

Mr Gareth Nesbit

# Ascot Care Agency

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 30 and 31 January 2018. The inspection was unannounced. This meant the service didn't know we were arriving to carry out the inspection.

We last inspected Ascot Homecare in February 2016, at which time it was rated good. At this inspection we rated the service as good.

Ascot home care is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to 18 older people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service were confident in the ability of staff to keep them safe. No concerns were raised from people and their relatives.

Care plans were detailed and person-centred. Each contained a one page profile that gave staff relevant information when providing care to people who used the service. 'Person centred' means the person receiving care is central in developing their care and their preferences are respected.

Support plans contained person centred risk assessments. These identified risks and described the measures to be taken to ensure people would be protected from the risk of harm. This supported people to do the things they wanted to live their life fully.

Staff were trained in safeguarding and were able to describe types of abuse and what they could do to protect people.

There were sufficient staff to meet people's needs safely. Spot checks were carried out by the registered manager to ensure quality and competency of staff.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

People were supported to maintain their independence on a daily basis with living skills and with personal care where appropriate. They had choice and control over their own life from being supported by person centred care approaches. Person centred care is when the person is central to their support and their preferences are respected.

People were always respected by staff and treated with kindness. We saw staff being respectful, considerate and communicating exceptionally well with people.

People's support plans were personcentred. They included a 'one page profile' that referenced people's history, preferences and described their individual support needs. These were regularly reviewed.

People were supported to maintain good health and had access to healthcare professionals and services.

We saw people were supported to prepare meals, eat and drink sufficient amounts to meet their needs. Infection control measures were in place for staff to protect people from the risk of infection through, training, cleanliness and protective clothing where required.

Support staff told us they felt supported to carry out their role and to develop further and that the registered manager was supportive and always approachable.

Medicines were managed and administered safely. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medicines and how this was monitored.

We found an effective quality assurance survey took place regularly and we looked at the results. The service delivered had been regularly reviewed through a range of internal and external audits.

We found people who used the service and their representatives were regularly asked for their views about the support through questionnaire and feedback forms.

People and their relatives were able to complain if they wished and were knowledgeable of how to complain or raise minor concerns.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## 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 ●

This service remained Good.

### Is the service effective?

Good ●

This service remained Good.

### Is the service caring?

Good ●

This service remained Good.

### Is the service responsive?

Good ●

This Service remained Good.

### Is the service well-led?

Good ●

This service remained Good.

# Ascot Care Agency

## 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.

This inspection took place on 31 and 31st January 2018 and was unannounced. This meant the service didn't know we would be arriving to carry out an inspection.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is someone who has experience of using services. The expert by experience at this inspection had experience of supporting older people who use home care services.

During our inspection we spoke with six people who used the service, six of their relatives and four staff by telephone to gather their feedback and views of the service. We also spoke with the registered manager, the quality assurance/best practice officer and the registered provider/owner of the service.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, safeguarding notifications and complaints. We also contacted the local authority who commissions the service. We also requested a provider information report. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed records including, three staff recruitment files, two medicine record, three support plans and daily records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and updated policies.

# Is the service safe?

## Our findings

People who used the service we spoke with told us that they felt safe being supported at home by the service. They told us, "I have regular carers, they notify me if there's a change" and "Oh yes I feel safe." Another told us, "They ask me if I've taken my tablets." And another told us, "They have never let me down, ever."

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These were referred to as positive risks and the assessments included; taking medicines or falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. When we spoke with staff they gave us examples for example, making sure people's key safes were locked and trip hazards to avoid.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would report any safeguarding issues to the manager straight away. No problem."

We saw there was enough staff to support people in their home. Rotas confirmed there was a consistent staff team. When we spoke with people and their relatives they confirmed this. One person told us, "I mainly have the same lady." and "I have a rota so I know who's coming." One relative told us "My husband has three young lads if one's off they cover it's always the same three people."

We looked at three staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

People's medicines records contained safety and allergy information. Medicines administration records were completed when medicines were given to people and we found they had been completed correctly. We saw that staff administering medicines had received training and had their ability to administer medicines assessed regularly by the registered manager.

People who used the service told us they received their medicines on time and in a safe manner and others that self-administered them told us, "They ask me if I've taken my tablets." There were also clear directions in place for medicines that were taken 'as and when required' and for topical creams.

The service had contingency plans in place that were being updated at the time of our inspection. They were there to give staff guidance of what to do in emergency situations such as a power cut or extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that accidents were monitored.

Staff had regular access to supplies personal protective equipment for carrying out personal care, medicines and preparing food and were trained in infection control.

# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team. When we asked people who used the service and their relatives about the staff, one person told us, "They sit and chat, I know all the carers, like family and they know me." Another person told us, "They are very good, more or less on time, they take their time, do their job perfect, they are always looking for something to do." One relative told us, "There have not been any changes with the carers and Ascot are really good at communicating."

We saw how people were supported to access other healthcare services and attend appointments. People were also supported at home by other healthcare professionals such as the community nursing team. Staff and relatives gave us positive feedback about how they work together. One member of staff told us how they worked closely with the community nursing team and received training, they told us, "We work together and contact them if we need to." A relative told us; "The carers are competent using [name] specialist equipment in the home." Another relative told us; "I can't fault the care, I phoned one night and the on call went to check on [name], they would call me if thought they needed to see the GP and they would ring them."

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. Each staff member had their own training list that the registered manager monitored. Courses included; Handling violence and aggression, complaints and specialist feeding equipment training. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

When we spoke with staff they were complimentary about the training they received and told us; "My last training was PEG feeding (Specialist feeding equipment). It was good and if we needed any other training we would get it. We have done some with the district nurse too."

Regular supervisions and appraisal took place with staff to enable them to review their practice. From looking in the supervision files, we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection and staff were trained in the Mental Capacity Act.

## Is the service caring?

### Our findings

People were supported by caring staff and during our inspection we spoke with people who used the service and received positive feedback regarding staff being caring and considerate. One person told us, "I know a couple of staff very well, they're very good, very caring, very helpful, I'm feeling alright, on top of the world." Another told us; "They are just nice and kind all the time, we have a laugh."

Staff gave us examples of how they had supported people through a time of anxiety by offering more support and reassurance they told us how the registered manager also helped supported them.

Privacy and dignity was respected by staff and they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. One relative told us; "They respect [name], they come to help them to shower, we needed help, [name] was very pleased, they were considerate."

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life and when offering personal care. One relative told us, "[Name] was very independent and didn't like help; they tried to get them to shower. They were very caring, they tried everything to get them to shower, [name] was stubborn but they managed well."

People were involved in their care and took part in monthly meetings to go through their care plan and make any changes that were needed. Families and social workers were also included in the process. One relative told us, "We have reviews over the phone as I live far away, we have read the care plan, we are involved and are asked for suggestions." Another relative told us, "We have probably three review meetings a year, any concerns I speak to the manager we can make a separate appointment, she comes round three or four times a year. She's really helpful."

People were supported to have choice and control and were supported on a daily basis to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One relative told us, "They always ask [name] first about things."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. One staff member told us, "I would report anything like this to the manger."

Advocacy support was available to people if required to enable them to exercise their rights. The registered manager told us. "We have contacts that are in our service user guide that everyone gets and there are notices up for staff to see."

People who used the service did not require any support to follow their religion at the time of this inspection, however we saw from the assessment methods used when a person joined the service that they were asked if they had any religious, spiritual or cultural requirements.

# Is the service responsive?

## Our findings

People were supported in a person centred way and their preferences were respected. One relative told us, "Nothing is too much trouble, the staff take [name] out, I sit with them and organise the diary, they are my eyes at home, they do everything I do, they don't treat [name] different from anyone else." and "We plan what [name] wants to do in the week around the weather and how they are feeling, but [name] makes all the decision. It's based on [name] getting what they want."

People were supported to develop their care plan and choose what they want. Support plans were developed in partnership with people and were an accurate reflection of their personalities, likes, dislikes and choices. This gave a detailed insight into peoples background and included a one page profile with photographs for quick reference. Care plans were reviewed regularly. They included the following information; 'All about me, what people admire about me most and how to support me.

Regular communication took place with relatives through phone calls, review meetings, feedback forms and surveys. The registered manager told us that they had tried to hold meeting in the past but it had proven difficult to get people to attend due to their commitments.

Peoples preferences were adhered to and staff knew how to respond if people didn't like something about the service. People and their relatives and staff knew how to complain if they needed to. A relative told us, "We have no complaints." One staff member told us, "I would help the person to raise it with the manager, any concerns."

We saw from looking at the records that issues or complaints were recorded and responded to appropriately. Where people had raised concerns the registered manager had listened and then taken action. The registered manager also had a robust communication system in place where all phone calls, queries or issues were recorded along with responses or resolutions.

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the registered manager. However we were able to speak with a relative of a person who had recently passed away and they were extremely complimentary about the care staff and the registered manager regarding the level of care and support they had received.

Information could be made available in various formats on request. The registered manger told us how they could make care plans, newsletters or other relevant information in larger print for example or easy to read if needed. There was no one using the service who required this type of information at the time of our inspection.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in post. We asked for views on the management of the service and received positive feedback. One relative told us, "It seems well run, the Manager phones me, if there are any concerns or issues." And 'The Manager is Approachable, she writes things down, feeds back to us, there are no complaints about the carers coming in and out.'

The registered manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs were discussed and their progress and care plans and staff told us they valued these meetings. The registered manager repeated the meetings to ensure there was a good staff attendance. The registered manager had also recently been nominated for a national care award by the external auditor.

The registered manager ran a programme of regular audits and spot checks throughout the service. We saw there were clear lines of accountability within the service and external management arrangements with the provider. We saw evidence to show quality monitoring visits were also carried out by an external company and these visits included reviewing policies, procedures and staffing. They also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the external company. These were carried out in line with the CQC key lines of enquiry and also gave ratings.

During the inspection we saw the most recent quality assurance survey results that were positive. This was an annual survey that was completed by, relatives and stakeholders of the service.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to peoples health, welfare and safety.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and areas of good practice and advice. All records were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

The registered manager had informed CQC of significant events, changes or incidents which had occurred at the home in line with their legal responsibilities in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.