people what being safe meant to them, and whether they felt safe when using the service. One person told us, "I had a bad fall down the stairs and they suggested moving my bed downstairs. When I agreed, they moved it for me. I feel much safer now because I haven't had another fall since". One person told us, "Being safe to me means having them here, knowing I can depend on them to lock the door, close the windows, and draw my curtains. It is very good to know that someone has my back". Another person told us, "The best thing about them is that they have never let me down. That is reassuring for me. I feel safe and secure in their care".

We asked the deputy manager and staff about how they kept people safe from avoidable harm and abuse, and what consideration they gave up upholding people's rights. The deputy manager told us the importance of people feeling safe and comfortable with the people who support them, and their right to request an alternative carer. The deputy manager told us about a person who had found a carer to be unsuitable for them and their personal care needs. The person had contacted Ashfield Care, and the deputy manager arranged a different carer for the person. We spoke with the person who told us, "I found one member of staff to be a little rough with me. Not deliberately so, but they weren't right for me. I told the manager that I wanted a different carer, and that was arranged immediately. I've had no problems since". The deputy manager told us disciplinary action would be taken where necessary, such as if a member of staff was unreliable, or if their attitude was unsuitable. Staff told us they knew how to recognise signs of different types of abuse, and how to report matters of concern. At the time of our inspection, staff members had raised concerns to the registered manager about someone being at risk of possible financial abuse and neglect from a family member. We saw that a referral had been made to the local authority, and steps taken to monitor the person and ensure their safety. We spoke with a social worker, who told us the registered manager made appropriate safeguarding referrals and understood their role in relation to safeguarding the people they support.

We looked at how the provider assessed and managed people's individual support needs and risks associated with these. We saw that individual risk assessments were in place for people in respect of areas such as skin integrity, moving and handling and falls. Where possible, risk assessments were completed with the person or with their relative. People told us they were involved in this process, and that if the provider identified any risks, they worked with the person to reduce these. For example, one person told us, "They met with me and told me they couldn't support me safely unless I had grab rails fitted. They sorted all of that out for me with the occupational therapist". Another person we spoke with told us that due to their mobility needs, they were supported at all times by two carers. We saw that this was reflected in the person's risk assessment and care plan. Risk assessments were reviewed and updated as risks to people changed, and where there had been an increase in accidents and incidents. We found that one person had an increase of falls over a period of a few weeks, and as a result, the provider had arranged for the person to have a pendant alarm so that they could access support from a different organisation outside of Ashfield Care's working hours.

We looked at how the provider ensured there were sufficient numbers of staff to keep people safe and meet

their needs. We found that staffing levels were determined according to the needs of people. For example, some people using the service needed support from two members of staff and this was provided. We saw that all calls were covered by the existing staff team, and that no agency staff members were used. The Training Manager told us, "It is so important to have a stable group of staff, it provides consistency for people and ensures that staff know their needs and recognise when these change". People we spoke with told us their calls were always covered and that there had not been any instances where staff members were unavailable. We looked at how the provider recruited staff and we saw that staff were subject to checks with the Disclosure Barring Service ("DBS"). The DBS is a national agency which keeps records of criminal convictions. The deputy manager and staff told us that staff were not able to work with people until these checks were completed. These checks, combined with the references the provider sought, helped the registered manager make sure that suitable people were employed and people who used the service were not placed at risk through its recruitment processes.

People were able to administer their own medicines and as they chose to do this, they did not receive support from staff in this area. However, staff did support some people with applying creams and prompting people to take their medicines. One person told us, "They remind me to take my tablets and check that I have taken them". Another person told us, "They apply my creams for me at night." Staff and the deputy manager told us that although they did not administer people's medicines, they worked alongside GPs in monitoring people and notified GPs of any concerns or changes. For example, staff and the deputy manager told us that one person's medicine times had been changed from morning to evening. Staff noticed that this change in times did not agree with the person and discussed this with the GP. As a result, the previous times were reinstated. Staff told us the importance of prompting people to take their medicines. One member of staff told us, "You have to be very regimented with Parkinson's medication and it is so important you remind people to take it".

Good

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They all seem to know the way to do things." Another person told us, "They appear to be very skilled and knowledgeable." A relative told us, "They all seem to understand [relative's] medical condition very well".

A relative we spoke with told us, "The new staff spend time with experienced staff and learn how to look after people properly. They make sure that all their staff are well trained." Staff told us the training and induction they received helped them to support the people they cared for. One member of staff told us, "The induction was very thorough and it covered everything I needed to know". Staff told us that when they had started their roles, they worked alongside more experienced members of staff so that they could learn how to support people effectively. They then took the lead on a call, and their practice was observed to make sure they were competent. The Training Manager told us this was an opportunity for staff to ensure the role would be suitable for them. They told us, "We always say to new staff that this position is not for everyone. It is better for everyone to find out sooner rather than later". Staff and the Training Manager told us that in addition to the training provided during the induction, ongoing bespoke training was arranged for staff to help them meet the needs of people they support. For example, we found that epilepsy training had recently been delivered by a specialist nurse as staff had requested this. Staff told us this training had helped them to support people with epilepsy. Staff and the Training Manager told us that additional dementia training had been requested and this was in the process of being arranged. The Training Manager told us, "The needs of our client group changes and care changes and we need to adapt and make sure we are up to date". In order to stay up to date with current best practice, all staff were enrolled for the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they work as a team to ensure people received the support they need. Staff and the deputy manager told us that 'liaison notes' were used by them to record any important information about their call, so that the next member of staff will be up to date regarding any concerns, and be aware of any assistance the person needs later that day. Staff and the deputy manager told us that a text messaging service was also used to disseminate important information and ensure that all staff members were kept informed of any changes. Staff told us this system worked well as due to the nature of the work, they could not attend meetings to hand over information from one visit to the staff member due to attend later that day.

People told us that staff supported them with their health needs. One person told us, "They keep an eye on my health. They monitor and record things". Staff told us, and we saw that, they liaised with health professionals to ensure people were supported to maintain their health and receive the support they required. Staff told us they had good working relationships with people's GPs, district nurses, occupational therapists and social workers. One member of staff told us, "We phone the GPs if we have any concerns. We also work closely with the district nurses and the Parkinson's nurses"

People told us that staff ensured they ate and drank enough and that their choices were respected. One person told us, "They know what I like to eat and drink. They organise all my meals". Another person told us,

"They prepare my meals and leave me plenty to drink". A relative we spoke with told us, "They know [relative's] favourite foods and drinks. They know how important sherry is with lunch!" Staff we spoke with told us how they tried to encourage people to eat and drink. One member of staff told us, "I never presume that people want the same breakfast every day. I try to offer a variety of foods, whilst respecting their choice". Staff told us that where there were concerns about people's weight loss or lack of appetite, they liaised with family members and health professionals. Where necessary, some people's fluid and food intake was monitored by staff and they were weighed regularly.

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.

We checked whether the service was working within the principles of the MCA. People were supported by staff who had an understanding of the MCA. Staff explained they understood the importance of ensuring people agreed to the support they provided, the importance of offering choices and where people had capacity, respecting their choice to make decisions which may appear unwise. For example, staff told us that one person chose to have a fried breakfast every morning. A relative had voiced concern about this as felt this was not a healthy option. However, staff maintained the importance of respecting the person's choice. A member of staff told us, "We do try to minimise the risks of people's choices. In this case, we did suggest cooking with healthier oils but ultimately, it is not our decision to make". Staff also told us that one person refused to have their central heating on in the winter. Staff told us that they tried to minimise any risks associated with this by offering plenty of blankets and warm food and drinks, but that the person's choice was respected. We spoke with an external Training and Development Manager, who was responsible for assessing Ashfield Care staff. They told us, "Their practice is some of the best I have seen. They never do anything without the person's consent, people are never rushed, and they are given lots of choices. They have a real understanding of the MCA".

Good

Is the service caring?

Our findings

People told us staff were caring and that they enjoyed positive relationships with them. One person told us, "They are absolutely lovely. Gentle, kind, reliable and courteous. Everything you want carers to be." Another person told us, "They are very friendly, very helpful and always have time for a chat". A social worker told us they had received positive feedback from people about the care they received, in particular the positive working relationships which staff had built with people. Staff spoke warmly and affectionately about the people they cared for. One member of staff told us, "I love all of my clients and I love the fact that I often make their day". Another member of staff told us, "The best thing about my job is seeing people happy. I like going home knowing that people are safe, calm, fed and happy".

People told us that staff respected their independence. One person told us, "I like to do my food shopping myself online, but then they will put it all away for me". Another person told us, "I like to dress myself, but they help me with the buttons". Another person told us, "It (the care provided) helps me to stay independent, which is very important to me". Staff told us how they promoted people's independence. One member of staff told us, "We try to encourage them to do as much as they can, but with staff supervision and support".

People told us they were involved in the planning of, and decisions made about, their care. People told us that when they started to use the service, they met with a senior member of staff to discuss their needs and how they wanted to be supported. One person told us, "We worked out a plan together when they started and we stick to that." Another person told us, "We agreed a routine together. They know the routine and they do it, it goes like clockwork. They do things in the order I ask them to". Relatives we spoke with told us their relatives had care plans in place, which recorded how they wanted to be supported. Relatives told us they had been invited to contribute, particularly where people had difficulty in expressing their views and preferences. The deputy manager told us that part of the assessment process was making sure people were clear about what the service could, and could not offer, so that their expectations were managed. For example, some people had requested live-in care, but it was explained to them that this was not something which Ashfield Care currently provided. Staff told us the importance of knowing people's care plans. One member of staff told us, "I always say to new staff the red book is your bible. It tells you all about people's likes, dislikes, allergies and preferences and that information has come from the person themselves".

Staff told us about the importance of communicating with people and providing explanations. One member of staff told us, "If one of us is running a bit late, we all make sure we contact that person and let them know. It stops them from panicking and provides reassurance for them". One person we spoke with told us, "They have to change the rota sometimes, but they always let me know beforehand. I do appreciate them doing that". A relative we spoke with told us, "The communication is very good. They let me know if they have any concerns or have noticed any changes with [relative], and I do the same. It is two-way communication".

People we spoke with felt they were treated with dignity and respect, and that their privacy was respected. One person told us, "They are always look clean and tidy when they come and to me, that shows me that

they respect me". Another person told us, "They don't just show respect for me and my privacy, but I know they respect other people's as well. If they are with me and they receive an important call about someone else, they always have the conversation away from me so that I cannot hear". A relative told us "They always brush [relative's] hair and apply their face creams. That maintains [relative's] dignity as it is about helping them to look the way they would want to". We saw that as part of routine competency checks on staff, senior staff observed their practice to ensure they were respectful towards people when speaking with them, and that they maintained people's dignity.

Good

Is the service responsive?

Our findings

People told us that staff were flexible and responded to their changing health and wellbeing needs. One person told us, "Staff mostly do whatever you ask them to, even if it is a bit out of the ordinary. They adapt to what it is you need help with on that day". A relative told us, "At first, [person's name] had support once a week. Staff have re-assessed [person's name] needs twice now, and they now gets support seven days a week".

The deputy manager told us, and we saw that, people had their own individual care packages, which were regularly reviewed. In the event that the care package in place did not meet the person's needs, the allocated calls per day could be increased up to four calls a day. For example, we saw that one person had recently had two calls added a day as their needs had changed and they now needed support with their lunchtime and evening meals. A member of staff told us, "If people's calls are not long enough to meet their needs, you tell the care coordinators and they speak to the manager and they will look into it".

Staff told us about how they responded to people's changing needs. One member of staff told us, "You have to respect whatever that person's state of mind is on that particular day. They may want to talk, or they may want to have silence. Just because they were chatty the day before, it doesn't mean that is how they feel today". The deputy manager and staff told us an emergency extra visit was arranged for someone recently because they were in need of assistance and that whilst it was not always possible to do so, the provider would always try to be as flexible as possible to meet people's needs. A social worker told us they had received positive feedback from people about how flexible and adaptable the provider was.

A relative we spoke with told us that staff supported their relative in a way which took into account their preferences. The relative told us, "They know that [relative] likes a cup of tea and a certain type of biscuit before being helped to get up. They pay attention to that sort of detail". Staff told us about the importance of knowing people's preferences and interests so that their care could be personalised for them. One member of staff told us, "There are some people who like things done on a set day, and others who don't. It is about different things for different people". Another member of staff told us, "It is really important to get to know people and read their care plans. You then know what sort of things they are interested in talking about and it gives you points of reference. It helps to put people at ease".

People and their relatives knew how to complain about the service if they were dissatisfied. One person told us, "I have a folder from them and it tells me in there how to complain"." We saw that people were given a "service user guide" when they started to use the service, and this informed them of their right to make a complaint, and how. People told us they were confident action would be taken in the event they did make a complaint. At the time of our inspection, three complaints had been received and responded to. We saw that all complaints were investigated and where mistakes had been made, the person who raised the complaint had received an apology and the mistakes were used to improve practice. We spoke with a relative who had made a complaint. They told us, "I was very satisfied with how they handled it. It (the incident complained about) never happened again".

Requires Improvement

Is the service well-led?

Our findings

Our records showed the provider had not told the Care Quality Commission about safeguarding concerns or accidents and injuries sustained by people they support, as they were required to do. Whilst the provider had ensured that relevant health professionals and the local authority were aware of any risks to people, the Care Quality Commission had not been informed. Statutory notifications ensure that the Care Quality Commission is aware of important events and play a key role in our ongoing monitoring of services. We brought this to the attention of the deputy manager on the day of our inspection, who told us that they had not been aware of the requirement to submit the notifications. The deputy manager informed us they and the provider would take the necessary action to ensure that statutory notifications were submitted as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We asked people and relatives who the registered manager was. Only one person we spoke with was aware of who the registered manager was. However, people and their relatives felt that the service was well-run, that they were listened to, and action was taken when necessary. One person told us, "I don't know who the manager is, but I would call the office with any problems and it would be dealt with". Another person told us, "I call the care co-ordinators at the office if I need anything or have a problem. They are fantastic. I imagine they then tell the manager, but I am not sure who that is". A social worker told us that they found the care-coordinators to be very knowledgeable about the people Ashfield Care supports and that there was an effective administration system in place, but that they also found the registered manager and deputy manager to be approachable and aware of the people they support. We discussed this with the deputy manager, who told us there were current changes to the management structure and that when these were finalised, people and their relatives would be notified by a way of a newsletter.

Staff told us they could approach the registered manager at any point, such as attend the office at any time and discuss any concerns or suggestions with them about their daily work. One member of staff told us, "If you have any issues or concerns, you tell them and they sort it for you. We are a really good team". Another member of staff said, "The managers always listen to you. I feel really appreciated". The deputy manager told us how they and the provider created an open culture for people and staff. The deputy manager told us, "We always say tell us about the small issues so that they don't become big issues. We encourage staff and our service users to speak with us".

An external Training and Development Manager told us, "They develop their staff. Nationally recognised qualifications are used as a way of developing and motivating them. They praise and reward them for their hard work. As a result, they have highly motivated and positive staff". Staff we spoke with told us they were motivated to provide a high quality service to people and they were clear about what was expected of them in their roles. The provider had a set of aims and objectives for the service, which were "to provide a flexible, consistent and reliable personal care service which is tailored to individuals' needs". Staff we spoke with were aware of these values and demonstrated how they put these into practice. This was reflected by what people, relatives and health professionals told us.

We saw that people's feedback was captured every six months by means of a "Listening Post" questionnaire. The questionnaires asked for people's views in respect of areas such as the punctuality of staff, their communication style, and whether they felt staff required further training. People told us they valued the fact their opinions were sought. One person told us, "I appreciate the fact my views are important to them". In addition, we found that quality control visits were also carried out every six months. Senior staff used these visits to meet with people to discuss the service they receive, and to carry out competency checks on staff in respect of areas such as their familiarity with people's care plans and their ability to safely use people's hoists. Where any issues were identified with people's practice, we found that these were addressed.

The provider had a whistleblowing policy in place, which staff told us they were aware of and that they would have no concerns in raising a whistleblowing concern if necessary. One member of staff told us, "I do know the policy, but I am confident that action would be taken before having to go down that route". Another member of staff told us, "Poor practice would absolutely not be tolerated here.