

Ashford Personnel and Solutions Limited

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Inspection report

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Date of inspection visit:
02 November 2021
03 November 2021

Date of publication:
01 December 2021

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

About the service

Ashford Personnel and Solutions is an agency which provides care and support to people living in two supported living schemes and in their own homes. The service is currently supporting 19 people. 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. The service is currently supporting four people with personal care with Learning Disabilities, Mental Health needs and physical limitations.

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

People we spoke with told us they feel safe in their homes with support from Ashford Personnel and Solutions. Staff had been recruited safely and were trained in different social and health conditions to provide effective care and there were suitable numbers to ensure all people's needs could be met. Staff assisted people to manage their homes and ensure they were clean and tidy, and staff supported people to minimise the risk of infections and stay as safe as possible during the COVID-19 pandemic.

Systems and processes in place were relevant and appropriate and enabled the registered manager to have oversight of the quality of support being provided. The registered manager had an open approach to learning lessons from things which may have gone wrong and communicated these to staff to minimise the risk of reoccurrence.

People had comprehensive care and support plans which had been developed with them and key health and social care professionals involved in their support. These plans were personal and only contained relevant and appropriate information staff needed to support people the way they wished to be supported. Care plans were fluid and were changed and adapted based on what people wished to achieve. People were supported to do things which were important to them such as volunteering roles or shopping.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The registered manager had a visible presence in the service where people lived. The registered manager told us they choose to work there instead of the main office so people can see them whenever they need to. People we spoke with were complimentary about the registered manager and one described the registered manager as their next of kin. We were told the registered manager was always available and supportive and people felt confident concerns raised would be dealt with promptly and correctly.

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

Rating at last inspection

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected previously.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Ashford Personnel and Solutions Limited

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 one inspector.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 2nd November 2021 and ended on 10th November 2021. We visited the office location on 2nd November 2021, spoke with people who use the service on 3rd November 2021 and spoke with staff on 9th November 2021.

What we did before the inspection

We reviewed information we received since the service was registered. 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 four people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care coordinator and support workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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. We reviewed feedback from one professional who regularly visits the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff completed comprehensive safeguarding training and knew how to recognise signs of abuse and how to report these to keep people safe.
- People told us they felt safe when being supported by staff. One person told us, "Oh yes I always feel safe. They look after me and they do so much for me."
- Staff told us concerns were reported to the registered manager immediately and felt confident action would be taken. The registered manager worked closely with people's social workers and attended safeguarding meetings when needed. As a result of one of these meetings a person's support hours were changed to include 'safeguarding hours' in the evening to ensure the person felt safe.
- We reviewed recorded safeguarding incidents the service had raised themselves on behalf of people. All alerts were reported and actioned correctly.

Assessing risk, safety monitoring and management

- Risks to people's individual health and wellbeing were thoroughly assessed and guidance was in place for staff to keep themselves and people they support safe.
- Risks to people's support needs, mental health, and physical limitations were all assessed appropriately. Where risks had been identified, people's support plans described actions people and staff needed to take to minimise the risk of occurrence.
- The registered manager had implemented a 'key worker' system, where one member of staff was assigned as primary support of one person. This enabled staff to build good relationship with people and get to know them. People told us they liked this as they knew who to go to if they needed anything or felt unsafe.
- All risk assessments were reviewed regularly and updated when the risks to people had changed.

Staffing and recruitment

- There were enough staff to meet the individual needs of people and keep them as safe as possible. People were supported in 'hours' e.g. from 11am – 2pm then 6pm to 8pm and again from 8pm -10pm. This allowed people to be supported but also have independent time during the day.
- The shift system implemented by the registered manager helped with retention of staff. Staff had worked for the service for long periods of time and staff told us this helped them build good relationships with people and provide continuity of care.
- There were appropriate levels of staff to cover absences, such as annual leave or sickness, and a member of staff told us, "I don't know a time where staff were off sick. We all work together as a team and cover when we can, so we don't cause people distress or let them down."
- Robust recruitment procedures were in place to ensure staff were suitable to work before they started to

support people. Pre employment checks were completed, and these included obtaining a full employment history, checks of staff identification and right to work in the UK. References from previous employment and a disclosure and barring service (DBS) check. A DBS check helps employers identify people who are unsuitable to work with adults in vulnerable settings.

Using medicines safely

- Policies and procedures were in place to ensure people received their medicines safely and at the time required.
- People's requirements of the level of support they needed with their medicines were individually assessed and these were reviewed regularly. Some people required minimal assistance such as verbal prompting and reminding from staff, and other people required physical assistance.
- The registered manager had strong links with the local pharmacy and when issues with supply of medicines had been identified the registered manager had been able to rectify these promptly to ensure there were no risks to people's physical health with missing medicines.
- Staff were trained in administration of people's medicines and recorded interventions and competencies were reviewed by the registered manager.

Preventing and controlling infection

- All staff had completed in depth Infection Prevention and Control (IPC) training. During the Covid-19 pandemic staff worked within national government guidelines to minimise the risk to people they were supporting.
- Staff were provided appropriate personal protective equipment (PPE) and we observed staff wearing masks and gloves correctly.
- Reminders of safe practices relating to PPE use was discussed in team meetings and staff were fully participating with the services policy of regular COVID-19 testing.
- People were encouraged to clean their own homes, or staff completed this regularly on behalf of those who were unable to, so people's homes were clean and safe.
- The registered manager completed monthly IPC audits and checks. These reviewed staff handwashing practices, PPE, communal environments, staff knowledge and had plans for management of potential COVID-19 outbreaks.

Learning lessons when things go wrong

- Incidents of things which had gone wrong had been reported by staff and correctly recorded.
- The registered manager had reviewed all incidents and completed investigations to find if they could have been avoided.
- Investigations and the outcomes of these were fully recorded and were shared with staff via team meetings and supervisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Individual care plans and risk assessments were completed. Care plans had a detailed history of a person's medical history, their interests/hobbies, cultural needs, cognitive ability, and mental wellbeing. This enabled staff to understand and provide appropriate care to each person.
- People told us their needs and preferences were considered when developing care and support plans. Care plans covered all protected characteristics under the Equalities Act 2010.
- All care plans and risk assessments we saw were person centred and reviewed regularly. Updates had been made if there were following any changes in need.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who knew them well. Staff had a range of previous experience of working with people who required care and support. All staff were up to date with their current required training.
- New members of staff completed an in-depth and extensive induction process. This included a company introduction from the registered manager at their main office, completion of mandatory training modules and shadowing of experienced staff.
- The registered manager personally introduced new staff to people they were going to support. As the registered manager knew the people well, this assisted to put people at ease when meeting someone for the first time in their own homes.
- New staff were added to the staff rota but were not supporting people straight away. New staff were allocated dedicated time to be in the setting and read all of the information relating to people, ensuring new staff knew how to support people correctly. The registered manager had staff sign a formal document to confirm they read and understood the information contained.
- Staff told us they felt extremely supported by the registered manager. One member of staff told us, "We don't have to wait for our formal supervisions to discuss something. I can call or text [registered manager] and they always come to listen and will sort things."

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

- All people we reviewed required support with maintaining a healthy and balanced diet. One person was trying to lose weight and the staff had developed healthy eating plans and monitored their intake of fast food or other unhealthy choices. Staff worked with people to encourage healthier choices to be made. Records indicated this was having a positive impact on people.
- Staff cooked with some of the people being supported, offering choices and encouraging people to try and be as independent as possible with this. One person we spoke with told us, "I love the food that

[support worker] makes. It's really the only time I ever finish a meal. It's delicious."

- Staff are trained in supporting people with conditions such as diet-controlled diabetes and kept detailed records of what people had eaten or drunk. This helped staff identify any potential complications relating to this and take appropriate action.
- Weight logs, food and fluid charts and daily records of what people had been offered or supported to eat and drink were all present and were shared with other professionals, such as dieticians, involved in supporting people to ensure the correct interventions were completed when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make and attend healthcare appointments. Staff reminded people when to go and also attended the appointments with them to ensure they felt safe and not overwhelmed.
- The registered manager and key workers involved in people's care had made appropriate referrals when concerns over a person's health and wellbeing were raised. For example, one person had a referral to Speech and Language Therapy (SaLT) when staff had noticed they were struggling to swallow, and a new cough had developed. Staff supported the person to participate with an assessment. Actions suggested by SaLT were incorporated immediately into the person's care and support plan which ensured staff had the most up to date guidance to minimise any risks identified.
- There was information in place for people to take with them if they were admitted to hospital. These specific care plans included important information healthcare staff needed to know on how the person wished to be supported. These included details of medicines people were taking, how they liked to be communicated with and other important preferences people had. For example, one person does not like being in the company of groups of males and becomes very anxious and upset.

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. 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 the service was working within the principles of the MCA.

- All people being supported by the service at the time of inspection had the ability to consent to care and treatment and to be involved in the inspection process.
- People told us they were supported to live their life how they wanted to. Staff were there to support them, and they felt safe knowing staff were around.
- People were supported to live as independently as possible. This included assisting people to make their own decisions and remain as safe as possible without restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people as individuals, they respected people's choices and supported them to make positive changes to improve their lives.
- A visiting social care professional involved in people's care gave the service regular feedback. Comments included, "There have been clear improvements in [person's] mental health since Ashford Personnel and Solutions began working with them." And, "The staff go above and beyond to meet the needs and expectations of people they support."
- Staff were trained in treating people with respect and dignity and this was seen when observing interactions with people we spoke with.
- One person told us, "I am happy with the support I get. [staff] are all so kind and they definitely know what I like to do."

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

- People had been closely involved in developing their plans of care. People were involved in regular meetings with registered manager, key workers and social care professionals to discuss how their support was going and if any changes were needed. Feedback we reviewed from a Social Worker said, "The team actively empower the people they support to lead an active role in their own care and support."
- All people we spoke with were able to tell us who they would go to if they needed assistance with something or wished to discuss their care. One person told us, "oh I would go to [key worker] they are excellent. I would also go to [registered manager] as they always listen."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain and increase their independence. Encouragement was given to help people manage their life tasks. These included cooking, washing their clothes, keeping their homes clean and managing their finances.
- People told us staff are there to keep them safe. Not to tell them what to do or how to do it. Staff treat people's flats as their own home and respect the decisions they made.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care and support plans were developed with their input. The service completed standard assessments for everyone but each care record we reviewed had other detailed tailored assessments dependant on the person's needs.
- Staff knew people well and understood their preferences. Staff were able to explain what person-centred care was and how they implement this into their daily support skills.
- Care and support plans were reviewed and updated regularly with people by the key workers and registered manager, ensuring people were in control of how their support was delivered and staff had the most up to date records to refer to.
- The service was not supporting anyone at the time of inspection with end of life care. The registered manager explained there was a full policy in place and staff were trained in delivering this care in the event this support was needed.

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.

- People's communication needs had been assessed appropriately. This helped staff to understand if any aids or specific guidance would be needed to enable people to be able to make their preferences known. People currently supported by the service did not require any specialist communication methods, however one person had difficulty in understanding all of the documentation. Staff developed an individual approach to involving them in the records of care interventions and the person told us this made them feel more included and respected.
- People's care and support plans, including risk assessments, were in a format people could understand. Although staff had started to transition into using an electronic system to ensure all documentation is held securely, people's care records were documented on paper and kept in an office in the setting.
- Easy read versions of some of the providers policies were available to people such as how people could raise a complaint.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People live in their own flats and staff treated them as the person's own home. There were no restrictions on any of the people we reviewed. Support was in line with their wishes and people were free to go out

whenever they wanted.

- One person volunteered at a community charity shop. During lockdown this person told us their confidence decreased so staff changed the support hours and supported them to get back into the shop. The person felt confident to attend to this activity by themselves now and the care hours had been changed to support them to attend this independently.
- Relationships which had developed between people who use the service had been supported by the registered manager and staff. Although concerns were initially present, the registered manager completed appropriate risk assessments and held meetings with extended professionals to ensure all people involved were safe and the choices made were their own.

Improving care quality in response to complaints or concerns

- Complaints about the service were encouraged and the registered manager had an ethos of, "We can always improve things." Details of how people could make complaints were included in the service user guide, which each person had a copy of in their care plan.
- All people we spoke with told us they knew who to go to if they needed to raise a concern or if they weren't happy with their support. People told us they felt able to approach the registered manager as they were based in the service and felt confident the registered manager would listen and act on what they had told them.
- Complaint records we reviewed had been investigated and actioned appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People being supported were at the centre of all care and support delivered. People we spoke with felt safe, empowered and included in all aspects of the support they received. Care and support plans were fluid and moved in line with changes of people's preferences.
- Each person was supported with goals they wanted to achieve and feedback on this was positive. People felt supported to achieve what they wished to and not just have things done for them.
- There was an open and transparent culture evident in the service. Staff we spoke with felt included and well informed about the vision of the service to, "Improve people's lives."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated understanding of duty of candour and they expected all staff to follow this process.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and had informed CQC and commissioners when required.
- Staff were actively encouraged to report concerns, accidents and incidents and be honest with what had gone wrong.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood this responsibility and had notified CQC about all important events that had occurred and had met regulatory requirements.

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

- There was an experienced registered manager in post who had a constant visible presence in the service. The registered manager was a registered nurse and kept up to date with relevant updates regarding best practice and professional development. These updates were shared with staff.
- Staff felt supported by the registered manager and told us, "[registered manager] makes supporting people easy. They care so much about the people we help and their experience as nurse helps us quickly identify if anyone is unwell or may need medical treatment."
- All people we spoke with were able to tell us who the registered manager was and how to contact them if they needed to.
- There were clear job roles and responsibilities in place and staff we spoke to understood these. The

registered manager completed a range of assurance checks to audit the quality and safety of the service and where appropriate, these were delegated to people's key workers or experienced staff as required.

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

- The registered manager had a feedback process in place to capture what was working well and what could be improved. Feedback we reviewed from people, staff and professionals working with the service was very positive.
- People had formal reviews of their care and support at regular times throughout 12 months. This enabled them to voice any issues and also discuss if the support they received was meeting their needs.
- Staff told us they received constant feedback from the registered manager and didn't have to wait until formal supervision or appraisals. One staff we spoke with said, "[Registered manager] always tells us what we are doing well, and what needs to change to better support people. They are fair with all of us and we really appreciate it."
- Staff had regular meetings with the registered manager and provider. This was an opportunity for staff to raise concerns, discuss any problems and receive support from their managers and co-workers. Things to improve the service were also discussed.
- The registered manager had created an electronic messaging group which staff could choose to be involved in. This group was implemented during Covid-19 pandemic and allowed the registered manager to provide important information and updates to the service and for staff to raise any issues or concerns. Following changes to the COVID-19 guidelines, staff had chosen to keep this group in place as they told us they found it to be very beneficial to their roles.

Continuous learning and improving care; Working in partnership with others

- Health and social care professionals involved in people's support were regularly present at care and support reviews. The registered manager kept social workers informed of any issues or changes required when supporting people. One social worker said, "I feel assured that the registered manager will always contact me in a timely manner with any concerns they may have."
- The registered manager had kept up to date with relevant training, guidance and best practice policies.
- Records showed the registered manager and staff supporting people, accessed services within the community such as GPs, learning disability teams, specialist consultants and other relevant services to promote people's wellbeing when required.