Ashbourne Group Limited

Ashbourne Healthcare Services

Inspection report

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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

This inspection took place on 13 and 21 March 2017. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day. We gave the provider short notice of the inspection to make sure that key staff we needed to speak with were available. At our previous inspection on 15 and 22 February, 22 March and 28 April 2016 we found six breaches of regulation. One breach was in relation to the provider not informing the Care Quality Commission about safeguarding allegations. The other breaches related to one to one formal staff supervision, the provision of respect, dignity and confidentiality for people who use the service, the need for the provider to correctly identify and address people's needs for personal care, effective identification of complaints and the need for better systems to assess, monitor and improve the quality of the service people receive. After this inspection the provider wrote to us to say what actions they would take to meet legal requirements in relation to the breaches.

Ashbourne Healthcare Services is a domiciliary care agency providing personal care and support to people living in their own home. At the time of this inspection the provider was providing personal care services for 23 people.

The service has a registered manager in post. 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 2008 and associated Regulations about how the service is run. The registered manager was present for both days of the inspection.

The provider had implemented measures to promote the safety of people who use the service, their relatives and the staff team. Staff had received safeguarding training and the registered manager reported safeguarding concerns to the appropriate organisations.

The provider's assessments of people's care and support needs and their home environment were up to date and provided staff with guidance about how to mitigate the identified risks. Where people received support to comply with their prescribed medicines, they received this assistance from staff with appropriate training and guidance to promote their safety.

Staff recruitment procedures were comprehensive in order to ascertain if prospective staff were suitable to work with people who used the service. People and their relatives reported that they received a reliably delivered service that offered consistency and stability through the scheduling of regular care staff.

Staff supported people's rights to make their own choices and decisions, and asked people for their consent before they provided personal care. The provider ensured that people's rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People's files provided

recorded information about people's capacity and care staff sought guidance from their line manager if they observed any changes in people's ability to make their choices known.

People and their relatives stated that staff were kind and caring. Staff treated people with respect and made sure that their dignity was maintained. The provider consulted with people when they carried out assessments and developed care and support plans, in order to ensure that people's individual needs and wishes were understood and promoted. The care and support plans showed that the provider met people's diverse needs and enabled people to adhere to their cultural, religious and personal requirements.

The provider had systems in place to advise people of their entitlement to make complaints and fully investigate any complaints. Comments about the service, which included compliments and positive feedback from health and social care professionals, was properly logged and evaluated.

The service was managed well by the registered manager, who had implemented several improvements since the previous inspection. People, their relatives and health care professionals told us that the management team were helpful and approachable, and staff expressed that they felt completely supported to undertake their roles and responsibilities. People's views were sought and listened to in regards to the quality of their care and support, and a range of monitoring practices and audits were carried out to continuously improve the standard of the service.

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.

Systems were in place to protect people from abuse and appropriately report any safeguarding concerns to the required authorities.

People's medicine needs were safely met by staff who had received suitable training and guidance.

People's safety and wellbeing were protected as much as possible by staff identifying any risk of harm and taking action to mitigate the risk.

There were enough staff employed to meet people's needs and thorough recruitment practices were followed before staff joined the agency.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to enable them to understand and meet people's needs.

Care planning records showed that people's capacity was assessed and staff had received guidance and training in regards to their responsibilities under the Mental Capacity Act 2005.

People were provided with the support they required to meet their nutritional and health care needs.

Is the service caring?

Good

The service was caring.

People were provided with a service that respected their rights to dignity, privacy and confidentiality.

Assessments and care plans demonstrated that information about people's wishes and interests was sought, so that staff could provide an individual service.

Positive views were expressed about the compassionate care and support provided for people with palliative care needs.

Is the service responsive?

Good

The service was responsive.

People's comments, complaints and compliments were sought and there was a clear system in place to record and respond to any complaints.

People's needs were assessed before they received care and this information was used for care planning.

Is the service well-led?

Good

The service was well-led.

Systems were in place to seek and act on the views of people who used the service.

Staff expressed that they were supported by the registered manager and the management team.

The registered manager had systems in place to ensure that the quality of care and support was closely monitored and audited.

Ashbourne Healthcare Services

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 was planned to check 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.

The inspection took place on 13 and 21 March 2017 and the first visit was unannounced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure that key staff would be available to speak with us.

The inspection team consisted of two adult social care inspectors for the first day and one adult social care inspector for the second day. Before the inspection visits we reviewed information we held about the service, which included the previous inspection report and any statutory notifications submitted by the provider to the Care Quality Commission. A notification is information about important events which the provider is required by law to send to us. We also contacted a representative from the local safeguarding team.

On the first and second days of the inspection we looked at a variety of records, which included five people's care files, five staff recruitment folders, staff training, supervision and appraisal records, policies and procedures and other documents in regards to the operation of the service. We spoke with the registered manager, the managing director, another director of the organisation and the clinical advisor.

Following these two days at the service's location, we spoke by telephone with two people who use the service and the relatives of three other people, and four members of the care staff. We asked five health and social care professionals with knowledge and experience of the service for their views about the quality of care and support, and received two written responses.

Good

Is the service safe?

Our findings

At the previous inspection we had received mixed responses from people when we asked if they felt safe using the service. We had also found that care staff had presented with a limited understanding about how to safeguard people who used the service and had demonstrated no knowledge of the provider's whistleblowing policy. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). Following the inspection visits, the registered manager had provided information to show that all staff were booked in to refresher training to address their understanding about safeguarding people and whistleblowing.

At this inspection people told us they felt safe using the service. Comments included, "I have used this agency for quite a while and always have the same staff. They are entirely honourable" and "[My family member] and I are delighted with [care worker]. He/she is a good and honest person, I would highly recommend." The provider's safeguarding policy and procedure contained accurate information about how to report safeguarding concerns. We noted that staff had received safeguarding training and understood the provider's policies for safeguarding and whistleblowing. The care workers we spoke with told us how they would identify different types of abuse and confirmed they would immediately report any concerns to their line manager. Staff informed us they were confident that the provider would take appropriate action if they reported any negative observations or other concerns relating to the conduct of another employee and knew about external organisations they could contact if required, for example the local social services, police and/or the Care Quality Commission (CQC).

The provider's safeguarding policy and procedure contained accurate information about how to report safeguarding concerns, and we noted that the provider appropriately submitted safeguarding alerts to the relevant local safeguarding teams and promptly informed the CQC. At the previous inspection we had found that the provider had not informed the applicable local authority safeguarding team and the CQC when a person and their relative were placed at risk due to the conduct of a staff member. We had asked the registered manager to submit a safeguarding alert, which was carried out. At this inspection we noted that the provider had appropriately sent safeguarding alerts to the relevant local safeguarding teams and promptly informed the CQC, in line with the provider's own safeguarding policy and procedure.

At the previous inspection we had noted that some care plans instructed care workers to assist people with the application of prescribed topical creams and lotions but did not state the names of these medical items. This had meant that staff did not have clearly recorded accurate information to ensure that people received the correct personal care in regards to their individual medicines needs. During the course of the previous inspection, amendments were made to the provider's medicines policy and we were informed that people's care plans had been updated to include full details of any topical creams and lotions that staff assisted people to apply. At this inspection we found that the provider had suitable arrangements in place to support people to take their medicines safely. Staff received training in order to follow the provider's medicine policy and procedure and their competency was regularly tested during 'spot check' monitoring visits to people's homes carried out by the management team. People's individual care and support plans provided specific guidance for staff about the support people needed with their prescribed medicines and staff recorded how

they provided care and support at the end of each visit. The registered manager showed us a sample of the records that he read through every month, which included checks to ensure that people were prompted and/or assisted with their medicines in accordance to their care and support plans.

People's care and support plans showed that risks to people's safety had been identified. The risk assessments addressed people's individual needs, for example, if people were at risk of developing pressure sores or were at risk of unintentional weight loss. Guidance was provided for staff to manage these risks. There were also environmental risk assessments for areas in a person's home. For example, there were checks to make sure that people were not being supported to receive personal care in rooms that were cluttered with obstacles or had loose wiring that people could trip over. Our discussions with care staff demonstrated that they clearly understood their responsibilities in regards to reporting any accidents or incidents, which included contacting the on-call line manager for advice and detailing in writing any events in the person's daily records.

Staff recruitment files demonstrated a detailed approach to recruitment, which meant people were not placed at risk of being supported by staff who did not have thorough background checks, in conjunction with suitable experience and knowledge. Various checks were conducted before prospective employees began work, which included Disclosure and Barring Service (DBS) checks. (The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions). We saw that the provider acquired a minimum of two written references, proof of identity and proof of eligibility to work in the UK.

People felt the provider employed sufficient staff as they received their care and support from a regularly allocated replacement care worker when their permanent care worker was on leave. Care workers commented that they felt there were enough staff as unnecessary delays did not occur when they needed to meet up with a colleague to provide care and support to people who needed two staff for moving and handling. The provider had systems in place to monitor that staff carried out visits in line with the agreed timescales and people stated that they received a courtesy call from the office if their care worker was delayed due to traffic or unforeseen circumstances.

Good

Is the service effective?

Our findings

People and their relatives told us they thought that their care workers had appropriate training and support to meet their needs. Comments included, "[Member of care staff] is really very good and does everything very well" and "I don't know what training they do but the staff are very able to meet [my family member's] needs, which can sometimes be rather complicated."

At the previous inspection staff had told us they felt well supported by the management team, through one to one supervision, appraisals and regular contact with their line manager. However, when we had checked the one to one supervision records we had found that these were 'spot checks' conducted at people's homes rather than formal supervision sessions that enabled staff to highlight any issues of concern related to their work, and discuss their learning and development needs. During the course of the previous inspection we were presented with a new supervision document that the provider proposed to implement, which incorporated systems to check that staff were being supported by the provider to carry out their roles and responsibilities. At this inspection records showed that staff now received four one to one supervision sessions, which was confirmed during our discussions with members of the care staff team.

We noted from the training records that there was a programme of staff training available, which included safeguarding adults, moving and positioning people, basic life support, health and safety, supporting people with their medicines, pressure area care, supporting people who are living with dementia and basic food hygiene. Newly appointed staff were offered an opportunity to spend one week or longer on a supernumerary placement at a care home with nursing owned by the provider, as part of their induction. This provided care staff with an opportunity to develop their skills and knowledge under the supervision of qualified nurses before they commenced their roles within the domiciliary care agency. The registered manager informed us that all new staff completed the 'Care Certificate', which is an identified set of standards that health and social care workers maintain in their daily working life and we saw records to demonstrate their completion of this training.

During the previous inspection we had received information that had demonstrated some staff did not understand professional boundaries and how to maintain confidentiality. We issued a breach of regulation. At the time of the previous inspection the provider had produced documentation that evidenced the induction training covered these issues and we were sent additional information to show that the provider had developed refresher training for all staff, in order to reiterate the importance of professional behaviour at all times. We noted at this inspection that staff had attended the designated refresher training and checks were made in relation to their understanding of professional boundaries during spot checks visits at people's homes and during one to one supervisions. Comments from people who used the service and their relatives indicated that they thought highly of the professionalism, helpfulness and integrity of their regular care workers.

As the service provided care and support to people who at times did not have capacity to make certain decisions, we checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). 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. Some care and support plans had been signed by people who used the service and their capacity to make decisions was documented. The provider understood that relatives could consent for people only in circumstances where they held a lasting power of attorney for health and welfare decisions. The care staff we spoke with described how they asked people for their consent before providing personal care and stated they would contact their line manager for advice if they observed that a person who had previously been able to make their choices known in regards to their day to day care was no longer able to.

The care and support plans we looked at contained assessments in regards to the care and support people needed with preparation of meals and drinks, and/or support with eating and drinking. We noted that people's care files contained information about their nutritional needs, where necessary. This included details about preferred food and drinks, any special diets for medical and/or cultural needs, and how people wished for their meals to be prepared. Staff had received training about how to properly complete detailed records if people had been identified as being at risk of malnutrition, dehydration and/or unintentional weight loss.

Relatives informed us that they ordinarily supported their family members to liaise with health care professionals involved in their care and treatment, and attend healthcare appointments. Members of the care staff team told us they reported any concerning changes in a person's wellbeing to their line manager so that appropriate action could be taken, if necessary. One care worker explained to us that they had been providing care and support to a person for several years which enabled them to quickly notice changes that might appear insignificant to others but could indicate the person was becoming acutely unwell. We noted that people's care and support files contained contact details for health care professionals involved in people's day to day care, for example GP's and district nurses, so that the management team could get in touch with them to discuss any health care concerns.

Good

Is the service caring?

Our findings

At the previous inspection we noted that comments from people who used the service and their relatives were mixed in relation to staffing attitudes and approaches. At this inspection all the comments from people and their relatives were positive and complimentary about staff. One relative said, "I can't praise the care workers enough, he/she understands us and how we feel" and another relative stated, "The staff are helpful, respectful and caring, [my family member] is very happy with them." Health and social care professionals told us that people who used the service had reported back to them about the kind, cooperative and reliable nature of the care staff.

Members of the care staff team told us about the measures they implemented in order to ensure that people's privacy and dignity was maintained during the receipt of personal care. For example, care staff stated that they always asked people for their consent before providing assistance with a daily wash, shower or bath, and ensured that personal care took place in a private room where people could not be observed or interrupted. Staff explained that they understood the importance of not disclosing information about the people they supported with unauthorised individuals, organisations and social media platforms.

At the previous inspection care staff had told us that they got to know people and spoke with people and/or their relatives to find out more about their interests, likes and dislikes; however we had observed that most of the care and support plans we had read had contained a limited degree of information in regards to people's informal networks of relatives and friends, any cultural or spiritual needs, and their likes and dislikes. We had noted that this lack of recorded social information could impact on the ability of staff to provide a personalised service, for example to initiate meaningful conversations with people, ensure they are offered favourite toiletries during the delivery of hygiene care or support them to listen to their favourite music. We had raised this issue with the registered manager who stated that they planned to amend the assessment forms so that additional biographical and social information could be sought from people who wished to provide these details. At this inspection we found that care and support plans now provided some information about people's life history, religious and cultural needs, lifestyle choices and individual preferences for their daily routine, so that care and support could be provided in a more personalised way.

People were provided with useful written information about how the service operated, which included contact numbers, complaints guidance and advice about how their queries would be dealt with out of regular business hours. We received positive information from two external professionals in relation to the good standard of compassionate care and support provided to people with end of life care needs. A relative told us how much they appreciated the reassuring and encouraging manner of their regular care worker during such a sad and difficult time.

Good

Is the service responsive?

Our findings

At the previous inspection the provider had informed us that they had not received any verbal or written complaints since March 2013. However, this information did not correspond with comments from the relative of a person who used the service, who told us about the verbal complaints they had made to the provider. We had noted that although people had been provided with written information about how to make a complaint, there was no system in place to make a record of any verbal complaints with information regarding how the complaint was resolved. This had meant the provider did not have an accurate record of complaints received and was unable to evidence if any learning took place from complaints.

During this inspection people informed us that they knew how to make a complaint and one relative said they had raised a concern a few years ago when a care worker had not turned up for a scheduled visit. The relative told us that the provider had sorted out their concern and it had not happened again. We looked at the complaints log and saw that complaints were dealt with politely and efficiently. The registered manager audited complaints in order to identify and address any trends.

People and their relatives told us they felt consulted about how they wished to receive their care and support. One relative told us, "Yes, I definitely feel that they listened to what we wanted and [my family member's] care plan was drawn up to reflect our opinions, otherwise I don't think the care would work out so smoothly to support both [my family member] and me." Another relative said they had confidence in the staff to manage unforeseen changes to their family member's day to day routine, for example care staff had provided assurance that if their family member became unwell during a visit they would call for medical support and stay with the person beyond their scheduled time until ambulance personnel had arrived and taken appropriate actions.

We looked at a range of care and support plans for people who were self-funding and people who were funded by statutory health and social care services. Each person's file showed that their needs were assessed by the provider prior to the commencement of personal care and/or respite services. In circumstances where people had been referred to the provider by local social services teams and the local clinical commissioning group, we saw that the provider took into account information provided by social workers and health care professionals at the funding authorities when conducting their own assessment, which was more focused on people's daily routines, their individual preferences and how they wished to be supported within their home. These assessments were used to develop people's care plans. People's care and support plans were kept under review and were updated in line with any significant changes in people's needs and wishes. For example, the provider demonstrated that they had contacted health care professionals to carry out new assessments when staff observed that a person's needs were changing, and this was documented in their care and support file.

Staff told us they were always kept informed about any changes in regards to people's needs by their line manager and they used their one to one supervision meetings as an opportunity to discuss how they responded to and met people's needs and wishes. One member of the care staff team told us, "I can ring the office and get advice from a manager at any time." External health care professionals described the service

as being flexible and adaptable, and could be depended on to respond well to people's changing circumstances.

Good

Is the service well-led?

Our findings

At the previous inspection we had identified several concerns in relation to how the service was managed. These concerns had included staff knowledge about safeguarding, whistleblowing and how to maintain professional boundaries, and how the provider effectively checked that staff understood the training they had attended. Other concerns had included the provider's inability to recognise that a person was receiving personal care within their care package and the failure to identify and report potential and actual safeguarding concerns to the relevant safeguarding team, and notify the Care Quality Commission (CQC) in line with legislation.

We found at this inspection that the provider had met the breaches of regulation and made significant improvements to the quality of people's care and support. People and relatives told us they thought the service was well managed, "The office staff are helpful and will quickly deal with any enquiries I make" and "I would say that the manager and the staff put [my family member] and I at the centre of what they do and make sure that we get a reliable service." We noted that some relatives had chosen to write to the provider to thank them for the way the management and care staff had met the needs of their family member. In addition to the comments we received from external health and social care professionals, we noted that other professionals had sent positive feedback to the provider in regards to the care and support given to their clients.

Records demonstrated that regular spot checks were carried out regularly to monitor the quality of the service people received. Since the previous inspection there was now clear evidence to show that the registered manager audited how staff completed people's daily notes and we saw an example of when further clarification was sought from a staff member about a written entry. There was evidence to show that the provider took action if staff were observed to not be delivering personal care and support in line with the agreed care and support stipulated in people's individual plans and the provider's own standards for conduct. The provider sought people's views about the quality of the service through the use of questionnaires and through telephone monitoring checks.

The registered manager monitored the occurrence of accidents and incidents in order to assess if there were any trends and understood about the necessity to inform CQC of all notifiable events, in accordance with legislation.