

Trafford Council

# Ascot House -Care At Home

## Inspection report

Ascot Avenue  
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Website: [www.trafford.gov.uk](http://www.trafford.gov.uk)

Date of inspection visit:  
07 January 2019  
08 January 2019  
09 January 2019

Date of publication:  
27 February 2019

## 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 7, 8 and 9 January 2019 and was announced. We announced the inspection as we inspected the Ascot House rehabilitation service as part of the same inspection. This was to allow us to see how people transitioned from Ascot House to the Care at Home service. We also needed to ensure there was someone available to facilitate the inspection.

Ascot House – Care at Home is a domiciliary care service. It provides personal care to people following a period of rehabilitation in Ascot House. The service provides support to people in their own homes on a short-term basis to enable them to continue to gain confidence and improve levels of mobility.

This was the first inspection since the service was registered with the Care Quality Commission (CQC) in January 2018.

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

People felt safe being supported at the service. Staff had received training in safeguarding vulnerable people from abuse and were confident any concerns they raised would be listened to and acted up on. Any safeguarding concerns had been reported to the local authority promptly.

Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to support vulnerable people.

People had the risks they presented assessed and reviewed and were involved in the process. People were supported with equipment to help them reduce levels of risk and as their mobility improved. Equipment was identified for use prior to being discharged to people's homes.

People received on-going assessment prior to using the service and throughout the period of support to ensure people's mobility and independence improved. Access to primary care services such as GP and other health professionals remained involved once people return home and staff consulted with them when required.

Staff received training appropriate to their job role. Training was delivered via e-learning or face to face. Staff told us the training was good and enable them to carry out their role.

Where people needed support with food preparation and meals. This was captured in the care plan. People told us staff were supportive when assisting with meal preparation.

People told us they felt cared for and the staff were kind, caring and showed privacy and dignity. Staff we

spoke with could describe how to protect people's privacy and dignity and enjoyed seeing people improve to enable them to stay in their own home.

Peoples personal information was kept secure in people's homes or a secure office. Information was shared with agreement from people on a need to know and confidential basis.

Care plans captured people's needs and what interventions were required to promote independence. Care plans set agreed goals for people to work towards.

Complaints were actioned and responded to in a timely manner. People were aware who they should contact in the event of wishing to make a complaint.

Staff felt very supported by the manager of the care at home service. They received regular supervision and appraisal to ensure they could effectively carry out their job role. The manager was supported by the registered manager who also has overall responsibility for Ascot House and the care at home service.

Feedback from people was very positive and 100% of respondents said they rate the service as good or excellent. The service had received many compliments thanking the staff team for their care and support.

The manager completed a number of audits to monitor and improve the service. Audits highlighted areas for improvement. The manager completed unannounced checks when staff were supporting people reviewed care files and gained feedback from people.

We saw the service had helped 55% of people to independently return to their own home with a further 25% returning home with support.

## 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.

Staff were recruited safely. Appropriate pre-employment checks were in place to ensure staff were suitable to work with vulnerable people.

Staff received training in safeguarding vulnerable people from abuse. Staff were confident any concerns raised would be listened to and acted upon.

Risks to people were assessed and reviewed as their mobility improved.

### Is the service effective?

Good ●

The service was effective.

People were continually assessed to monitor improvement. Staff were able to assess people's needs before support was provided.

Staff were appropriately trained to enable them to carry out their job role.

People received support with meal preparation which was captured in care plans.

### Is the service caring?

Good ●

The service was caring.

People felt well cared for and enjoyed being supported by the service.

Staff enjoyed supporting people to regain their independence. Staff could describe how they promoted people's independence in line with the care plan.

Staff could describe how they ensured people's dignity and privacy was respected. People told us they didn't feel embarrassed when being supported by staff.

### Is the service responsive?

Good ●

The service was responsive.

Care plans captured peoples assessed needs and the goals they wanted to work towards to improve their mobility and independence.

Complaints were listened to and responded to. People told us they had no complaints about the service and were very complimentary.

Although people were not actively supported at the end of life. The service were able to support people if their health deteriorated.

### Is the service well-led?

Good ●

The service was well-led.

The manager and the registered manager had oversight of the service and the impact the service had on people was reviewed with positive results.

Staff felt well supported by the manager and were very complimentary about them.

Feedback sought by the provider was wholly positive.

# Ascot House -Care At Home

## 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 7, 8 and 9 January 2019. The inspection team consisted of an adult social care inspector and an assistant inspector on the first two dates of the inspection. An adult social care inspector completed phone calls to staff on the third day of inspection. An expert by experience made phone calls to people who used the service to seek their views. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service, including notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams as well as the local Healthwatch board and infection control service. They did not raise any concerns about Ascot House – Care at Home service prior to the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During the inspection we spoke with five people being supported by the service and one relative. We spoke with the registered manager, the Ascot House – Care at Home manager and two staff members. We reviewed two care files, care plans and associated risk assessments. We looked at how medicines were managed and how the service sought feedback on what it offered. We reviewed how the service monitors health and safety and how the service impacted to enable people to return and stay in their own home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe while being supported by Ascot House – Care at Home. One person told us, "I am very safe with them, they really look after me." Another person said, "I feel safe with them in the house and they ensure I have my alarm around my neck for me to use in case of emergencies."

People were supported with the safe management of medicines. For the interim period of being supported by Ascot House – Care at Home, staff worked with people to promote confidence and to ensure they were safely taking their medicines as prescribed. This included prompts or checking that medicines had been taken. One person told us, "The staff help me with my medicine and help me to put cream on my feet."

All Ascot House – Care at Home staff had received training to ensure they were able to safely administer medicines and their competency to do so had been assessed by the manager of the service.

Staff were confident that if they had any safeguarding concerns, they could raise them with the manager and they would be acted upon. Staff had received training in safeguarding vulnerable people from abuse and could describe the actions they would take to report concerns and ensure people were safe. We saw any safeguarding concerns had been raised and reported in a timely manner.

Staff were recruited safely. We reviewed four staff recruitment files and found Disclosure and Barring Service (DBS) checks and references had been sought prior to the staff member commencing employment. A DBS check assists employers to make suitable recruitment decisions to ensure the staff member is appropriate to support vulnerable people.

Staff were deployed to support people depending upon their assessed needs. As the aim of the service was to promote independence in people's own homes after a period of rehabilitation and to avoid re-admission to hospital, staff spent as much time as needed in people's properties, getting them used to using equipment and building confidence. Where people required the support of two staff members, we saw both were always in attendance. People we spoke with also confirmed this. People told us they always knew the staff who were supporting them.

Peoples properties were assessed for risks such as slips, trips and falls. The occupational therapist and physiotherapist from Ascot House would complete a home visit to identify where equipment could safely support people to remain independent in their own home. For example, grab rails, chairs raisers and support to enable bathing and showering.

Checks on access to people's properties were undertaken to ensure the pathways were accessible, steps were safe and suitable, and that people could access the central heating and safely make themselves a drink and a snack.

Moving and handling assessments gave clear details for staff to follow to move and handle people safely and to support people to gain confidence in increasing their levels of mobility. We saw staff continued to

follow exercise plans once people returned to their own home.

Risk assessments highlighted where people presented risks to themselves and others. We saw the person and their family has been involved in the risk assessment process and saw that one person had agreed to have a falls detector to manage their risk of falls.

Accidents and incidents were reviewed to look for themes and patterns. Any accidents and incidents were assigned to the manager to investigate and report on findings and any actions implemented to minimise future occurrences. All accidents and incidents were clearly recorded.



## Is the service effective?

### Our findings

As part of the continuous assessment process of people in receipt of rehabilitation at Ascot House, people were assessed as to their suitability to receive follow-on care and support within their own home from Ascot House – Care at Home. The purpose was to support people to continue to achieve their physical goal in their own homes and promote confidence and stability. The service provided short term intervention at a 21-day period, however, this could be lengthened or shortened depending on the level of support people needed. To be able to access the rehabilitation programme, people were assessed to ensure they could understand the exercise and rehabilitation programme and were fit for discharge from Ascot House.

As part of the continuous assessment process at Ascot House the care at home staff were able to attend meetings and received updates on how people were improving and continually assess how people could be supported in the community. As care at home staff also worked at Ascot House, they got to know the people they would be supporting in the community before discharge.

Part of the assessment was to set goals and were saw this included accessing outdoors, gardens and local shops. Two people we spoke with told us they had been able to access the local shops after support by the service. The assessment process included the person and their family and consent was gained to support people in their own homes and to share information with relevant parties.

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. The application needs to be made to the Court of Protection for people living in their own home. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection, there was nobody receiving support that had a court order

Staff received training in Deprivation of Liberty Safeguards (DoLS) and the MCA. The service did not make referrals for DoLS assessments as the people who received intensive rehabilitation and personal care and support from the Ascot House – Care at Home team were required to follow exercise plans and be able to consent to care and support. If there were concerns with people capacity, staff raised the concerns with the manager.

We saw any concerns with people's health while being supported by the service were raised with the GP or other relevant health professionals. This was also recorded in people's care notes. This meant that health could continue to be monitored while the service remained involved with the individual.

People told us, they could receive support to make a meal or snack. One person told us, "They are very good, they help me make my meals." Another said, "They came out and realised I was dehydrated and they arranged a doctor's visit for me." A third person said, "They never leave me hungry or thirsty."

Staff received regular supervision from the care at home manager. Supervisions were recorded in staff personnel files. Staff also received an annual appraisal and were able to work towards goals in their career development, such as further qualifications or a more senior role.

Staff received training appropriate to their job role. Training was recorded on a training matrix and was a mixture of e-learning, face to face training and distance learning through workbooks. People told us they thought staff were trained to meet their needs. Training was incorporated into the induction for new staff. Inductions were recorded, and staff were able to shadow more experienced staff members.

We asked people if they thought staff were trained, they told us, "Oh yes, they know what they are doing" and "They knew how to help me with my equipment (zimmer frame). I wasn't very confident at first but then I got used to it."

# Is the service caring?

## Our findings

People told us the staff from Ascot House – Care at Home were kind and caring. One person told us, "They are very kind when they are helping me." Another person told us, "They are very good and obliging, they are kind and thoughtful and I look forward to them coming around." A third person told us, "The girls are lovely, even a couple of fellas used to come, and I would have a good laugh and joke with them."

People could request that they were supported by a person of the same gender if that was their preference. This was recorded in care files. We saw, and people told us that staff were always in uniform and had their ID badge with them.

People told us that staff protected their privacy and dignity and promote independence. One person said, "They always ask before they do things like when they are changing pads. I feel no embarrassment and I am comfortable with them." Another person told us, "I do as much as I can, and staff assist me, but I want to be able to do it myself. They know my limits but encourage my independence."

Staff we spoke with could describe ways of protecting people's privacy and dignity and told us they always ensure people were covered as much as possible when attending to personal care and gained permission from people before completing personal care and support.

A relative told us, "The team looking after my [relative] has been amazing, they have been so responsive and caring, they go above and beyond, and their demeanour and approach is excellent. The manager phones me to let me know what's going on. I trust them with [relative]."

Staff told us they enjoyed supporting people with improving their mobility and "Seeing people get on their feet so they don't need additional care is a pleasure."

Staff were aware of people's care and support needs and told us they encourage independence and choice. People told us they wanted to return home to regain the levels of dependency they had before their incident / illness and that staff encouraged them to do as much as they could for themselves. In care files, there was guidance for staff to follow to support people with a step by step process which highlighted what people could do for themselves.

Daily notes were recorded for each person receiving care and support. Entries made were detailed and reflective of the support people had received. Care files and other information was stored securely in people's home and returned to a secure office after use.

Staff had completed equality and diversity training and recognised the importance of respecting people's individuality and lifestyle choices. Staff made sure reasonable adjustments were made to meet people's diverse needs. Equipment and adaptations were in place to maximise people's independence and to make sure they were not unduly restricted or disabled by their environment or the support staff provided.

## Is the service responsive?

### Our findings

Care files contained information for staff to be able to support people effectively. We reviewed two care files and each file contained details of the support needed to promote people's independence while in their own home. The aim of the service was to successfully provide a continuation of rehabilitation and exercise and enable people to adjust to living back in their own environment. The care plans considered any barriers within people's properties such as stairs or hard to reach areas as well as the equipment available in the home to support and promote independence. Care plans contained agreed goals for people to work towards and there was no set time for care and support to be delivered. It was at people's own, safe pace.

Staff told us it was helpful that they were able to work alongside staff at Ascot House to enable them to get to know the people they were supporting and read their care plans and be aware of their limitations and how to safely support each person.

Care plans contained information about what the person could do for themselves. This enabled staff to continue to promote independence. The file also contained a list of people's likes and dislikes, preferences and if there was any concern with communication. A list of useful contact numbers such as a local domiciliary dentist and opticians were kept within care files. Care plans were reviewed, and outcomes were mapped to people's progression as the support continued.

We asked people what difference the support from Ascot House – Care at Home had made to them. People told us, "They helped me, and I can now go to the top shop on my own, I couldn't do that before, I feel stronger now." And "They started to come to me four times a day, now it is three times as I got better." And "They helped me become more mobile and now I go to a local centre for two hours of exercise each week which was organised for me."

Upon the service withdrawing the support, we saw other providers sometimes began to provide packages of care for people. Detailed information was passed to the new provider to enable them to continue to provide care and support for the person. The social worker based at Ascot House was able to liaise with the new provider to enable them to organise care and support and to ensure a smooth transition of services. One person told us, "It was a mutual decision to withdraw support because I am feeling much better."

People were not actively supported at the end of life, but the service would assist if someone deteriorated quickly. A relative told us that the provider was able to draft in support from the MacMillan nurse team and had liaised with the GP to review people's health and it was at that point a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) agreement was put in to place. A DNACPR is a form where people, their family if legally able to do so, and a doctor have agreed that resuscitation would not be in the person's best interests.

A complaints policy was in place and any concerns raised were responded to in a timely manner. People told us they knew who to contact if they needed to make a complaint. One person told us, "I have no complaints, I am alright." Another person said, "I have no problems at all with them." A third person said, "I

have no complaints. If I want anything changing, I just ring the office who are very helpful."

## Is the service well-led?

### Our findings

Staff told us they felt well supported by the manager of the care at home service. One staff member told us, "[Manager] is very good, she is very thorough, ensures we do our job and she is on the ball."

Throughout our inspection, we found the manager and the registered manager and staff demonstrated a commitment to providing effective care and leadership. The manager was keen to ensure people were given the support they needed to return and remain in their own homes.

Staff told us, and we saw for ourselves, that they received regular supervision and the opportunity to attend staff meetings and the weekly multi-disciplinary meeting to discuss people's progress. Staff said they could approach the manager at any time and they would be there to help out.

Staff were able to attend regular team meetings. Staff told us the meetings were useful and discussions were held about supporting people effectively, sharing ideas and used as training sessions. Minutes of meetings were recorded.

There were audits in place to monitor and improve the service. The manager undertook unannounced spot checks once a month. They checked the care plan was correct and there was a moving and handling support plan in place. Checks that staff wore uniform and identification badges and were carrying personal protective equipment were in place and the manager spoke to people being supported to check they knew how to give feedback.

The manager was supported by the registered manager and the registered manager was supported by the Head of Service from the local authority. The registered manager had management responsibility for the Ascot House – Care at Home Manager.

Ascot House – Care at Home had received many compliments, thanking them for the service they had provided. Comments included, 'All carers are very pleasant and competent in work' and 'The service has really helped me get back on my feet. The continuity of staff is better as staff get to know you.'

The provider sought feedback from people and their relatives. 93 responses were received at the last feedback and 100% of people and relatives rated the service as good or excellent in continuity of care, dignity and respect, that people were given time to do the task, independence was promoted, and care reflected the care plan. Some of the comments from the feedback included, 'Praise to all the staff, very grateful for your help and care' and 'They are all superb, lovely, lovely girls. I am glad to have met them and known them. Going to miss them all. The team is a credit.'

A review of people being supported by the care at home service in 2018 had found that 55% of people returned home and after a period of support and became fully independent once the service withdrew. 25% of people returned home with a reduced care package. 17% of people returned to hospital and 3% of people's care needs remained the same as when they were discharged to Ascot House – Care at Home.

Providers of health and social care services are required by law to inform CQC of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.