

Ash Care Services Salisbury Ltd

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Inspection report

Enterprise House
Cherry Orchard Lane
Salisbury
Wiltshire
SP2 7LD

Tel: 01722346494

Website: www.ashcareservices.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Ash Care Services Ltd is a domiciliary care agency that provides personal care to people in their own homes in Salisbury and Downton.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

At the last inspection, there were shortfalls in risk management, quality auditing systems and the safe management of medicines. We issued three requirements to ensure the registered manager made improvement in all areas.

At this inspection, medicines were safely managed. Information showed people's medicines and the instructions for their use. Staff had appropriately signed the medicine administration records to show they had given people their medicines.

Risks to people's safety had been identified. This included areas such as the environment, fire and the person's mobility. Staff told us any concerns about a person's safety would be reported to the registered manager.

Systems to monitor the quality and safety of the service had improved. This included checks of people's support plans and the daily records. The registered manager undertook people's support to ensure the expected standard of care delivery was being provided.

There were enough staff to support people although more would be needed if the service expanded.

People's needs were fully assessed before being offered a service. Their needs and preferences were detailed within a support plan, which they helped to devise and review.

People were happy with their support and received a service that was responsive to their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the staff and their rights to privacy, dignity and independence were promoted.

Staff knew people well and established relationships had been built.

Staff undertook a range of training to help them meet the responsibilities of the role they were employed to do.

There was a caring ethos that was adopted throughout the staff team.

Rating at last inspection - The last rating for this service was Requires Improvement. (The report was published on 3 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will monitor all intelligence about the service and complete another inspection in line with this and our frequency of inspection guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Ash Care Services Salisbury Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ash Care Services Limited is a domiciliary care agency that provides support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist with the inspection.

We visited the office location on 17 June 2019, to see the registered manager.

What we did before the inspection

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed people's support plans and associated care records and information relating to the management of the agency. This included areas such as quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with two people, four relatives and four members of staff on the telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection, medicines were not safely managed. This was because staff had administered "as required" medicines and applied topical creams without information about their use. At this inspection, the management of people's medicines had improved.
- People had a medicine assessment in place. This showed the support the person needed, and any potential risks involved.
- There was a list of each person's prescribed medicines including the full name, dose, quantity and frequency of administration.
- Staff had signed the medicine administration record to show they had given people their medicines.
- Staff told us they completed a lengthy medication course before administering people's medicines. They said a shorter course was undertaken on an annual basis thereafter.
- People were happy with the support they received with their medicines. One person told us, "They come two times a day to help me, lunch time and night time. They put my medication in little pots for me to take." A relative told us, "My [family member] has to have a cream put on her and it makes the site very painful. The carers recognise this and will ask her if she wants any pain killers."

Assessing risk, safety monitoring and management

- At the last inspection, not all risks to people's safety had been identified. This was because the risk of leaving a person's medicines out for them to take later had not been assessed and the amount of thickener a person required with their medicines, was not documented. The thickener was used to minimise the risk of them aspirating.
- The management of risk had improved, as potential risks to a person's safety had been identified. There were risk assessments related to the environment, fire and the person's mobility.
- Staff told us they would inform the registered manager, if any concerns were identified whilst supporting a person. They said they would call the GP or emergency services, if they found a person to be very unwell.
- People received a reliable service, which minimised the risk of their support being missed.

Systems and processes to safeguard people from the risk of abuse

- Staff completed annual training about keeping people safe and had been given information about safeguarding, which they could refer to when needed.
- The registered manager told us they had reinforced to staff they must immediately inform them of any safeguarding concerns. They said this was to ensure the appropriate reporting procedures were followed. One member of staff confirmed this and said, "[The registered manager] is always our first port of call."
- People told us they felt safe whilst being supported. One person said, "Yes I feel very safe and so are my

possessions." A relative told us, "My [family member] is 100% safe with her carer. We have never had a problem with personal possessions or money. We could leave anything around and know it is safe." Another relative said, "I am delighted to say we have never had any reason for my [family member] to feel unsafe with any of the carers."

Staffing and recruitment

- There were variable views as to whether there were enough staff. One person told us, "There have been times when they have been thin on the ground. My carers don't rush me though and I get my full allotted time." A relative told us, "I think they have [enough staff] as we have not had any problems. So far we have not been let down."
- Staff told us there were enough of them to safely complete people's support, although one staff member said ensuring cover at times of annual leave, was sometimes difficult. Another staff member said, "We all pull together if visits need to be covered."
- The registered manager told us there was a small team of staff, but this was enough to support people who used the service. They said additional staff would be needed if the agency grew.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency.

Preventing and controlling infection

- People told us staff minimised the risk of cross infection. One person told us, "I have no issues with this, as they do wear gloves and aprons when undertaking my personal care." A relative told us, "The carers always wear blue plastic gloves and an apron."
- Records showed staff completed annual infection control training.
- Staff told us they had the required equipment to minimise the risk of infection. This included disposable gloves and aprons. One member of staff told us the registered manager would inform them if a person had an infection and additional safety measures were required.
- Infection control practice was assessed when undertaking observational checks of staff.

Learning lessons when things go wrong

- The registered manager told us they had "learnt a lot" following an incident which had impacted on a person's safety in 2017. They described their learning and said they had improved systems as a result. This included clearer reporting procedures and greater knowledge of human resources policies.
- The registered manager told us the service was "running along nicely" and there had not been any incidents or accidents. They said lessons learnt had been limited although reflective practice would take place if required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 told us they were consulted about their support and encouraged to make decisions. One person said, "We have our own routine which they follow. They do ask me if I want anything done differently." A relative told us, "Yes, they do gain consent, they don't take it for granted that [my family member] wants the same old routine."
- Records showed the principles of the MCA were considered during a person's support. For example, one record stated, "Needs to be given time to answer questions. Needs information repeated." Another record stated, "Needs time to process information."
- Relatives or friends had been asked to demonstrate they had legal authority to act on a person's behalf.
- Staff had undertaken MCA training and told us any concerns about a person's capacity would be raised with the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they met with people who showed an interest in using the service. This was to discuss the person's needs and expectations, and to ensure the agency could provide a safe and effective service.
- Staff told us they would inform the registered manager about a person's changing needs, so they could be re-assessed if needed.
- The registered manager told us other health care professionals, such as an occupational therapist would be asked to visit a person or give specialist advice where necessary.

Staff support: induction, training, skills and experience

- Staff were expected to undertake 'refresher' training every year. This included topics such as moving people safely, safeguarding and dementia care.
- The registered manager told us they facilitated most of the training staff completed. They said they used work books, e-learning and discussion, to ensure understanding.
- Most of the staff were happy with their training although one member of staff suggested face-to-face training, facilitated by an external speaker, would enhance variety and interest.
- New staff undertook a nationally recognised induction programme and worked with more experienced

members of staff, before supporting people on their own.

- Staff felt well supported although one member of staff said there was a risk of being isolated and not valued, as there were no staff meetings.
- People and their relatives told us staff were well trained. Specific comments were, "I have no worries relating to staff training. They have been well trained to meet her needs", and "I think they are very good. They appear to be well trained in dealing with people with dementia."

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the support they received with their meals. One person told us, "They do my main meal at lunchtime and they also make sure I have something for my tea such as a sandwich. They also leave me with plenty of drinks and snacks." A relative told us, "I get frozen meals delivered weekly and the carers use these as her main meal. They give her a choice and they know she loves coffee, so they always make sure she has cups of that. They also leave her with fruit juices and snacks."
- The support people needed with eating and drinking, was detailed in their support plan.
- Staff told us they always offered people a choice of food, dependent on what was available.

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- The registered manager told us staff were very good at noticing small changes in a person's health and gaining medical advice when needed. They said staff worked with involved health care professionals, such as the community nurses, when required.
- People and their relatives confirmed medical assistance was gained when required. One relative told us, "The carers do tell me if they think something is wrong. They thought he had a urine infection and advised me to get the GP to call, which I did." Another relative said, "If she is unwell they will ring me. They found her on the floor one day, so they rang an ambulance and me. A carer went in the ambulance with her. If they think she has an infection or under the weather, they will tell me and monitor the situation. If they are concerned they will call the GP."
- Records showed the support people received in relation to their health care needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager undertook some people's support to monitor the standard of care being delivered. They said they had a good staff team, who were caring and showed compassion when working with people.
- People and their relatives were complimentary about the staff who supported them. One person said, "They are compassionate. If I get upset, they will help me by allowing me to get it off my chest. This is important to me as they are the only female company I get." Other comments were, "Very much so, very caring and they do listen and support her. They're also very understanding" and, "My main carer is very kind and caring."
- Information within support plans showed each person's preferences, including what they liked to be called and the preferred gender of staff supporting them. Staff were aware of this information.
- Records showed staff had completed equality and diversity training.
- A range of compliments had been received about the service. These included, "We would like to say a big thank you for all you did for us" and, "Thank you for the care and extra thought. It was much appreciated."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the development of their support plan and its review. One person told us, "If something isn't working they will get together with me to see how we can try to sort it out." A relative told us, "I was involved with [my family member] in her care plan meeting. It was our decision as to what it contained and the timings." Another relative said, "They usually review her plan every six months and so far, we have not required any changes."
- Staff told us they always encouraged people to choose what they wanted them to do. One person confirmed this and told us, "If I don't feel up to having a bath then they will do a body wash instead."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their rights to privacy, dignity and independence were respected. One person told us, "The carers always ring my door bell and shout out that they have arrived. They all make sure the bathroom door is shut and curtains pulled." Other comments were, "They wrap him up in towels to help protect his dignity" and, "They encourage my [family member] to shave and wash himself where he can reach."
- Staff were knowledgeable when talking to us about people's rights.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, people's support plans were not person-centred and the information within daily records was task orientated.
- At this inspection, action had been taken to improve the content of people's support plans. Information was more detailed and an "About Me" document had been introduced. This showed areas such as the person's previous occupation and important people in their lives.
- People and their relatives had built established relationships with staff. One relative told us, "They tend to ensure that [my family member] has carers who she is familiar with and not new carers." Another relative told us, "Whilst we have one regular carer, from time to time they do send new carers, but we have not had any problems with them."
- People and their relatives told us staff were observant and did additional tasks when required. One relative said, "If they spot that [my family member] has spilt something on her clothes they will tell her and ask her what else she would like to wear. They change her and put the dirty article in the linen bin, as well as letting me know."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us documentation was available in large print if requested. This included general correspondence, support plans and the complaints procedure.
- Records showed any support people needed with their communication. This included how to communicate well with a person who had hearing loss.

End of life care and support

- The registered manager told us staff supported people at the end of their life, if needed.
- End of life training formed part of the agency's training programme.
- The registered manager told us staff worked alongside specialised nurses or the local hospice, when providing palliative care. This ensured all support was responsive and met the person's needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern or make a formal complaint. One person told us, "If

I was unhappy with anything relating to my care I would report it." A relative said, "I have a good communication link with the manager and if things are not right, we get together to try and sort it out."

- Relatives were confident any concern would be appropriately managed. Specific comments were, "I know if we had a problem [the registered manager] would sort it immediately" and, "I am certain [the registered manager] would deal with any issues that might arise promptly and effectively."
- The registered manager told us there had not been any recent complaints. They said they would try to resolve any issues quickly, before they escalated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, feedback from people was not coordinated and the quality auditing systems did not cover areas such as the safe administration of medicines.
- At this inspection, auditing had improved. This included checks of people's support plans and daily records.
- Records showed observational visits to monitor staff's practice were undertaken.
- The registered manager told us they asked people when supporting them, if they were happy with the service they received. They said undertaking people's support also enabled them to ensure a good service was being delivered. A relative confirmed this and said, "She has sometimes come to care for my [family member] and I have found her easy to talk to and have discussed things with her."
- Staff told us communication was good and they were kept up to date with any information they needed.
- A deputy manager was in the process of starting their induction. The registered manager said the new deputy would provide additional management cover, as well as supporting them in their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they really enjoyed what they did. They said it was important to be able to help people to live in their own homes for as long as possible.
- There was a caring ethos that was adopted throughout the staff team. Staff were caring, committed and enjoyed their role. One relative told us, "[The registered manager is very caring and effective, and it mirrors in the carers behaviour when they come. We are very pleased with everything."
- People and their relatives told us the service was flexible and met their needs. One relative told us, "I was unable to get to [my family member] to do her lunch so I spoke to the manager. She made sure the carer at breakfast time, did a sandwich for [my family member] to have at lunch time, as I could give her the main meal in the evening."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us they liked the small size of the service. They said this enabled them to "keep on top of things", and to know people and the staff well.
- There were positive comments about the registered manager and their management style. Specific comments included, "She is a fantastic manager. [My family member] says she has never laughed so much

with anyone. She is always upbeat and ensures [my family member] is included in all conversations and makes good eye contact with them. She has gone over and above for us." Other comments included, "She is brilliant, a good leader. A wonderful lady. I can't fault her or her team", and "She is a really good manager and manages the business well."

- There were many compliments about the service. These included, "They have never ever let us down. They do a wonderful job", "They do everything well, no improvements required" and, "They are brilliant. I have nothing bad to say about them."
- Staff told us they enjoyed working for the agency and would recommend the service to a family member, if they needed such support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us each person was treated as an individual, with their own personal characteristics and identity.
- People were encouraged to give their views about the service. This was informally, during a review of their support or by completing a survey. A relative confirmed this and said, "We have only been with this agency for [a while] but they have recently sent me a questionnaire for feedback. We don't require any changes at the moment."
- People were supported to engage in community events or have support for companionship if desired.

Continuous learning and improving care

- The registered manager told us they undertook training and researched topics on the Intranet to keep updated with best practice.
- The registered manager told us they were not planning to develop any specific areas of the service, other than ensuring the new deputy manager was fully competent in their role. They said they wanted to maintain the good standard of support provided and enable people to remain in their own homes for as long as possible.