

Red Line Business Services Group Limited

Ashwood Care

Inspection report

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20 April 2017

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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?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 18,19, 20 April 2017. This was an announced inspection and we telephoned the service to give them notice of our visit. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. This was the first inspection of the service since it registered with The Care Quality Commission in 2015 at its current location.

The agency office is located in Padgate Business Park in the Padgate area of Warrington and is accessed via the ground floor.

Ashwood Care provides care and support to people in their own homes. They work with people who are elderly, disabled or have additional needs to help them remain independent at home. At the time of the inspection there were 70 people using the service. .

The service has a registered manager who has dual registration to manage the Warrington and Wigan branches of Ashwood care. 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.

We found breaches of the regulations in relation to fit and proper persons employed, staff supervision and training and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

Staff recruitment processes were not robust. We found the recruitment policy in place was out of date and the provider had not carried out consistent pre-employment checks on prospective staff to ensure they were suitable and safe to work with people.

Staff told us they had access to on-going training and support. They were knowledgeable about their roles and responsibilities. We saw that mandatory training had been provided but some training had not been updated within the required timescales and staff supervision was limited.

The service requested feedback from people who use the service via quality assurance questionnaires. However we were unable to access information to show that all the feedback received had been acted upon.

The service did not have a functional business continuity plan. Quality checks had not been robustly completed to ensure that all parts of the service ran in the right way. Senior staff had not been provided with training and support to enable them to undertake their respective roles in the recruitment, supervision and support of staff or in the methods used to ensure the quality of the service.

People had access to the complaints procedure and their feedback was mixed. They told us that they knew how to make a complaint should they need to. However some people said that the service did not always act upon their concerns especially if they requested a change to times of visits.

People told us they were safe. Risk assessments identified the risks to people and how these could be minimised. Sufficient numbers of staff were available to meet people's needs.

People told us that their medicines were provided appropriately. However we identified the need for people's medicine administration records to include clearer information about the doses and times of the medicines given by staff.

People were involved in decisions about their care and how their needs would be met. Managers and staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005..

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices regarding their care. Where necessary people's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support.

People were treated with dignity and respect. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

Care was planned and delivered appropriately and home visits were generally provided in a timely manner.

People were supported to maintain good health and had access to healthcare services. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

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 consistently safe.

Background checks had not been completed in the right way before new staff had been employed.

Staff knew how to protect people from abuse.

People were assisted to manage their medicines safely.

There were enough staff to complete planned visits in a timely manner.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff knew how to provide effective care for people but they had not received all of the supervision, training and support they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights protected.

People were supported to attend appointments, see their GP or other health care professionals.

Is the service caring?

Good ●

The service was caring

People gave a very positive reflection of the care they received.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Is the service responsive?

Good ●

The service was not consistently responsive.

Changes in people's needs were quickly recognised and appropriate action taken, including the involvement of external professionals were necessary.

People said they felt the service was responsive to their overall care needs and their views and opinions were sought. However some people felt that their concerns had not always been dealt with.

Is the service well-led?

Inadequate 

The service was not well led.

The registered manager was responsible for managing two separate agencies without being able to delegate some of her duties. Although she fully understood her role she was unable to ensure the service was run in the best interests of the staff and people who used the service.

The service lacked robust systems to ensure quality and identify any potential improvements to the service.

Senior staff had not received sufficient training and support to enable them to ensure the quality of the staff and services provided.

Ashwood Care

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 was 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 was announced and took place on 18.19.20 April 2017. We contacted the service by telephone prior to the inspection to make sure appropriate staff and managers would be available to assist us with our inspection.

The inspection was undertaken by an adult social care inspector and a specialist advisor who had extensive knowledge of home care services.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team, safeguarding staff and health and social care workers to seek their views and we used this information to help us plan our inspection. No concerns were reported.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used different methods to help us understand the experience of people who used the service. By invitation we visited four people who used the service in their own homes. We spoke with people over the telephone, including sixteen people who used the service and four relatives. During the inspection we spoke with a number of staff including the registered manager, the operations manager, the two staff coordinators, the staff trainer, a field care assistant and fifteen care staff. We looked at a number of records during the inspection and reviewed ten care records of people supported by the service. Other records reviewed included records relating to the management of the service such as policies and procedures, work schedules, complaints information and training records. We also examined ten staff files.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Ashwood Care to be safe. People told us that they felt safe and well cared for. Comments included "They are lovely, they use my key safe to come in but always shout to me that they are here before they come in. They make sure I am all locked up before they go", "The girls are great. They are always making sure I am alright" and "They always check everything to make sure everything is safe before they leave me and they lock my door to keep me safe".

We found that the registered persons did not operate a robust recruitment procedure. As a result of this they had not completed some of the necessary background checks before new staff had been appointed. We looked at the checks that had been completed for ten staff. In nine cases we found that the registered manager had not established how well the applicants had supported people in any of their previous jobs when they had worked in care settings. The references on nine of the files viewed were not provided from the person's previous employer. This was an important oversight because the registered manager needed to establish that the applicants were trustworthy and appropriate people to support people in their homes. This shortfall had significantly reduced the registered manager's ability to assure these persons' previous good conduct and to confirm that they were suitable people to be employed in the service.

We also noted that the staff recruitment policy was out of date and gave no reference to the Disclosure and Barring Scheme (DBS) and held inappropriate details which were no longer in law. Although the interview guidance was thorough, it was not being completed especially with regard to employment history and gaps in employments. However we saw that DBS checks had been carried out for the ten staff files we viewed.

Staff who were engaged in the recruitment process told us they had not received any training in recruitment and selection. Accordingly the recruitment process was poor and there was considerable risk to people who use the service that inappropriate appointments are made.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not completed the necessary checks to satisfy themselves that fit and proper persons were employed.

The registered manager told us that they would carry out an immediate review of staff recruitment procedures to ensure all the necessary checks were completed.

We saw the service had a business continuity plan in place which identified persons to contact in emergency, designated places of safety and requirements to continue to provide a service. However we found this was not robust and discussions with staff identified that they were unaware of this policy and how it should be implemented. We asked about back up of electronic data and were informed that it was backed up and sent by email. On examination this was backed up as a data file and would not be accessible. This meant that in the event of disaster, infrastructure failure, the data would be lost.

This was a breach of regulation 17 (1) & (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

The registered manager told us that she would review the plan, cascade the information to all staff and would make use of a memory stick or disc to maintain the information.

We found that people were protected from abuse and avoidable harm. Discussions with staff identified that they knew the importance of keeping people safe, including being safe from abuse and harassment. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults. We saw that the training content was based around current practice. We saw however we saw that some refresher training in safeguarding was in need of update. This will be further identified in the effective section of this report. We saw that Ashwood Care held a copy of Warrington Local Authority safeguarding policy as part of their commissioning contract.

The service had sufficient numbers of suitable staff. The registered manager told us that they were always in the process of recruiting new staff, but that there were sufficient staff to meet the needs of people currently supported by the service.

We found that there were enough staff to reliably complete all of the visits that had been planned. Records showed that planned visits were generally being completed at the right time and that nearly all of them had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. A number of people commented positively about this, with one of them saying, "The staff are generally on time. Sometimes they can be a bit late if the traffic is bad but they always turn up" Relatives also commented positively. One of them said, "The time keeping is good that's for sure and the staff sometimes stay for longer than they have to because they're really caring people." However one person who used the service told us "Some carers do more than others. I do not always have the same carers. This week I have not known who was coming". We checked the staff rota which showed during the previous week this person received care from four different carers. The registered manager told us that this had occurred because this was a new client and the services had been commissioned by the local authority. As this was an emergency the agency could only utilise staff who had 'free available time'. We were told that new rotas were in place for this person who would be provided with consistency and continuity of care.

Staff told us that they felt the staff rota was 'fair and doable'. They told us they were provided with traveling time and never felt stressed by the amount of calls they were rostered to do. One staff member said "I worked for another agency and they gave us far too many calls to do which culminated in us being late for calls, pinching some time from calls and getting very stressed out. I had to leave because this is not the way I work. This agency are fabulous with the rota. We have time to travel between calls and give each person the time they need". Another staff member said "Never worked for a better agency. You know where you are with them and they give you the right amount of calls to ensure you can fit them all in".

We asked the registered manager how the agency collated information about late calls. She told us that this was only recorded if staff alerted the office or a person who used the service rang to say a call had been

missed. She said that not many missed or late calls had been identified. She said that the service was awaiting implementation of an electronic call monitoring system but until that happened any missed calls were identified by 'word of mouth'.

We saw that risk assessments were in place to identify how staff would support people with daily life activities to minimise risk. A social care professional told us Ashwood Care were always willing to use positive risk taking when dealing with complex care packages to ensure people could take positive steps forward in their lives. Environmental assessments of people's homes and equipment used were also undertaken. We saw that a home safety checklist was undertaken for each person using the service. The care plans included action to manage risks as safely as possible.

People we spoke with had no concerns with how their medicines were being given to them. The medicine administration records (MAR) we looked at had been generally completed correctly with no unexplained gaps. However we saw that five of the ten MAR looked at did not fully identify when medication commenced or ceased as the dates were missing from the MAR sheets viewed. We also saw that one prescribed medicine needed to be administered half an hour before food. Although this information was recorded on the MAR sheet, the time of actual administration was not recorded. Therefore we were not fully able to identify that people were being given their medicines as prescribed by their GPs.

We discussed this with the staff trainer who told us that this shortfall would be addressed with immediate effect and reinforced at all future training.

Staff told us they counted and checked the medicine administration records at every handover and if any discrepancy was found this would be reported and investigated by the registered manager without delay.

Staff understood the need to wear gloves and aprons, to help to protect individuals from the risk of infection. We saw that staff collected this equipment on their visits to the office. One staff member told us "The staff call at the office on a regular basis to pick up all the protective equipment. There is always lots of stock available".

Is the service effective?

Our findings

People told us that they felt the staff provided a good service and that they were effective in their role. Comments included "The staff are great, I am much better in myself now that they come to see me", "They (staff) all know what they are doing. I have the same girls most of the time and they are super."

Relatives told us "I am so grateful that they are around to assist it has made our lives much better" and "Generally a good service. Sometimes they send a new member of staff but they all know what they are doing and how we want it done".

We saw the registered manager had not fully acted upon their commitment to provide guidance and support to staff via regular supervision meetings. Although staff told us that the registered manager was helpful, records showed that they had not regularly met with senior colleagues to carefully review their work and to plan for their professional development. Two senior staff spoken with told us they had never received supervision or support meetings in the time they had worked in the service. One carer said "Supervisions, they are non-existent", another said "I have had one last year but we don't get much time to meet up. (Name of staff) comes out to spot check us sometimes but not often". Therefore we could not be assured that staff were receiving adequate support and guidance.

The registered manager said that good quality training was necessary to ensure that staff had all of the up to date knowledge and skills they needed. We saw that all staff had received mandatory training. However we noted that not all established staff had been provided with some of the refresher training that the service intended for them to receive. The registered manager told us that the refresher training rota had not been updated due to an administrative error. However we saw that training dates had been arranged for all staff to complete mandatory refresher training.

The above identified issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 as people employed by the service did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties.

We raised our concerns about these oversights with the registered manager. They assured us that the shortfalls in question had already been identified and that work was underway to address each of them. They said that each staff member would receive an individual development plan and that they would promptly receive all the training and support they needed

We found that in spite of these shortfalls staff did have the knowledge and skills they needed to care for people in the right way. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin. We also noted that staff understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We observed a training session during our visit. The training room looked well equipped and the trainer was using a screen to present her training, which seemed to work well in terms of interaction with the staff. The group consisted of staff who needed refresher training and the content for the session was quite generic including for example, moving and assisting, considering core needs and principles of care. Although a small group, the trainer included the group and encouraged their participation. The session covered a number of points and the trainer was able to use good examples, including the use of the hoist and how these should be considerations, not just the physical act of moving and handling.

Observations undertaken during our home visits identified that staff gained consent from people before carrying out any care tasks. People spoken with told us that staff always asked their permission before carrying out their tasks and if they did not want them to do anything staff respected their wishes. Discussions with the registered manager and staff identified that they understood the need to seek consent to care and followed this in practice

Where a formal assessment of capacity was required we were told that this would be provided by the local authority. Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. 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 found that the registered manager and staff were following the Mental Capacity Act in that they had supported people to make important decisions for themselves. This had involved consulting with people who used the service, explaining information to them and seeking their informed consent. Some people who used the service gave examples of this in practice. They described how staff had explained to them why they needed to carefully use medicines in the manner prescribed by their doctor. Another example, involved the way that staff had gently encouraged people to make the right decisions to enable them to stay safe by making sure that they adequately heated their homes.

Records showed that on a number of occasions when people lacked mental capacity the service had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this referred to staff liaising with key people after they had become concerned that a person could no longer safely live in their home even with the assistance staff were providing. We saw that this had enabled careful consideration to be given about how best to support the person concerned.

We noted that people had been provided with the help they needed to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people staff were preparing and serving food so that they could enjoy having a hot meal.

Relatives valued this part of the assistance their family members received. One of them said, "I like to know that my family member is having enough to eat and that they are enjoying their meals, which is the case due to the help the staff give them."

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that staff would contact the doctor if people were unwell. We saw that records contained details of where carers had referred people to a health or social

care professional to meet a person's needs. For example requesting a GP or district nurse or contacting a social worker to discuss a person's change of needs.

Is the service caring?

Our findings

People told us they felt well cared for by staff who were kind and caring. Comments included "I am very happy with the people who come here. They lift my spirits and have become my friends", "I love them all. They are kind and caring, make me happy, we share a laugh and a joke, they make my day" and "I have never met such caring people. They really do care about me and worry about me if I am not too well. God bless them all, they are angels".

We found that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. A relative spoke with us about this and remarked, "I really appreciate how staff keep me in the loop so we're not working at cross-purposes."

We noted that staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, we noted that there were arrangements for staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service would be able to access them.

We saw that records which contained private information were stored securely. We also noted that the service computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

Staff communicated effectively with people who used the service. Any specific communication needs and people's individual methods of communication were addressed in their care plans. Staff told us that because of the consistency and continuity of care they were able to develop understanding of the people who used the service and quickly recognise and respond to non-verbal communication.

Staff were able to tell us how they supported people with particular challenges such as those living with dementia, people who may be confused and people who had difficulty hearing. Staff told us they were mindful of people's wishes and anxieties in respect of the timing of their calls and always tried to ensure that

if they were running late for whatever reason they would ensure that a telephone call was made to let the people know they would be late or try to have another staff member cover the call.

Staff spoke about people positively and focused on their strengths and the importance of people being able to stay in their own homes for as long as they wished and it was safe to do so. Staff also recognised that support could also impact upon the family and friends of people who used the service.

With their permission we visited four people in their homes. We were able to view how staff communicated with people during four home visits and observe their interactions. We saw that staff knocked on people's doors and waited for permission before entering the premises. They were respectful, encouraging and sought out consent before carrying out any tasks and checking whether each person was happy with everything throughout the visit as well as chatting generally about how the person was feeling that day. We observed staff interacting with people who used the service in a friendly and caring manner. Staff identified in discussion that they knew the care needs of each individual and had clear knowledge of their likes, dislikes and capacity. Staff told us that they had worked with people for quite a long time and were therefore able to get to know them and be consistent with their care. There was good humoured and acceptable banter between people who used the service and the carers and we noted a genuine affection and respect from carers. They looked relaxed and comfortable in each other's company.

Is the service responsive?

Our findings

Each person had a written care plan a copy of which was left in their home. People said that they had been invited to meet with a senior member of staff to review the care they received to make sure that it continued to meet their needs and wishes. A person summarised this arrangement saying, "When I first started with Ashwood Care one of the senior staff came to see me and we had a good chat about what help I wanted and then they checked it out with my daughter." Another person commented, "The girl (staff member) came out to see me and we talked about what help I needed. We sorted out this out and agreed the times staff would call. Everything is OK and they come around very often to see if anything has changed".

People said that staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The staff know how I like things done and I think that little things add up and make a big difference. I get the care I need but it's more than that because it's done how I want it to be done."

We examined records of the tasks five different staff had completed during a number of recent visits to people. We found that the people concerned had been given all the practical assistance they had agreed to receive as was described in their care plans.

Staff were confident that they could support people who lived with dementia and had special communication needs. This included staff knowing how to effectively support people if they became distressed. A member of staff illustrated this by describing how they reassured a person by sitting quietly with them and chatting about everyday subjects such as their favourite television programmes.

Records showed that a care plan was written from the information gathered at the commencement of the service. We looked at ten care plans in detail and saw that they had been written to give guidance to staff to enable them to support people in their care. Care plan reviews were in place so staff would know if any changes were needed.

Staff spoken with evidenced sound knowledge and understanding of people's care needs. They told us that they always asked the person what they wanted and identified any changing needs on a day to day basis. We saw records which showed an urgent request for updated equipment had been made to the occupational therapy department in response to a person's changing mobility. We also noted that requests for changing times of visits to support people attending day centres or hospital appointments were quickly agreed and dealt with.

We asked people if they had met recently with someone from the service to review their care needs. People told us that senior staff visited them to check that the care and support provided was suitable.

People had mixed views as to whether the service listened to their concerns and complaints. One person said they had a care review every six months and was able to give feedback but said, "It doesn't really

change anything though." Another person said that their care plan was reviewed, "by the one who comes out and just talks to you. You have to tell them that they [carers] are paid to stay for half an hour, but nothing has changed." However another person told us about a formal complaint they had made during a review and that, "Ashwood seemed to listen and things got better."

The service had a complaints procedure where each formal complaint was recorded on the computer system and in the complaints file to ensure it was dealt with appropriately and within timescales. We viewed the complaints file and noted that two complaints were recorded. They had been dealt with in line with the agency policy. We asked people if they had needed to complain and if they knew how to do it. One person said they had made a complaint about times of calls but said "they did nothing about it". We checked this with the agency who advised that the time of the calls had been agreed at the start of the service and although the person now wanted the times changed, staff were not available to facilitate this request. Not everybody felt able to make a complaint. One person said, "I don't want to get into trouble." However after some discussion they said they "Might ring and get it sorted." The complaint was that their carer's call earlier than they wanted them to. However, another person said they had rung and asked for "a different carer and they [the service] have responded very well." The care files we viewed in people's homes held information about how to complain and the full complaints process.

Is the service well-led?

Our findings

People told us that they felt the service was well run and provided an effective and efficient service. Comments included "We have the same staff at the same time each day. They are all reliable and know what they are doing. Perhaps they will be a bit late sometimes but they are fine". "People visit us to see if everything is working well and if we need anything changing", "This is the best service I have ever had" and "I have just come out of hospital so I have lost my chance of having Ashwood back. I have another service now and they are fine but Ashwood Care was special. The staff knew everything about me and gave me an excellent service, always on time".

The registered manager was very clear about her vision for the service but was unable to fully undertake her management role as she had dual registration for the Warrington and Wigan branches of Ashwood Care. She told us she was unable to maintain her management responsibility for both services and was unable to delegate due to the limited number of senior staff. We saw the organisational chart which showed that there were only two office based coordinators whose current areas of responsibility would not allow them to take on delegated responsibility.

There were management structures in place however staff were not always aware or had received appropriate training to undertake their roles and responsibilities. On-call management cover was available out of hours and enabled staff and people who used the service to obtain immediate support and advice throughout evenings and weekends.

There were no formal service quality assurance processes to identify if people were not receiving care and support for the amount of time they had been assessed as needing. One person told us that their carer had not arrived for the tea time call and no one had contacted her to see if she was OK. The registered manager told us that currently any missed calls were identified by word of mouth which she felt was not suitable. She said they were in the process of introducing an electronic call monitoring system which would enable carers to log in and out of a person's property electronically thereby enabling visit times to be monitored more effectively.

At this inspection we found that staff were not receiving supervision, spot checks and appraisals in accordance with the service policy.

The office accommodation comprised of one large open plan office with no private space for the registered manager to meet with people for private discussions. We were told that the director of Ashwood Care had a small self-contained office within the premises and would vacate this office in emergency situations. The registered manager told us that this made it difficult for her to have meetings with internal staff and people who may wish to visit to discuss service provision or areas of concern. The registered manager told us this was an area of concern and would be discussed with the director as a matter of urgency.

The registered manager had sent questionnaires to the people who used the service to gain their perception of the staff and services provided. We looked at the questionnaires that had been returned in 2015 and saw

they held positive comments and people were generally happy with the timing and quality of services they received. However we were told that no questionnaires had been sent during 2016 and staff were due to recommence this process during May 2017.

Information gathered in relation to accidents and incidents that had occurred in people's homes was reviewed by the registered manager. We were told that another system involved senior staff auditing records completed by staff to show the care they had provided during each visit they completed. This was done to ensure that people were reliably provided with all of the care they needed. However, we noted that the completion of these audit checks was not recorded at all. This oversight had increased the risk that problems might not be quickly identified and resolved.

The above identified issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 as the provider did not have systems and processes in place to assess, monitor and improve the quality, safety of the service.

We raised our concerns about these shortfalls with the registered manager who assured us that they would strengthen the way in which quality checks were completed. They also said the new checks would be introduced in response to the problems we noted earlier in this report relating to the recruitment, training and support of staff.

The registered manager said that because staff worked remotely it was particularly important to engage them in developing good team working practices. They commented that this was necessary to ensure that staff were able to work in a coordinated and consistent way to provide people with the right care. However, we found that some of these arrangements were not working well. The registered manager acknowledged that it would be helpful for staff to have the opportunity to attend regular full team meetings. They said that this would be helpful so that staff could be updated about developments in the service and could quickly iron out any problems that may occur. However, although smaller, informal meetings had been held, we noted that there had not been any full staff meetings since the service was registered by us.

People told us that staff were always pleasant and they seemed very happy working for Ashwood Care. They said staff never moaned or groaned about the job and appeared to work well as a team.

We saw records to show that the registered manager had meetings with local authority commissioning officers to discuss the service provision. She said this enabled her to obtain feedback to ensure the services provided were as required.

Staff forged positive and effective working relationships with health and social care professionals to improve and enhance the quality of care and support provided. Comments from health and social care professionals were positive and confirmed that they had not received any negative comments about the staff or services provided.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed necessary checks to satisfy themselves that fit and proper persons were employed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People employed did not receive appropriate support, training and personal development, supervision and appraisal as is necessary to enable them to carry out their duties.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems and processes in place to assess, monitor and improve the quality, safety of the service.</p>

The enforcement action we took:

A warning notice for regulation 17 was issued to the provider with a compliance date of 31 July 2017.