

Vineyard (UK) Services Limited

Ashley House

Inspection report

Unit 7 & 8 Ashley House
Ashley Road
Tottenham
London
N17 9LZ

Date of inspection visit:
12 July 2016

Date of publication:
23 August 2016

Tel: 07868295992

Website: www.completecaresolution.co.uk

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

This inspection took place on 12 July 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

Ashley House (also known as Complete Care Solution) provides support and personal care to people living at home and in supported living projects in Haringey. There were approximately 40 people using the service at the time of our inspection.

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

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate these risks.

People told us that staff came at the time they were supposed to or they would phone to say if they were running late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were

aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

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. People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate those risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good ●

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good ●

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and

wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

Good ●

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Ashley House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 12 July 2016. We gave the provider two days' notice that we would be visiting their head office

After our visit to the office we visited and spoke with five people living at a supported living house. We spoke with one person who used the service and five relatives over the phone. The inspection and interviews were carried out 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with four care staff and four managers including the registered manager.

We looked at seven people's support plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held by the agency including meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "I think they know me well, they are very trustworthy." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "They are very decent and trustworthy."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. If someone had an accident this was recorded. We saw that the registered manager analysed past accidents to see if action could be taken to reduce the risk of further occurrences.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or team leader in the person's home. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, falls and nutrition if applicable.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. We saw that risk assessments had been signed by the person or their relative to indicate they had been consulted about this and agreed with the measures taken to reduce risks. People and their relatives confirmed they had been involved in identifying risks to their safety and wellbeing.

The registered manager was very clear that the service was not 'risk adverse' and that people's independence was encouraged but within a risk management framework. For example, we saw that risk assessments had been completed for one person relating to using public transport and crossing the road. These assessments were in an easy read and pictorial format. These contained clear information for the person in order for them to keep safe but still be able to go out unaccompanied.

Risk assessments were being reviewed on a regular basis and information was updated as needed. The registered manager told us all staff were informed of any changes in a person's care needs or associated risks and staff confirmed they were kept updated. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's support plans.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as having safe access to people's homes.

People told us that staff came at the time they were supposed to or they would phone to say they were running late. One person told us, "Yes always punctual, not really late." Another person commented, "Have to give them some leeway once in a while they are late like 5-10 minutes due to traffic or bus problems. Yes, they call saying that there was an accident or bus issues and they are walking down."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks.

People told us that, if two staff were required, they generally came at the same time. One person commented, "Both start at the same time and finish at the same time. One can come 10 or 15 minutes earlier than the other and then brief the other one that comes in. They record everything and talk about everything that is going on." Another relative told us, "Sometimes one comes in before the other one but it is not that much of a difference."

The registered manager told us that the minimum amount of time that was offered by the agency was an hour for personal care or 30 minutes if the person just needed reminding and prompting with tasks.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff to ensure that they understood the training and were able to put this into practice.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. The agency management undertook spot checks on staff at the person's home. These spot checks included medicine audits. People told us they were satisfied with the way their medicines were managed. Comments included, "Yes, they bring my medication, to my house. They keep an eye on it and if I need painkillers I need to go to the doctors and carers will collect them for me from the pharmacists." and "Yes they give medication no problems they are very dedicated. I know what medication [my relative] is taking as I do check."

We checked a random selection of eight staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. A relative told us, "[The registered manager] is very strict with the staff and makes sure they are all responsible and trained in whatever they are doing."

Other comments included, "Very professional and very honest, I like them," "Well trained and exceptionally good at their jobs" and "they use the equipment carefully and professionally."

Staff were positive about the support they received in relation to training. One staff member commented, "Training is good." Another staff member told us, "I've learnt a lot from this company." Staff told us about recent training they had undertaken in first aid awareness. They said this had improved their understanding of the how to keep themselves safe as well as the person they were supporting.

Staff were required to attend mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff told us that they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and annual appraisals and we saw records of these in staff files. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by team leaders, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision and yearly appraisals were a positive experience. They said, "It motivates me. I can express myself and exchange ideas." Another staff member told us, "It helps me stay on track, whether I'm meeting my targets and to look at my training needs."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own.

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which

would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Comments included, "[The staff member] does know us really well and asks permission every time" and "They would ask if I needed anything done."

Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans.

There was information incorporated into people's support plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. We were told that people's food and fluid intake was monitored and recorded when this was required by their GP. People told us they were happy with the support they received with eating and drinking.

Where the agency took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. One relative told us, "The carers are so dedicated that they call the doctors and then phone me. I'll call a cab and the carers take him. They sometimes go on their own and bring back all the information to me."

Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "Very kind and yes compassionate to," "They treat [my relative] with compassion, dignity and respect" and "they are like part of the family."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One relative told us, "I've been involved in [my relative's] care. For example, when she joined we had a three way meeting."

Relatives told us they were kept up to date about any changes by staff at the office.

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food shopping and activities. A relative told us, "They respect our values."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history. A relative commented, "All the staff know [my relative] very well and how best to support her."

People confirmed that they were treated with respect and their privacy was maintained. A person who used the service told us, "They do, they are young people and they respect me. If I am in my bedroom, they ask before coming in."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People who used the service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's support plan. We saw a number of examples of this including an increase in care hours when someone returned from hospital with increased care needs.

A relative commented, "They are quite accommodating, on Friday we are now getting home care because [my relative's] needs have changed."

Another relative told us "He sticks with routine and does not like change and takes a long time to adapt to change. Like the doctor said his diet needed to change as he was putting on weight. So when they changed it to the doctor's diet, he did not like it. They were very patient with him."

A person who used the service made the following comment when we asked if the service was flexible, "They are flexible. Sometimes if I am out and about, they will phone me and ask me where I am and wait for me."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Each person had a support plan that was tailored to meet their individual needs. These plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. One person told us, "There is a care plan that is provided from the service, the staff follow it and I am happy with the service they provide."

We checked the support plans for seven people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met.

The registered manager told us that training was provided to staff in any aspect of care provision that was assessed and required. For example, we saw that staff had received training in the provision of food intake via Percutaneous Endoscopic Gastrostomy (PEG). A relative told us, "[My relative] is nil by mouth being PEG fed. They are very dedicated in how they look after him making sure everything is done systematically and everything is done at the right time."

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. A person using the service told us, "Yes I do. I can call them on the phone or write them a letter stating my dissatisfaction. Sometimes a manager comes around and I can speak to him I would feel comfortable."

We saw that no complaints had been made about the service since our last inspection. Where complaints had been raised in the past, these had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation, the complainant's satisfaction with this outcome and action taken to make sure the issue was not repeated.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us that the registered manager, "Takes her job very seriously and takes everyone along with her."

Staff told us that they felt the service was well run. Staff comments included, "We are encouraged to express ourselves," "They are a good management team. They get you to recognise your strengths" and "[the management] asks for my view about work."

Staff told us that the management listened and acted on any suggestions they made for improvements. For example, staff told us about recent suggestions they had made about the provision of staff payslips. They told us the management had listened to their suggestion and changed the way payslips were provided to staff.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks of staff performance, regular reviews of service provision, regular telephone interviews and quarterly audits by the provider. The provider audited care plans and risk assessments to ensure information was accurate and up to date.

People confirmed they had been asked for their views about the agency. We saw that, where any issues arose, the registered manager had taken action to improve the service. For example, we saw that a relative had raised an issue that they were not always aware of the name of the staff who would be visiting them. As a result of this the registered manager now sends a copy of the rota to each person using the service with the name of the staff who would be attending.

We saw completed surveys that indicated people were satisfied with the service. People's comments included, "I am very happy with the support I receive," "The staff are so sweet and really helpful" and "Always on time."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. Staff told us that the registered manager had high expectations of the staff and was clear with them when things were going well or not. They told us that the manager expected staff to treat people how they would want their own relative to be treated. When we discussed these visions and values with the management team it was clear that these values were shared across the service.