

A S K Healthcare Limited

A S K Health Care

Inspection report

Khan Centre
48 Alms Hill Road
Manchester
M8 0QE

Tel: 07432142428

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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

About the service

ASK Healthcare is a domiciliary care agency providing personal care to people in their own homes. The service was supporting two people at the time of our inspection. ASK Healthcare also supported people on a short fixed-term basis (usually for a few days) through the local authority crisis team.

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

Feedback from people, relatives and professionals was very positive about the support provided. People received the support they wanted and were complimentary about the caring staff team.

Staff were also positive about working for ASK Healthcare. They said they were well supported by the management team and received the training they needed to carry out their role. Staff were safely recruited; however, the application form did not request the applicant's full employment history from leaving school. The registered manager told us they would change this on the application form.

Clear comprehensive care plans and risk assessments were written and regularly reviewed. Step by step guidance was given for the support required at each visit. Professionals said the service was responsive to short notice support packages and there was excellent communication with the registered manager.

Where identified in their care plan, people received support with their medicines, food and health needs. People were supported to observe their faith and attend cultural events.

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 registered manager had clear oversight of the service. They reviewed records monthly, audited care files and staff files and completed regular observations of staff competencies. Incidents were fully recorded, and action taken to reduce the risk of a re-occurrence.

People, relatives and staff said the registered manager was approachable and available for any advice or queries they had. The registered manager sought feedback from people, their relatives and staff through reviews, surveys, staff meetings and supervision meetings.

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 17/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with the us.

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 ●

A S K Health 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

The inspection was completed by one inspector.

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, who was also the owner of the service, registered with the Care Quality Commission. This means that they 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. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, manager and a member of care staff. We spoke by telephone with a crisis team social worker who had commissioned ASK Healthcare for crisis support when required.

We reviewed a range of records. This included four people's care records (two people who were regularly supported and two short term fixed period crisis support) and one person's 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 spoke with two members of care staff by telephone and contacted another social worker who had commissioned a service from ASK Healthcare for one person.

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.

Assessing risk, safety monitoring and management

- Clear, comprehensive risk assessments were written for identified risks. These included moving and handling and environmental risks. Step by step guidance was provided for staff to manage these known risks, for example how to safely support a person when using the hoist. These were regularly reviewed.
- All information was available for staff in each person's home to refer to when needed.
- Detailed risk assessments and guidance were also completed for the short, fixed term crisis support provided by the service.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed prior to the staff member starting work.
- The application form asked for five years employment history; however, regulations state that a full employment history from leaving school should be obtained. The application forms we saw showed a longer employment history than five years and any gaps in people's employment had been discussed and recorded. The registered manager told us they would amend the application form and obtain full employment histories for all staff.
- The person and two professionals we spoke with said there had never been any missed visits, staff arrived on time and stayed for the full allotted time of the call.
- People were introduced to any new staff before the staff member started to support them. This enabled the staff member to get to know people, their needs and routines.

Using medicines safely

- Where required people were supported to take their medicines.
- An assessment of the support, if any, people needed to take their medicines was completed. Where staff administered medicines, they completed medicine administration records to show people had received their medicines.
- The assessment was clear as to who was responsible for the re-ordering, administration, storage and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable adults.
- Incident forms were used to record any incidents, for example if someone had fallen. This included if a person being supported told staff they had had a fall when staff were not present so these could inform the

review of people's care plans and support needs.

- The incident forms were reviewed by the registered manager and any action to reduce a re-occurrence noted.

Preventing and controlling infection

- Staff received training in infection control and food hygiene.
- Personal protective equipment (PPE) was available for staff to use. The person we spoke with said that the staff always wore PPE when supporting with personal care.

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.

Staff support: induction, training, skills and experience

- Staff completed a range of training courses before starting to support people. Refresher training was completed to an arranged schedule. The registered manager was qualified to facilitate the training courses.
- Training for the use of specific equipment was provided by external trainers, for example the local authority moving and handling team for a hoist in a person's home.
- New staff completed an induction, including meeting the people they would be supporting on shadow shifts and completing their training. Where staff had not worked in care previously, they completed the Care Certificate.
- Staff said they felt well supported by the management team and were able to contact them at any time if they needed to.
- Staff had regular supervision meetings with the registered manager, which they said were useful to discuss their work, training and any issues they had.

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

- A detailed assessment of people's needs, and wishes was completed. This identified all tasks to be completed by the support staff at each visit and assessed any risks there may be for the person or staff members. This was the same for those people supported on a short-term crisis basis.
- People, their relatives and relevant professionals where appropriate, were involved in the initial assessment.

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

- Staff explained they monitored people's health at every visit and would contact the person's family, GP or ambulance if people were unwell. Staff would liaise with the registered manager to cover their calls if they had to stay with a person until the paramedics arrived.
- A hospital passport had been written which detailed key information about the person, their support needs and their likes and dislikes. Oral healthcare plans were in place to identify the support people needed in this area.
- The times of people's support visits could be changed if people had to attend appointments.
- If required, the service worked alongside other professionals, for example other care agencies. We saw one person had been supported to make a dentist appointment due to concerns about their oral health.

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

- Care files clearly identified the support people needed with their meals.
- Staff ensured people had food and drinks available at the end of their visits.

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 capacity to agree to their support was assessed at the initial assessment of their needs. This was reviewed as part of the regular reviews of people's needs and support.
- At the time of our inspection all the people being supported had the capacity to agree to their care and support. We discussed with the registered manager the steps they would take if a person no longer had the capacity to consent to their care. The registered manager was aware of the procedure to follow in this event.

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

- Feedback we received and saw from surveys and feedback after ASK had provided crisis support was all very positive about the staff who supported them. One person said, "Everything's great; they're on time, meet my needs and treat me like their friends; we have a good relationship."
- A relative had commented, "Everything that we as a family have requested, and what my mother has asked of the carers has been met." A crisis team social worker had said, "At short notice the ASK team provided crisis intervention at night for four nights and gave [name] just what was required."
- People's care plans contained brief details about people's life history and family, to give staff some background information about the people they were supporting.
- Any cultural needs were identified during the initial assessment, including any religious observance, preferred language or preference for male or female care staff. We were told these wishes were respected. ASK care staff supported people to observe their faith as part of their agreed support. One person told us this was very important to them and said, "It really helps me to refresh."

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

- People and their families where appropriate, were involved in agreeing the support they wanted, their care plans and the times of their support visits.
- At the time of our inspection the people supported by the service could verbally communicate their needs and wishes. The care plans had a specific section to identify any communication needs during the initial assessment and subsequent reviews.
- A professional told us the staff understood how to communicate sensitively with one person who easily became anxious if they were unsure about something.
- We were told people were able to contact the registered manager or their staff team if they needed to. One person said, "[Staff name] is a role model; I have their number and can text at any time and they'll listen to me."

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed what people were able to do themselves and where they needed support. This meant the member of staff would not do things for people they were able to do themselves.
- One person told us that staff always respected their dignity and said that this was very important to them.

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

- Comprehensive, clear plans were in place that identified the support people needed. Detailed step by step directions for the tasks to be completed during each support visit were written for the staff to follow. A professional told us, "I liked the way they approached the support, completing their own care plan and looking at what support [name] wanted and needed and building their support around this."
- Notes were made for the support provided at each visit, including oral care and monitoring pressure areas if required.
- Care plans were reviewed six weeks after the service started and then every three months to check they continued to meet people's needs and wishes.
- Staff said they would inform the registered manager if people's needs changed between these reviews.

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 initial assessment and care plan identified people's communication needs and preferred language. Some staff were able to speak a second language and so if people, or their families first language was not English, these staff would support them so they could communicate effectively.
- The registered manager told us they were able to produce information about the service in different languages if required, or in large print. We saw large print had been used to enable one person to be able to read about their medicines.

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

- Part of some people's support was to access community activities. These were agreed and assessed, with step by step guidelines in place to manage any identified risks during the activity.
- We saw photographs of people being supported to participate in activities of their choice.
- ASK Healthcare worked with people to identify achievable goals for the year ahead. Records were seen of when these had been achieved. For example, one person wanted their birthday to be recognised and another person wanted to attend local cultural events.

Improving care quality in response to complaints or concerns

- ASK Healthcare had a formal complaints policy in place, which was included in the service user guide

provided to each person being supported.

- No formal complaints had been received. The registered manager said they gained feedback directly from people during reviews and from the support staff and dealt with any concerns raised.

End of life care and support

- There was no one receiving end of life support at the time of our inspection.
- The registered manager explained they would work with other professionals, for example GPs, district nurses and MacMillan nurses, when supporting people at the end of their lives.

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.

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

- The registered manager had a clear oversight of the service. Medicine administration records and daily records were audited each month and any issues found were followed up with staff. Care plans were regularly reviewed and updated.
- Regular spot checks and observations of staff were made. This was to observe how the member of staff interacted with the person being supported and to ensure they completed all the agreed support routines for the visit.
- Audits were completed every four months for the care files and staff files to ensure they were up to date and contained all the relevant information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 person using the service and the professionals we spoke with were very positive about ASK Healthcare and the support provided. One professional said, "I get feedback every other day about [name] and if there are any concerns."
- The members of care staff we spoke with were also positive about working for ASK Healthcare. They felt well supported by the management team and said they were able to contact them at any time if they needed advice or support.
- The registered manager knew the kind of incidents that needed to be notified to the Care Quality Commission.

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

- People, their relatives and professionals were involved in reviewing and agreeing their care and support plans.
- Regular team meetings were held, which staff said were open discussions where their contributions were encouraged. The staff meetings were often combined with a social event to build team spirit.
- ASK planned to undertake six monthly survey's for people and relatives. The first survey had been positive. The survey results had been discussed at a staff meeting.

Continuous learning and improving care; Working in partnership with others

- All incidents were reviewed, and actions put in place to reduce the chance of a re-occurrence.
- Both professionals we spoke with said ASK Healthcare worked very well with them, had good communication and were responsive to short notice crisis care requests.
- The registered manager kept up to date with current best practice and themes through on-line professional publications. They then implemented good practice within the service, for example oral health care plans were written following recent reports on the topic.