Ashmore Care Limited

Key Staff

Inspection report

Unit 4
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 27 July 2018 and was announced. This was the service's first inspection since it was registered on 10 July 2017.

Key Staff is a domiciliary care agency. It provides personal care to people living in their own houses in the community. The service supports children and younger or older adults, who may have learning disabilities, autistic spectrum disorder, dementia, mental health care needs or physical disabilities. At the time of our inspection visit, seven people were using the service. Not everyone using Key Staff receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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.

During our inspection, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not have access to regular formal supervision and appraisal and the provider did not maintain adequate records of staff induction. The provider's processes for assessing the risks to people's safety and wellbeing were not sufficiently robust. Staff had not been provided with clear guidance on the expected use of people's 'as required' medicines. People's rights under the Mental Capacity Act were not fully promoted. People's care plans had not been kept under regular review and were not always individual to them. Staff expressed mixed views about the overall management and leadership of the service. The provider's quality assurance systems and procedures were not sufficiently comprehensive.

Staff had training in, and understood, their role in protecting people from abuse and discrimination. People's received a consistent and reliable service from Key Staff, provided by familiar staff. The provider undertook checks to confirm prospective staff were suitable to care for people in their own homes. Staff received training and had access to appropriate personal protective equipment to protect people from the risk of infection.

Staff received a range of training to help them provide people with care and support safely and effectively. People's individual needs and requirements were assessed prior to their care from Key Staff commencing. People had the support they needed to prepare food and drinks, and any associated risks were managed. Staff helped people seek professional medical advice and treatment if they were unwell.

Staff supported their family members in a kind and caring manner. People's relatives felt able to freely express their views about the service provided to their family members. People's communication needs had

been assessed and staff had been provided with guidance on promoting effective communication with individuals. People were treated with dignity and respect at all times.

Staff understood the need to follow people's care plans, which covered key aspects of their care and support needs. People's relatives were clear about how to raise any complaints about the service and had confidence they would be listened to.

Staff found the management team accessible and approachable. The registered manager had a clear vision of the culture aimed to promote within the service and staff felt valued in their work. People's relatives had a positive relationship with the care staff and management team.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

The risks to people had not been kept under review to keep them as safe as possible.

Medicine records had not been fully and accurately completed to minimise the risk of preventable drug errors.

Staff understood their individual responsibility to remain alert to and report abuse.

Is the service effective?

Requires Improvement

The service was not always Effective.

People's rights under the Mental Capacity Act were not fully promoted.

The provider had not implemented a formal system of staff supervision.

Staff played a positive role in helping people maintain their health.

Is the service caring?

Good

The service was Caring.

Staff developed positive, caring relationships with the people they supported.

People and their relatives were able to freely express their views about the service provided.

People were treated in a dignified and respectful manner at all times.

Is the service responsive?

Requires Improvement

The service was not always Responsive.

People's care plans were not always individual to them and had not been kept under regular review.

People's relatives felt involved in decision-making about their family members' care and support.

People's relatives were clear how to raise complaints about the service and had confidence these would be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's quality assurance systems and procedures were not sufficiently comprehensive.

Some staff raised concerns regarding the overall management and leadership of the service.

People's relatives had developed a positive relationship with care staff and the management team.

Key Staff

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 checked 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 27 July 2018 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection visit, 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. We used this information in the planning of our inspection.

Before the inspection visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and local Healthwatch for their views on the service. During our inspection visit, we spoke with three people's relatives. We did not speak directly with people who used the service because they had requested we speak to a relative on their behalf, or due to their current health needs.

We also spoke with the registered manager, the provider's 'lead carer' (senior care staff) and three care staff. We looked at a range of documentation including five people's assessment and care records, four staff recruitment records, medication administration records, staff training records and selected policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The provider's procedures for assessing the risks to the health and safety of the people who used the service were not sufficiently robust. Individualised risk assessments had been completed in relation to aspects of people's individual care and support needs and the potential hazards within people's home environment. This included an assessment of the risks associated with people's mobility needs, the use of oxygen cylinders and the potential for the outbreak of fire. However, these risk assessments did not clarify the specific control measures in place to reduce the likelihood of people being harmed. In addition, they had not been kept under regular review to assess whether the risks to people, staff and others had changed. We discussed these issues with the registered manager who indicated that reductions in the size of the management team had impacted upon their ability to ensure risk assessments were reviewed and updated on a regular basis. They assured us people's risk assessments would be fully reviewed as a matter of priority. We will follow this up at our next inspection.

People's relatives were confident staff understood how to protect the safety and wellbeing of their family members receiving care and support in their own homes. One relative told us, "I feel [person] is safe in their care. I feel completely comfortable with everybody [staff] that comes in." They went on to say, "They [staff] are completely aware of the risks to [person]." This relative described the role staff played in minimising their family member's risk of developing pressures sores, through providing support with repositioning. Staff knew where to turn for information and guidance on how to support people safely. Most staff felt communication within the service was good, with the result that they were kept up to date with any changes in the risks to people or themselves. One staff member explained, "They [management team] ring or text us if something's changed … You're notified straightaway."

People's relatives told us their family members received the support they needed to manage their medicines safely, where this was an agreed part of their care package. One relative explained, "They [staff] give [person] their medication. They [person] would not cope without this support." The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. For example, staff received medication training and underwent annual medication competency checks to ensure they understood how to handle and administer people's medicines in a safe manner. However, the medicine administration records (MAR) we looked at had not been fully and accurately completed in line with good practice. These records contained unexplained gaps in recording, did not clarify the four-week period they related to, and included hand-written entries, which had not been checked for accuracy by two competent staff. Poorly completed MAR charts are a potential cause of preventable drug errors. In addition, the information provided to staff in relation to the use of people's PRN ('as required') medicines was not sufficiently clear. When people are prescribed 'as required' medicines, it is good practice to develop written protocols to guide staff on the expected use of these. We discussed these issues with the registered manager who assured us they would provide staff with additional support regarding the expected completion of people's MARs and ensure clear PRN protocols were developed.

Staff received training to help them understand their individual responsibility to protect people from abuse and discrimination. They were aware of the potential signs of abuse to look out for, such as any unexplained

marks or bruising or marked changes in people's behaviour. Staff told us they would immediately report any abuse concerns to a senior colleague or the registered manager. The provider had safeguarding procedures in place to ensure any suspected or actual abuse was reported to the appropriate external agencies, such as the local authority and police, and investigated. The registered manager explained no abuse concerns involving the people who used the service had been identified to date.

People's relatives told us their family members received a consistent and reliable service from Key Staff, which was provided by familiar staff. Staff confirmed they normally had sufficient travel time between people's care calls to avoid running late. The registered manager explained they monitored staff punctuality through listening to feedback from people and their relatives. Before prospective staff started work, the provider undertook checks to confirm they were suitable to care for people in their own homes. These included references and an Enhanced Disclosure and Barring Service (DBS) Check and employment references. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

Staff received training to help them understand their role in protecting people, themselves and others from the risk of infection. People's care plans contained guidance on the expected use of personal protective equipment (PPE), namely disposable aprons and gloves, during personal care tasks. Staff confirmed they had access to adequate PPE, which they replenished at the provider's office when needed.

Requires Improvement

Is the service effective?

Our findings

Staff told us they felt able to approach a senior colleague, the registered manager or the operations manager at any time for support and advice. An on-call system was in place to enable staff to contact a qualified nurse for guidance outside of office hours. However, there was no system in place for the formal supervision or appraisal of care staff. Formal supervision has many benefits for staff, their managers and, most importantly, the people being supported by a service. Amongst other things, it provides an opportunity for staff to reflect on and review their practice, set performance objectives and identify any additional training and development needs. One member of staff told us, "It [regular supervision] would be fantastic, particularly for staff with less experience … To be honest, I have never had a supervision." Another staff member said, "It would be helpful to have that sort of feedback on anything we are doing wrong." We discussed this issue with the registered manager who told us they would look into implementing a formal system of supervision for care staff. We will follow this up at our next inspection.

Upon starting work, new staff completed the provider's induction training to help them settle into their new roles. Staff spoke positively about their induction experience. One staff member told us, "I shadowed for about three weeks and did training as well. It was a good start." However, the provider did not maintain adequate staff induction records and was unable to demonstrate that the induction training provided reflected the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not receive appropriate supervision and appraisal to enable them to carry out the duties they were employed to perform. The provider was unable to demonstrate how the staff induction programme met the requirements of the Care Certificate.

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.

We checked whether the service was working within the principles of the MCA. Staff understood people's basic rights under the MCA, including the need to respect and support their decision-making. The provider had procedures in place designed to enable them to request and record people's consent to their care and support. However, the consent request forms we looked at had not been completed by people or their relatives. Where people lacked capacity to make decisions in relation to the care and support they received from Key Staff, there was no record of any best interests meetings or decisions made on their behalf. This included the administration of prescribed medicines by staff to one person who lacked capacity to agree to this. We discussed these issues with the registered manager who assured us they would address these to ensure people's rights under the MCA were being fully promoted. We will follow this up at our next inspection.

People's relatives had confidence in the skills and knowledge of the staff team. One relative told us, "I've been quite impressed. They [staff] are very caring and competent. They seem to be able to use their common sense and their initiative." Another relative said, "[Staff member] is a font of knowledge. If I had a problem, I would phone them." Following their induction, staff participated in a rolling programme of training, based upon their duties and responsibilities. Most staff spoke positively about the training provided to enable them to work safely and effectively. One staff member told us, "I think the training is brilliant … It covers everything." Another staff member described the benefits of their first aid training, which gave them confidence to respond to potential medical emergencies when working alone in people's homes.

Before people's care and support from Key Staff commenced, the registered manager or senior care staff met with them and their relatives to assess their individual needs and requirements, and to confirm the service was able to meet these. People's relatives recalled being involved in this assessment process. The registered manager understood the need to consider people's protected characteristics and avoid any form of discrimination in the planning or delivery of their care.

People's relatives were satisfied with the support staff gave their family members to prepare food and drinks, where this was an agreed part of their care package. One relative told us, "They [staff] try to impress on [person] the importance of drinking plenty of fluids … They also keep an eye on how many meals [person] has at home." Any complex needs or risks associated with people's eating and drinking were clearly recorded in their care files, along with details of people's food and drink preferences. This included guidance on the management of one person's gastrostomy feeding device. This is a device that is inserted into a person's stomach through their abdomen where they have trouble eating.

People's relatives told us staff played a positive role in monitoring any changes or deterioration in people's general health and helped them to seek professional medical advice or treatment if they were unwell. People's care files contained information about their current health needs and any long-term medical conditions to ensure staff were aware of these.

Good

Is the service caring?

Our findings

People's relatives told us staff supported their family members in a kind and caring manner and took the time to get to know them well. One relative explained, "[Person] likes a laugh and joke with them [staff]. When I arrive, they're always laughing." Another relative said, "[Person] regards them [staff] as friends … They [staff] are very gentle and nice with [person]." They went on to say, "They [staff] are quite happy to sit and chat with [person] about their past. This is just as important as the physical care." Staff talked about the people they supported with respect, affection and concern for people's continued safety and wellbeing. One staff member explained, "We have people who live way out. If we didn't provide their care who would? … We're very committed."

People's relatives told us they felt able to freely express their views about the care and support their family members received to the registered manager and care staff, and felt they were listened to. They told us staff understood how to promote effective communication with their family members. On this subject, one relative explained, "They [staff] check [person's] hearing aid is working and change the batteries." We saw people's individual communication needs had been assessed and recorded, as part of which consideration had been given to the provision of alternative, accessible formats. Staff had written guidance on how to promote effective communication with people based upon their assessed communication needs. People were provided with information on independent advocacy services, where they needed support to ensure their voice was heard. At the time of our inspection, no one was currently accessing advocacy services.

People's relatives felt staff consistently respected their family members rights to privacy, dignity and independence. One relative described the support staff gave their family member to maintain their health and independence walking. They explained, "They [staff] persuade [person] to go for short walks for the health benefit. It's a bit of exercise and fresh air." The staff we spoke with understood people's rights to privacy and dignity and gave us example of how they promoted these rights in their daily work practices. This included seeking people's permission before carrying out care tasks, offering them choices and respecting their decisions, and protecting modesty during their personal care.

Requires Improvement

Is the service responsive?

Our findings

People's care plans covered key aspects of their care and support needs, including those relating to their pressure care, nutrition, physical and mental health and their mobility. In addition to guidance on how to care for people safely and effectively, people's care plans included information about what was important to them. Staff confirmed care plans were easily accessible, and that they had the time to read and refer back to these to understand people's individual needs and requirements.

However, we found people's care plans had not been reviewed on a regular basis to ensure the information and guidance they contained remained accurate and up to date. For example, two people's care plans had not been reviewed since 2016, although the stated interval for review was six months. One staff member explained, "We've got [care] files. Some do need updating because [staff member] doesn't have time to update them all." Some people's care plans lacked key information, such as the date they had been developed and by whom. In addition, people's care plans were not always individual to them, as shared care plans had been developed for a married couple using the service. Although these care plans detailed each individual's respective needs, this did not reflect a person-centred approach and did not support their right to confidentiality. We discussed these issues with the registered manager, who assured us action would be taken to improve the standard of care planning. We will follow this up at our next inspection.

People's relatives told us the care and support their family members received reflected their individual needs and requirements. Although care review meetings with people and their relatives had not been organised on a consistent basis, people's relatives told us they felt able to contact the management team or senior care staff at any time to discuss their family members' care and support. One relative explained, "There hasn't been a formal review, but if things need changing or are not working we'll discuss it."

People's care plans included information about their communication needs in line with the requirements of the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need. We discussed the Accessible Information Standard with the registered manager. They explained that people's individual communication and information needs were assessed, and information was made available in alternative accessible formats, such as large print or on CD, if required. No one who currently used the service had been identified as requiring information in alternative formats.

People's relatives were clear about how to raise any complaints about the service by speaking to staff or the management team. They had confidence any concerns would be taken seriously and addressed by the provider. One relative described concerns they had raised regarding the conduct of a staff member had been resolved to their satisfaction. The provider had a complaints procedure in place to ensure all complaints were handled in a consistent and fair manner, a copy of which was provided to people and their relatives as part of the provider's 'service user guide'. The provider's 'service user guide' was available in alternative accessible formats upon request.

At the time of our inspection visit, the provider was not supporting anyone on palliative or end-of-life care.

Requires Improvement

Is the service well-led?

Our findings

During our inspection visit, we met with the registered manager who was responsible for the day-to-day management of the service, with the support of the provider's operations manager. Registered providers must, in accordance with their registration with the Care Quality Commission (CQC), notify us about certain changes, events and incidents that affect their service or the people who use it. The registered manager understood the requirement to submit these 'statutory notifications', although they had not needed to notify us of any such events or incidents to date.

The registered manager explained that they monitored the quality and safety of people's care and support by, amongst other things, listening to feedback from people and their relatives, and reviewing any complaints, incidents or accidents on an ongoing basis. However, we found the provider's quality assurance processes were not sufficiently comprehensive or developed. They had not enabled the provider to identify and address the need for consistent reviews of people's risk assessments and care plans, people's incomplete medicines records, the lack of formal staff supervision and appraisal, and the need to more fully promote people's rights under the MCA. The content of the 'Provider Information Return' we received from the provider, in advance of our inspection, did not assure us they had a clear understanding of these improvements needed in the quality of the service people received.

Staff told us management team were accessible and approachable. One staff member explained, "I feel confident in approaching any of them [management]." Another staff member said, "[Registered manager] is really easy to talk to." However, staff expressed mixed views about the effectiveness of the overall management and leadership of the service. Whilst two members of staff felt the service was well-run, one member of staff expressed frustration over the provider's unwillingness to consider or respond to suggestions from the staff team. They told us, "They [provider] are really difficult to talk to … They don't want to update anything." Another staff member was concerned by the lack of clear direction from management and the impact of the reduction in office staff. They told us, "It [management of service] is not as good as it could be. They [provider] need more office staff." They went on to say, "The clients have good quality of care, but the paperwork is not what it should be. There is no direction from management, so we are stuck in limbo." The concern raised regarding the standard of paperwork was supported by our findings in relation to the provider's failure to keep people's risk assessments and care plans under regular review and the need for accurate, complete and up to date medicines records . We discussed these issues with the registered manager who assured us they would consider how improvements could be made in the overall management and leadership of the service, and the provider's quality assurance systems and procedures. We will follow this up at our next inspection.

The registered manager had a clear vision of the culture they wanted to promote within the service, based upon an open and transparent approach to communication with people and their relatives, and ensuring staff were treated in a fair and reasonable manner. Staff confirmed they felt valued in their work and described the strong sense of teamwork within the staff team. One staff member told us, "I definitely feel valued. You get praise, which is really nice." The registered manager recognised the need to liaise effectively with community health and social care professionals to promote people's health and wellbeing and ensure

they received joined-up care. The provider had a whistleblowing policy in place, which staff confirmed they would follow as needed. One staff member explained, "If someone was doing something they are not supposed to, I would be the first person into the office. I would take it further to CQC if there was no action." Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

People's relatives spoke positively about the overall quality of the service provided by Key Staff, and their relationship with the care staff and management team. One relative told us, "I would rate the way they look after [person] really highly. They have their best interests at heart." Another relative said, "It [service] has been wonderful for us as far as I'm concerned." People's relatives told us the management team were easily contactable, approachable, and willing to listen. They felt sufficiently involved in their family members' care and support, and had confidence the management team would promptly make them aware of any changes in their health or wellbeing. One relative explained, "[Registered manager] is great; they're a really lovely person … We have a good ongoing dialogue, but [person's] care needs haven't really changed." The registered manager explained that they sought to involve people and their relatives in the service through maintaining an open, ongoing dialogue with them and welcoming any feedback they had to give on how the service could be changed or improved. They organised periodic staff meetings, coincided with staff training sessions at the provider's office, to update and consult with staff as a group.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate supervision and appraisal to enable them to carry out the duties they were employed to perform. The provider was unable to demonstrate how the staff induction programme met the requirements of the Care Certificate.