

Ashbourne Quality Care Ltd

ASHBOURNE QUALITY CARE LTD

Inspection report

Ashbourne Quality Care
Ednaston Business Park, Ednaston
Ashbourne
DE6 3AF

Tel: 01335818218
Website: www.ashbournequalitycare.co.uk

Date of inspection visit:
06 January 2020
07 January 2020

Date of publication:
18 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service:

Ashbourne Quality Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults in and around Ashbourne. At this inspection there were 19 people receiving a service. The organisation provides other support that is not regulated by us, including support in the community.

People's experience of using this service:

Quality monitoring systems were not in place to ensure people received safe care. The provider had not implemented systems to monitor how the service was delivered to provide effective oversight.

A comprehensive plan of care had not been developed for people and risks to their health and well-being were not always identified, assessed or managed. People did not always receive their medicines as prescribed and necessary checks to ensure safe medicines systems were not in place.

People's diverse needs had not always been assessed to ensure staff had guidance of how to meet these needs and achieve positive outcomes. Care reviews were completed, although care records did not reflect changes to how people wanted to be supported.

Where people may have experienced of potential harm, effective systems were not in place to ensure these were suitably investigated. The providers' policies and procedures did not always reflect current legislation or best practice guidance.

Staff had received a care induction and had opportunities for further training. However, staff did not receive formal supervision to review how they provided care and to discuss their personal development.

People had regular staff who provided their care and they felt they had developed positive relationships. The staff arrived on time and stayed for the duration of the call. If staff were running late they were informed of this. People had not experienced any missed calls, or calls later than the timeframe staff were expected. Staff treated people with respect, dignity and encouraged independence.

People felt the staff listened and made choices about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection:

The last rating for this service was requires improvement (Published 1 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to how people were protected from harm and how care was planned. Systems and processes were not in place to ensure effective oversight of the service.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

Inadequate ●

ASHBOURNE QUALITY CARE LTD

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Ashbourne Quality Care is a domiciliary care service and provides personal care to older and younger people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service three days' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Telephone calls to two people and three relatives who used the service were completed on 6 January 2020 and we visited the office location on 7 January 2020.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

At the office we spoke with the provider, the registered manager, the office administrator, two care staff and the provider. We reviewed the care records for three people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff systems to check on quality and safety.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People felt safe with the staff who supported them. One relative told us, "I trust them and I'd be lost without them." However, risk assessments associated with people's needs had not been completed. There was no information about meeting people's needs to support them with moving, changing position, with preventing skin damage or eating and drinking.
- For example, some people received care and support in their bed and needed support to change position to reduce the risk of skin damage. There was a record of when they were assisted to move, although there was no information in the care plan or risk assessment to clearly record when they should be moved and how they should be supported safely. Relatives informed us that they were satisfied with how people were supported; although the lack of information meant the people were placed at potential risk of harm.
- Where people received assistance to take their medicines, a care plan had not been developed to detail the support they required to manage their medicines safely, or how they preferred to take their medicines. People required different levels of support, such as prompting or supervising to take their medicines. We saw one person often went out and therefore medicines were not administered. No checks had been made with a pharmacist or GP to determine whether medicines were needed to ensure they remained well, and any action staff needed to take.
- We saw where medicine records were brought to the office, suitable checks had not been completed to evidence when medicines had been not been given. We saw on occasions people had not been assisted to take their medicines as prescribed and staff had not taken any action.
- Staff had received medicine training during their induction, although competency assessments had not been completed to ensure they safely administered people's medicines. The provider's medicines policy and procedure recorded staff needed certified training and records should be completed, however we saw practices within the service did not comply with the provider's policy. Although people told us they were happy with the way they were supported with their medicines, systems were not in place to ensure this was done safely in line with best practice guidelines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and showed a clear understanding of the different forms of abuse a person may be at risk from. The staff understood how to identify the signs of abuse and could explain the process for reporting concerns.
- However, we found that when their concerns had been reported to the office staff, the registered manager

had not followed agreed safeguarding policy to report these concerns. Although staff had received safeguarding training, the provider had not ensured that systems were in place and followed to ensure these were reported to the local authority safeguarding team and to us.

- The provider's safeguarding procedure did not reflect the current agreed reporting procedures and there was no information about how to make a referral and who to make this to.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Processes were not in place to ensure lessons were learnt when things went wrong. Systems did not identify where improvements were needed and as a result, no actions were identified or carried out.
- Accident and incidents were recorded but these were not reviewed for trends or to consider if action was required to reduce the likelihood of reoccurrence; care plans were not updated to reflect any change in risk.

Staffing and recruitment

- There were sufficient staff employed to meet people's needs. People had a small team of staff who provided their care and people said the staff had enough time to provide the support they required and did not feel rushed. Staff confirmed they had time to travel between calls and the duration of the call was sufficient.
- People felt staff stayed for the agreed time and reported there had been no missed calls. Where staff knew they may be late, people told us they would be telephone to inform them.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service and necessary checks were completed prior to employment.

Preventing and controlling infection

- People felt staff maintained suitable infection control standards and wore disposable gloves and aprons, which were changed after each care task.
- The provider had a policy and procedure that provided staff with guidance on infection control and staff understood their responsibilities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection we recommended that the provider sought advice; training and guidance from a reputable source, to effectively assess people's mental capacity and ensure care decisions were made in people's best interests. On this inspection we found improvements had been made in this area.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of formal authorisations to deprive a person of their liberty, had the appropriate legal authority and were being met.

- Where people had mental capacity to consent to their care, written consent had been sought to confirm this. People told us the staff gained their consent before any care was provided.
- Staff explained that where there were changes in people's capacity, assessments would be completed to evidence where people no longer had capacity and to support a best interest decision.
- The assessment considered whether people were able to contribute to how their care was organised and whether other people had authority to make decisions on their behalf. The registered manager had not obtained documentary evidence that other people were able to make decisions on people's behalf, to evidence a valid lasting power of attorney was in place. They agreed to take action to improve this practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- The provider's policies and procedures did not always reflect best practice guidance and current legislation. This meant staff were not always supported to provide effective care. For example, in relation to moving and handling, medicines administration and supporting people to eat.

- Staff received an induction from the registered manager, which included how the service was managed and how to provide people's care and support. Medicines training was provided during the induction; however, we saw this training did not include how to administer medicines in line with best practice guidance and competency assessments were not carried out to ensure staff administered medicines safely.
- Staff were not receiving formal supervision to review their work performance and to discuss and identify areas for personal development. Formal management checks of care practices in people's homes were not completed, to ensure staff carried out their role effectively.
- Individual needs assessments were carried out prior to people receiving a service. Information included the protected characteristics under the Equality Act. For example, people's needs in relation to their age, gender, religion and disability were identified. However, this information was not recorded in people's care plans for staff to follow. Staff had not received equality and diversity training to ensure people did not experience any discrimination.
- New staff worked alongside experienced staff to enable them to get to know people before they started providing any care.
- Where people needed support to move, staff only provided their care when they had completed suitable training.

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

- People felt the staff monitored their health needs and reported any concerns, with their permission, to relatives and or health professionals. People said staff regularly checked people's skin to ensure there was no skin damage. One relative told us, "The staff notice any changes and let us know so we can get in touch with the nurse. However, people's care plan did always include information from about this care and how to provide their support to keep safe.
- People were positive about the support they received from staff in managing their health needs. One person told us the staff supported them to attend appointments, they said, "They will help me go to the doctors. If they didn't do this, I wouldn't be able to get there."
- Staff gave examples of calling paramedics when people required urgent medical assistance and how they stayed with them to provide reassurance. An information sheet was included with the care plan to take to hospital to alert medical professionals about any known health risks or medicines.

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

- People's care plans recorded when they needed support to eat and drink, although there was no information about how to provide this support. For example, one person needed their food pureed and liquids thickened. There was no information about how food should be safely prepared to ensure the correct consistency of food and drink and the best position for them when eating or drinking. There was no evidence of any health professional assessment to evidence the support people needed.
- A record of meals served was maintained, however this was not reviewed to ensure people's diet was suitable. Where people had diabetes, there was no information regarding meal preparation, maintaining a suitable diet or related health signs to enable staff to identify when people were at risk.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Care plans and systems were not in place to ensure people had safe, effective care and the provider had not ensured care was effectively reviewed. We have taken this into consideration when considering the rating in this area.
- People felt they were cared for by staff who were compassionate and caring. One person told us, "The staff even make me smile, which can be difficult with me. They treat me like a friend and I'm pleased I found them as I feel better in myself because of them."
- People were very positive about the service provided and told us the staff showed a good understanding of their needs, routines and preferences. One person told us, "I can't fault them, and I'd be lost without them. I have a good team around me."

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

- People felt able to influence the care they received, and staff asked how they wanted to be supported. One person told us, "The staff came out and visited me before I started having a service. They spoke with me, so they could get to know me and know what I want. I haven't been disappointed."
- People confirmed they received opportunities to discuss the care they received when their care was reviewed.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff that respected their privacy and dignity. Through discussion with staff, they showed a good understanding of the importance of promoting people's independence. One person told us they continued to cook meals and staff supported them where needed. They told us, "They always make sure I am safe. Health and safety is a priority for them. They will even call me to check I've remembered to turn the oven off."
- People felt the staff were polite and respectful. One relative told us, "The staff are always gentle and kind; they are very hard working and are all very professional."
- People's confidentiality and privacy was protected. Records were stored securely in the office and since the last inspection the registered manager had reviewed how information was shared to ensure all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Upon referral to the service, staff completed an assessment of people's needs, and agreed how people wanted to be supported. A care plan was developed, although this only recorded the tasks to complete as a list of instructions and did not detail how to provide people's support and manage risk.
- The care plans did not provide staff with guidance of people's needs, routines and what was important to them in how they received their care. There was no information regarding people's diverse needs to ensure care was provided sensitively and was individual to the person.
- A record of which staff would be providing their care was kept in the front of people's care folder and this was kept up to date so people knew which staff member would be visiting them. A small group of staff supported people and they had developed good relationships with them and their family. One person told us, "I have a good relationship with all the staff and I feel very comfortable with them all. It's good to be familiar with staff so you feel at ease and they will go the extra mile for you."
- Care review was conducted in people's homes, although there was no evidence of any changes made. Where people had an accident or an incident occurred, there was no evidence that the care was reviewed to ensure this continued to meet people's needs.

End of life care and support

- At the time of our inspection, no person was receiving end of life care, although one person was receiving palliative care. The care plan included information about whether people wanted to receive lifesaving treatment although there was no further information about how to support them towards the end of their life to ensure staff could follow people's wishes.

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 considered how people needed to be supported to ensure effective communication. The registered manager stated that people were satisfied with information in the current format and this would be kept under review. They could provide information in alternative formats such as large print or alternative languages if required.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they had not needed to raise any concern. One relative told us, "We have a good relationship with everyone and if there was anything wrong, we would

Speak with them; they are very responsive."

- The registered manager had not received any complaints about the service, and we saw they had a detailed complaint policy and procedure to respond to any received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At the previous two inspections, the provider and registered manager did not carry out regular audits and could not evidence how they continuously assessed and monitored the quality of the service. We had found that records were not always up to date and the registered manager could not assure themselves that staff always provided safe, effective and good quality care that met people's needs and expectations. This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Quality monitoring systems had not been developed or implemented as recorded within the provider's action plan. This meant risks to people's health and wellbeing were not identified in areas such as care plans, risk assessments and medicines administration.
- Systems were not in place to ensure people's care plans reflected the care that needed to be given. For example, where people were receiving care in bed or where they needed support to eat safely.
- The registered manager had not ensured their own training was up to date to ensure staff were working with best practice guidance. Training was provided for staff which did not reflect current guidance to ensure people received safe and effective care.
- There was a registered manager although they were not clear on their responsibilities of their registration with us. Significant events to us, such as safety incidents, were not reported to us in accordance with the requirements of their registration.
- Staff supervision or competency checks were not completed to ensure staff supported people safely. Staff did not have opportunities to formally review their work or consider their personal development.
- The registered manager informed us they had developed positive links with external health and social care professionals. However, people's care plans did not include recommendations made by health and social care professionals, to provide staff with guidance of how to support people to achieve positive outcomes. Updated care plans had not been obtained from commissioning authorities to show the agreed level of support people needed.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff attended meetings to keep informed about developments within the service. Staff felt they were encouraged to share ideas and they told us they felt motivated in their work.
- People were invited to comment on the quality of service provision when staff completed home visits and reviewed their care. People had not raised any concerns and were happy with the service provision.
- The staff team was small, and they felt they had good communication systems in place to inform them about any changes with people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way. Risks to the health and safety of service users had not been assessed to ensure the registered person mitigate such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse and improper treatment as systems and processes had not been established and operated effectively.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and process had not been established and operated effectively to ensure the registered person assessed, monitored and improved the quality of the service provided.

The enforcement action we took:

We issued a Warning Notice.