Ashley Community Care Services Limited

Ashley Care

Inspection report

33 Clarence Street
Southend On Sea
Essex
SS1 1BH

Tel: 01702343789
Website: www.ashleycare.com

Date of inspection visit:
11 November 2020
12 November 2020
13 November 2020
17 November 2020
18 November 2020

Date of publication:
07 January 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ashley Care is a domiciliary care service providing personal care to 200 people of all ages in their own homes. They also provide a rehabilitation service. This is where people are supported with care in their own homes to support their recovery following a hospital admission, for example, or where they may need short term care during an illness.

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
The concerns raised during our last inspection had not been effectively addressed and we found repeated concerns. People were mostly positive about the care staff who looked after them but often received care from staff they did not know. People were unhappy that their call times were inconsistent, and they did not know what time staff would arrive.
People's individual risks had not always been identified and information was not always available to staff to help manage those risks. Medicines were not always managed safely. Staff recruitment was not always carried out safely or in line with regulatory requirements.

There was insufficient oversight by the registered manager and the required improvements had not been sustained. Where action plans had been put in place, improvements were not always implemented or sustained.

Improvements were required to ensure people's needs and choices were fully assessed, to ensure people's care needs were met effectively.

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.
Staff training had improved, and staff were supported by induction, mandatory training, supervision and spot checks.

People told us they felt safe with their care staff who were kind and caring. Staff knew how to recognise and report abuse.

The provider worked in partnership with other organisations and had provided support to their local community throughout the COVID-19 pandemic.

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

Rating at last inspection and update:
The last rating for this service was requires improvement (published 20 February 2020) and there was a beach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when. At this inspection not enough improvement had not been made and the provider was still in breach of the regulations.

Why we inspected
We carried out an inspection of this service in July and August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashley Care on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below

Ashley Care

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
This inspection was carried out by two inspectors, an assistant 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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
We gave the service 48 hours' notice of the inspection.

Inspection activity started on 11 November 2020 and ended on 18 November 2020. We visited the office location on 11 November 2020. We carried out calls to people using the service on 11 and 12 November 2020. We made calls to staff on 13 and 18 November 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with 19 people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager.

We reviewed a range of records. This included ten peoples care records and multiple medicines records. We looked at eight staff files in relation to recruitment and eight staff supervision records.

We reviewed a variety of records relating to the management of the service, including policies and procedures and the providers action plans were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, medicines administration records, staff schedules and care records.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- At our last inspection we identified improvements were required to people's risk assessments. At this inspection we identified peoples risk assessments still required improvement.
- There were insufficient assessments of people's risks and insufficient guidance for staff about how to manage people's risks, for example regarding people's nutritional needs or specific health care needs.
- One member of staff said, "Most of the time I ask the service users. The care plans are not updated quick enough, and they certainly don't tell you of the specific needs. I've been into a service user and the care plan tells me they use a rotunda and they don't, they use a frame."
- Another member of staff said, "The care plan does not give enough information at all. We only find out by speaking to the service user. I manage by getting used to the service user and figure it out with them."
- Where staff supported people with medicines, there was a risk these were not always managed safely. Medicines Administration Records (MAR) did not always contain accurate information about how to administer people's medicines.
- For example, we saw a record for a blood thinning medicine that was prescribed to be taken on alternate days but was being signed for every day. We checked this with the registered manager who confirmed the person should be given the medicine every day and the MAR records had not been updated.
- Medicines had not been signed for on numerous occasions which meant people may not be receiving their medicines as prescribed and were at risk of receiving the wrong dose of their medicines.
- Where people had continuously refused their regular medicines, there were no records of staff reporting this or making a referral to a health care professional.

We found no evidence that people had been harmed however, we could not be assured people were safe due to staff not having access to up to date, detailed risk assessments to support people with the correct care. We could not be assured people were receiving their medicines as prescribed. This demonstrated a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on staff recruitment and act to update their practice. We found the same concerns at this inspection.

- Staff had not always been recruited safely or in line with the company's recruitment procedures and regulatory requirements.
- Two members of staff had commenced work before their Disclosure and Barring Service [DBS] checks had

been received to ensure they were suitable to work with vulnerable people.
● Staff did not always have two references, and they were not always from their most recent employer to ensure they had the right skills for the job or were of good character.
● Gaps in employment history had not been explored at interview. Reasons for leaving previous employment were not always recorded.

We could not be assured staff had been recruited safely and had the correct pre-employment checks in place. This demonstrated a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

● People did not always receive their care at planned times. People received their meals, medicines and personal care at irregular times. This put people at risk of not eating regularly, not receiving all their doses of pain relief or having sore skin from soiled clothing. Staff were not given time to travel between their visits.
● One person said, "There is no time, it is just 'mornings'/when I can be fitted in and when the staff can get here." Another person said, "Mostly they arrive on time but if they are very late, I sort myself out and then they just make me a cup of tea."
●People gave us mixed feedback about receiving care from staff they knew. One person said, "It is a lot of different staff I just have to get used to that. I don't know who the agency is sending. I have told the office it is not very professional but often strangers come to care for me." Another person said, "Some are strangers, some shadow at first with someone I know."
● The registered manager told us they had a team of staff who covered for sickness and absence to ensure people received their care calls. They had also put in place a specific COVID-19 team. The service tried as much as possible to provide people with regular staff whilst managing the pandemic.
● The provider told us they were actively looking to recruit staff and were advertising through various channels but were still facing challenges with recruitment.

Learning lessons when things go wrong
● At the last inspection we had identified the service did not always learn lessons from incidents and complaints to improve the quality of care provided. At this inspection we found improvements were still required.
● Insufficient systems were in place to identify and review missed and late calls and to learn from them.
● One person said, "I used to have a Saturday call, but I was often missed so I stopped the staff coming."
Preventing and controlling infection
● Staff were trained in infection control and used the correct personal protective equipment when providing care. One person said, "Staff wear gloves, aprons and masks and they put them in the bin."
● The provider had made changes to their infection control policy to ensure staff and people who used the service were kept safe during the COVID-19 pandemic. This included carrying out risk assessments, providing extra training and making the office a COVID-19 secure environment.
● Staff understood the importance of wearing correct PPE and followed guidance on social distancing.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe with their staff. One person said, "Staff support me and keep me safe."
● Staff knew how to recognise signs of abuse and how to report concerns. There were systems in place to support staff and keep people safe.
● The registered manager reported and investigated any safeguarding concerns to the local authority safeguarding team and CQC.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care needs were not always appropriately assessed before they received their care. People had a pre-assessment completed by the local authority and Ashley Care aimed to complete their own assessment however this was not always carried out in a timely way.
- For example, the local authority completed an assessment of one person 's care needs in October 2019 and Ashley Care began their care in June 2020. Ashley Care failed to complete their own review of this person's care needs until August 2020, and this had identified the person's care needs had changed since the local authority's assessment. This meant there was a risk people received unsafe or inconsistent care that did not always meet their needs.

We recommend the provider makes improvements to how the service carries out their assessment processes.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider and registered manager put a robust system in place to monitor staff training and ensure this remains up to date. We also recommended staff were supported to complete the Care Certificate within the recommended 12 weeks. The provider had made improvements.

- Staff received appropriate training to meet people's needs. The provider had recruited an in-house trainer since the last inspection and most staff were up to date with mandatory training.
- Staff had also been supported to complete the Care Certificate within the recommended 12 weeks. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected of care workers.
- People were satisfied about staff skills and training. One person said, "I can't say if they are trained, they have experience, staff have enough skills to care for me."
- Staff received appraisals, supervisions and spot check visits, which enabled staff to receive feedback about their performance. One member of staff said, "I have just had my annual appraisal which is very open, and I can discuss any issues."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Improvements were required to ensure people's care plans and risk assessments gave sufficient guidance

for staff about people's nutritional needs and choices. Staff were reliant on people telling them what they wanted to eat and drink and there was no guidance for staff when people were at risk of malnutrition or dehydration. This meant staff may not always know how to manage this or provide the person with the right level of support.

● People were supported to eat and drink by staff. One person said, "The staff get me my breakfast if I feel like it, and often make me a sandwich." Another said, "I definitely choose my food and drink, but I need some help."

● The service had continued to provide extra services including emergency response and reablement in order to support people in the community to remain well and feel supported.

● We saw evidence that staff had made referrals where needed to healthcare services. One person said, "The staff supported me by calling in a district nurse due to a blister I had."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People's mental capacity was considered as part of their care. The registered manager confirmed that people using the service had capacity to make their own decisions and nobody required additional support.

Requires Improvement

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the previous inspection we had identified concerns which had not been rectified. The registered manager had sent us an action plan following the previous inspection detailing improvements made to the service. However, these improvements had not been sustained by the service which meant people were still at risk of harm.
- The registered manager did not have robust systems in place to monitor the quality of the service. Audits did not identify the issues we had found during this and the previous inspection and action had not been taken to make the necessary improvements. For example, risks to people's health and wellbeing were not being monitored to keep people safe and incomplete staff recruitment files meant staff had been allowed to work without suitable pre-employment checks in place.
- Medicines audits had not been completed between April and September 2020. We reviewed MAR charts from September 2020 which showed a number of missing signatures. The registered manager did not have sufficient oversight and had not investigated or reviewed these omissions.
- The service had introduced a call monitoring system however this was not regularly used by staff. The registered manager had insufficient systems to audit and review the timing of people's care. There were insufficient systems in place to review if people received the care they expected and required.
- Staff rotas detailed time specific calls, however, staff were not always informed about peoples care needs being time specific when they were given extra calls to cover. This meant staff often had to rush to get to people and make changes to ensure they could be with people who needed care at specific times. One staff member said, "I have been given calls before to take as an extra. I've asked if the service user has a specific time for medicines and been told no. You get there and find they do have time specific medicines and they are not happy that you are late."
- Call rotas did not have travel times between people's calls. The provider told us there was time built in for travel, but staff and people told us staff often arrived later than they expected or at different times. One person said, "There have been days when the breakfast call is just before the lunch call, I don't like that it is not helpful."

We found no evidence that people had been harmed however, there was a lack of adequate management and sufficient governance and oversight. Quality assurance processes were ineffective. The lack of robust quality assurance meant people were at risk of receiving poor care. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager was passionate about their role and wanted to provide a quality service to people whilst supporting staff however improvements were required to ensure sufficient changes were put in place and sustained.

● People had been given the opportunity to provide feedback to the service through a questionnaire in January 2020. One person told us, "Yes COVID-19 is explained, I feel I know what is going on."

● People were complimentary about the care staff. One person said, "The staff are nice. I am happy and delighted with the support I am given." However, people and care staff did not always feel supported by the staff who worked in the office. One staff member said, "The office doesn't really make me feel like I count. When they need us, they call and call, but if I need help, they don't really bother."

● Staff had been sent newsletters and bulletins containing updates on training, communication, wellbeing and company updates. These had included information on the COVID-19 pandemic. Staff meetings had not taken place due to the pandemic, however staff were encouraged to speak to the management team if they had concerns or needed support. One staff member said, "It's a family owned business and the owners are very understanding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest when reporting incidents to CQC and the local authority.

● The provider and registered manager understood duty of candour and were open and honest when mistakes had been made. Full investigations into complaints were carried out and people were given apologies when they had not received the service they were expecting.

● People told us they knew who to contact if they needed to make a complaint and would contact the office for help and support. One person said, "I would ring the office if I had a complaint. There was one staff member I didn't want and spoke to the office to stop them coming."

Working in partnership with others

● The service had a close working relationship with the local authority and contacted them regularly for advice and support.

● During the COVID-19 pandemic the service had been part of local crisis teams giving support to informal (non paid) carers in the community.

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 12 HSCA RA Regulations 2014 Safe care and treatment We could not be assured people were safe due to staff not having access to up to date, detailed risk assessments to support people with the correct care. We could not be assured people were receiving their medicines as prescribed.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We could not be assured staff had been recruited safely and had the correct pre-employment checks in place.