Ashton Care Ltd

36-40 Copperfield Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 16 April 2018 and was announced. We gave the provider five days notice of the inspection visit because the registered manager told us they would be out of the office and we had to wait until their return. This was our first inspection of the service since the provider registered with the Care Quality Commission (CQC) in April 2017.

Ashton Care Limited is registered as a domiciliary care agency. The service provides personal care to people living in their own homes in the community to older people and children. The Care Quality Commission (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. At the time of the inspection, two children with special educational needs and disabilities were receiving support with their personal care needs.

The service had a registered manager in post who was available on the day of the 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.

Although there was information was in place to safeguard people from abuse, the correct child protection reporting procedures were not followed to protect people from harm. Assessments of potential risks were clear and included measures to reduce the likelihood of harm.

Pre-employment checks were not completed thoroughly to ensure the suitability of the staff employed. Staff told us they had access to appropriate training to meet the needs of people who used the service.

Care plans were tailored to meet people's individual needs. They had a good emphasis on personalised care and reviews of people's needs were carried out regularly.

Relatives told us their family members were supported by caring staff who knew them well. Care workers supported people with personal care respectfully and with discretion.

Although staff did not support people with their medicines they had received training in safe management of their medicines. People had access to healthcare services to support then with their medical needs. People's nutritional needs were met and their food preferences were documented in their records.

The provider sought parental consent before people received their care and support.

Parents were informed about how to raise a complaint and told us they had no concerns about the service.

There was a programme of regular audits. The provider sought people's feedback to improve the way care was delivered. Parents and staff spoke positively about the approachable nature of the registered manager.

We found two breaches of regulation in relation to safeguarding service users from abuse and fit and proper persons employed. You can see what action we asked the provider to take at the back of the full version of this 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.

Although the service had procedures in place to safeguard people from abuse, the correct reporting procedures were not followed to protect people from harm.

Background checks carried out to check if staff were suitable for their roles were not robust.

Risk's associated with people's care were assessed and managed to reduce the likelihood of harm.

There were adequate staff numbers to meet people's needs. Care calls were delivered within a reasonable time.

Is the service effective?

Good

The service was effective.

Staff told us they received appropriate training and support from the provider, but staff were unable to explain the type of training they had completed.

Parental consent was sought before people were helped with their care and support.

People were appropriately supported with their nutritional needs.

The provider held the contact details of medical professionals if there were concerns about people's health.

Is the service caring?

Good

The service was caring.

People were treated well, by caring staff who respected their privacy and dignity.

People's care was provided in line with their preferences and

wishes.

Positive relationships were developed between people and the staff who supported them.

Is the service responsive?

Good

The service was responsive.

People's needs had been fully assessed to make certain person centred care was provided in the way that they wanted.

Care plans were designed to meet people's individual needs, interests and hobbies to promote people's well- being.

People's relatives told us they had no complaints and there was a suitable complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had failed to ensure that correct safeguarding reporting procedures were followed, that staff recruitment systems were robust and had failed to ensure there was an accurate Statement of Purpose available.

Systems were in place to obtain people's views to improve service delivery.

Parents spoke positively about how the service was managed. Staff told us the manager was supportive and was available to offer advice when this was needed.

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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 was a routine first inspection of the service since the provider registered in April 2017.

We inspected the service on 16 April 2018. We gave five days notice of the inspection because the registered manger told us they would not be in and we had to wait until their return.

The inspection was carried out by one adult social care inspector. An expert by experience made telephone calls and spoke with two parents to seek their views about their experience of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked information that the Care Quality Commission (CQC) held about the service including any notifications sent to CQC by the provider. The notifications provide us with information about changes to the service and any significant concerns reported by the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. In addition to this we reviewed a 'share your experience' form. These forms are sent to us by people to inform the CQC about poor or good care being provided.

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We visited the office location and spoke with the care coordinator, an external consultant and the registered manager. We reviewed two people's care records and three staff personnel files. We also checked quality audits, minutes of meetings and some of the provider's policies and procedures.

After the inspection we made telephone calls to three care workers and managed to speak with two of them to obtain their views about the service. We also spoke with a representative of the London borough of Newham to obtain their views about a person's care.

Requires Improvement

Is the service safe?

Our findings

Parents told us their relatives felt safe. One parent told us they used to call the staff all the time, to check on their family member's wellbeing but did not need to anymore because they knew their family member was happy and safe. And a second parent explained they had only been using the service for four to eight weeks so did not want to comment too much but said, "So far, so good."

Despite these comments we found that the correct child protection procedures were not followed to protect children from harm. The provider had a safeguarding adults and children policy in place however, we found the policy was not robust. There was limited information contained in the policy about child protection procedures. The care workers we spoke with told us they would escalate any concerns about abuse to the registered manager if they had concerns about people's safety. After the inspection, the provider sent us a safeguarding notification about alleged physical abuse. The provider told us they were in the process of conducting an internal investigation; however a representative of the local authority told us the provider had not followed the correct reporting process in line with child protection procedures as these were not understood by the registered manager. This meant that the provider was failing to appropriately respond to allegations of abuse to ensure that children were protected from harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local authority told us that the registered manager had attended training to gain a better understanding of child protection reporting procedures since the incident and they had sent the provider further information about the correct processes to follow.

After the inspection the registered manager sent us their investigation report which read that the allegation was inconclusive.

Records showed that staff had received training in safeguarding adults and children. There was a whistleblowing procedure in place available for staff which included the actions they should take if the witnessed wrong doings in their place of work.

We had received information of concern that the provider was not carrying out background checks on new employees before they started employment. We checked staff personnel files and found that recruitment procedures were not carried out thoroughly to ensure that care workers were suitable for their roles. Care workers employment history and photographic identification were held on file and Disclosure and Barring Service (DBS) checks had been carried out for the three care workers whose records we checked. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Records showed that the provider should carry reference checks for potential employees over a five year period. However, the employments dates were missing on all of the employment and character references we checked to ensure staff had provided accurate information. For one candidate there were no dates of employment on their applicant form and their references were not verified. Therefore we could not be sure that gaps in staff's employment history had been fully explored to ensure they were suitable. This was a breach of regulation 19

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk's to people health and welfare were assessed and risk assessments included written instructions to guide staff on what they should do to mitigate these. One parent told us about the risks associated with their family member's care and commented, "[My family member] needs 100 percent provision at all times as she/he has no sense of danger." Risk assessments contained notes in relation to people's nutrition, behaviour, environment, safety in the community and personal care. They gave clear instructions about how to manage the risks, for example, a bathing assessment showed the requirement for staff to check the temperature of the water before helping people with their personal care.

There were enough staff deployed to meet people's needs on time. Parents told us that the care workers arrived on time for their care visits and if they were delayed for any reason they would contact them to keep them informed. Records showed the hours of support people required weekly to help them in and outside of the home. There was a timetable of scheduled visits and staff had recorded in the daily notes the times they arrived and finished their care calls. One care worker told us they had enough time to complete their care calls and travel time was minimal because they lived close to the person they supported.

The provider explained that the care workers were not supporting people with the administration of medicines and the parents we spoke with confirmed this. Although staff were not supporting people with this aspect of their care records showed they had received training in the safe administration of medicines.

Personal protective equipment (PPE) such as aprons and gloves were available for care workers. Infection control guidance was included in people's care plans and instructed staff to use PPE when helping people with their personal care.

The registered manager was also registered to manage a separate adult social care domiciliary care service from the same office location. He told us they had learned from the improvements they had made at their other service and used this learning to inform how they operated Ashton Care Ltd.

Good

Is the service effective?

Our findings

Parents told us that staff were sufficiently trained to meet their children's needs. One parent told us that the care worker who supported their family member had received sufficient training. A second parent said they did have one care worker who was not meeting their family member's needs. They spoke with the registered manager about this and the care worker was replaced with someone who had the appropriate skills.

Staff explained they had received appropriate training to help them with their skills and practice. They said they had attended an induction and had received sufficient training when they were first employed.

Information showed there was evidence of care workers shadowing another experienced member of staff when they were first employed. Training certificates demonstrated that care workers had received a five day training course on topics such as basic first aid, food hygiene, moving and handling, autism, epilepsy and an introduction to childcare. We noted, the care workers training certificates had the Care Quality Commission (CQC) logo printed on them. The CQC does not provide or endorse training and this was misleading. We pointed this out to the registered manager and we advised him to remove this logo from the training certificates. The registered manager agreed to do this. We will check this during our next inspection.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development and the records we checked confirmed this. Care workers had not been employed for more than a year and so appraisals had not yet been undertaken to review their performance. Care workers had completed a recognised national vocational qualification in Health and Social Care.

Parents told us that people were helped by staff to have enough to eat and drink. One parent commented, "[My family member] takes the water bottle out with her/him". The carers always offer [them] a drink throughout their outing to make sure [they] are drinking enough." Where it was part of the care package, people were supported with their dietary requirements. People's food preferences were recorded in their care plans and staff noted in their daily care records about how a person's meals were prepared and served. Written guidance was available for staff about people's nutritional requirements to ensure these met their individual needs.

Parents retained overall responsibility to ensure that the medical needs of their family members were met. Where staff were supporting people outside the home without their parents, the care workers explained they would contact the emergency services and their relatives if the person became unwell. Care plans contained details of the medical practitioners involved in people's care. Records took into account people's physical and mental diagnoses and held the contact details of their GPs and social workers if the provider needed to discuss any aspects of their healthcare needs.

The 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. A child is assumed to have capacity as soon as they reach the age 16 and therefore the MCA did not apply to the children using the service at the time of the inspection. For children under the age of 16, assessing whether they can make their own decisions are determined by considering whether they are Gillick competent. Gillick competence is used to help assess whether children have the maturity to make their own decisions and to understand the implications of those decisions.

Third party consent forms were signed by parents to give the provider permission to share information, where this was required. Care plans and risk assessments had been signed by people's relatives to show they had consented to their care and support.

Good

Is the service caring?

Our findings

Parents spoke about the caring nature of the staff who supported them. They commented, "Our carer is brilliant. We are still new to the service so can't comment much but the quality of work but it's good" and "The carer is affectionate and has eased her/his way in gently."

Parents told us that care workers had got to know their family members well and understood their family member's preferences. One parent explained the care worker knew their family members morning routine and they gave them full responsibility of getting their family member dressed and ready. They said this helped them to concentrate on getting another family member organised in preparation for the day ahead.

Care plans had been written to show what was important to each individual, their wishes and preferences and how to meet these. People were encouraged to do things for themselves and records demonstrated a person-centred approach was taken to ensure people's developmental needs were encouraged. One parent explained, "The carer recognises that [my family member] likes deep pressure hugs, which [they] give to him/her."

Plans were in place that gave instruction to staff on the best way to support people. This included guidance about how to recognise when people were unhappy and how to settle them when they were in distress. Parents told us that the staff had positive relationships with their family members. One parent explained that the care worker was the first member of staff they had took to apart from their support workers at school, and was happy about how the relationship had developed.

Parents told us that care workers were mindful of being respectful in their homes. They told us that people's privacy and dignity was respected when helping them with their care and support.

Good

Is the service responsive?

Our findings

Parents told us that their family members were treated well and were happy with the care their family members received. People's overall care and support needs were sufficiently explored in their care records to ensure each person's needs were met. Before people used the service a comprehensive assessment was carried out by the referring authority that captured information about their heath, emotional and behavioural support, likes and dislikes and educational needs. Care plans were produced to include the information contained in the initial assessment of people's needs. Plans were person centred and included the involvement of people's relatives and the health professionals involved with their care. These had been signed by parents and showed an intended review date.

Care plans included information about people's communication needs. Parents told us that their relatives were not able to communicate verbally and used signs and gestures to show the things they enjoyed and disliked. One relative explained that the care worker recognised what their relative required. The relative commented, "My [family member] is non-verbal so they can't ask for what she/he wants. The carer has learnt to spot signs of things [they] want. When [my family member] starts looking in [their] bag it means [they] want a water bottle."

People's cultural and spiritual needs were taken into account during the care planning process to include the languages they spoke, the foods they preferred to eat and if they required support from same gender staff.

People were provided with support to participate in the things they enjoyed. One parent said, "[My family member] can't say where she/he would like to go, but we know where [they] enjoy going. I tell the carer and they take her/him there". Plans contained written notes about the activities people enjoyed and notes had been written to show that people should be encouraged with stimulation, interaction and activities with guidance from their parents. Staff told us about the outings and things that people liked to do, such as trips to the local park and playtime with their favourite cuddly toys.

Prior to this inspection we had received a share your experience form that highlighted concerns about how the service operated and the registered manager's ability to run a good service. We found that the provider had investigated and resolved this. Relatives were provided with information about the service and what to expect. The provider had a complaints procedure in place. Information in the service handbook provided information in people's preferred language about who they could make a complaint to. Parents told us they had no complaints about the service and would speak with the registered manager if they had any concerns and said they had sufficient information in their preferred language about how to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

Audits had been undertaken on people's care plans; risk assessments, daily records and staff training had been assessed as compliant. However, we found that the provider had not operated effective systems to ensure safe recruitment and had failed to ensure that all staff understood child protection reporting procedures.

The registered provider was carrying out a regulated activity for two children under the age of 10 years old and the provider's statement of purpose was not updated to reflect this. We advised the registered manager to submit a notification to the Care Quality Commission (CQC) to reflect these changes. After the inspection we received a notification informing us of the changes made to the statement of purpose.

Parents spoke positively about the provider and said they had a good relationship with the registered manager. Their comments included, "He calls me no matter what time to discuss anything and see how things are going" and "I have no concerns with the manager." Feedback had been sought from people about the care and support carried out by staff in people's home and how the service was run. This showed overall a good level of satisfaction with the service. People had been using the service for fewer than six months, which meant it was too soon to carry out an annual survey. The registered manager showed us their certification to demonstrate they had worked towards obtaining a qualification in quality management systems.

Staff told us they were well supported and the registered manager was available to speak with to offer any support or advice when this was needed. Care workers told us they attended team meetings to give them the opportunity to discuss best practice regarding how to support people and any areas of concern. Processes and records were in place to oversee adverse incidents that may occur in the service such as the business continuity plan.

Spot checks were carried out in people's homes to observe how staff supported them with their needs and seek their opinions to clarify if staff were delivering consistent care to the required standard. Parents told us they were able to contact the provider out of hours if they need to seek advice and support. After the inspection the provider showed us they had sent letters to people about keeping warm during the winter months.

The provider is required by law to notify the CQC of important events which occur in the service to protect the safety of people who use the service and this was being done.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Systems and processes were not fully established and operated effectively to investigate by the provider upon becoming aware of allegations of abuse. Regulation 13 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not operate effective recruitment and selection procedures to ensure the appropriate checks were undertaken on employees. Regulation 19 (2) (a)