

Ashling Homes Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashling Homes Healthcare Ltd is a domiciliary care agency providing care and support to ten people living in their own homes. At the time of the inspection ten people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People received a service that was safe to use and for staff to work in. Enough appropriately recruited and trained staff supported people to live in a safe way and enjoy their lives. Risks to people and staff were assessed and monitored. Complaints, concerns, accidents, incidents and safeguarding issues were reported, investigated, recorded and resolved. Medicines were safely administered, by trained staff.

There was transparent management and leadership with an honest, open and positive culture. The provider had a vision and values that were clearly defined, and staff understood and followed them. Staff were made aware of their responsibilities and accountability and prepared to take responsibility and report any concerns they may have. Service quality was reviewed, and changes made to improve people's care and support. This was in a way that best suited people. There were well-established working partnerships that promoted people's participation and reduced their social isolation. Registration requirements were met.

Rating at last inspection

The last rating for this service was good (published 30 June 2018) and there were no breaches of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashling Homes Healthcare Ltd on our website at www.cqc.org.uk.

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.

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

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ashling Homes Healthcare 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. 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

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This includes older people some of whom may have dementia, people with a physical disability, learning disabilities or autistic spectrum disorder, and mental health.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager 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. 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.

During the inspection

We spoke in person with the registered manager. We spoke with six people using the service, their relatives or advocates, and four staff, to get their experience and views about the care provided. We reviewed a range of records. This included three people's care plans and risk records. We looked at four staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including audits, spot checks and quality assurance.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff and training information, and audits. We received the information which was used as part of our inspection.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider systems and processes safeguarded people from the risk of abuse.
- People and their relatives said they thought the service was safe. One relative told us, "Whenever there have been any issues, I have been kept fully informed and the [registered] manager has spoken with me." Another relative commented, "My [family member] had always lived alone and had no previous experience of being cared for. Despite swimming against the tide of dementia he took to his carers [staff] very well and his mood improved."
- Staff were trained enabling them to identify abuse and the action required, if encountered. They knew how to raise a safeguarding alert and when this was needed. There was no safeguarding activity at the time of the inspection. Staff were given access to the provider safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff recorded any specific concerns about people in their daily notes and care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport. Staff were aware of the lone working policy to keep them safe. A staff member told us, "The training we get is very good."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- People had risk assessments and care plans that supported them to take acceptable risks and enjoy their lives safely. They included aspects of people's lives such as health, activities and daily living. As people's needs changed risk assessments were updated and regularly reviewed. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. One relative said, "He [person using the service] has two carers [staff] at present, who I have got to know, who my [family member] appears to feel very safe and happy with [staff] has been with him for a long time and cared for him through his COVID-19 infections." Another relative told us, "Good, very good any problems are dealt with. This is a small agency and we are more familiar and know the agency and [staff]. [family member] has dementia and this familiarity helps immensely."
- The provider policies and procedures explained how staff should safeguard people, manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice.

Staffing and recruitment

- The provider staffing, and recruitment was safe.
- The recruitment procedure and records showed that it was followed. The interview process included scenario-based questions identifying prospective staff's reasons for wanting to work in health and social

care, skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out. There was a six-month probationary period with reviews. Suitable numbers of staff met people's needs flexibly. This was confirmed by people's relatives and the staff rotas.

- Staff files had a checklist that confirmed the recruitment process and training had been completed. Staff said that the training was very good and meant they could do their jobs properly. New staff were given the opportunity to shadow more experienced ones prior to working on their own. They were introduced to people using the service before providing them with a service. A relative told us, "Five stars all round for the staff and agency."
- Staff supported people in small hubs, to promote continuity of care. A relative told us, "I feel his [person using the service] present one-to-ones [staff] give him the care he needs from what I have seen they allow him to do whatever he wants to do and guide him from danger."
- Staff received minimum three-monthly supervision and an annual appraisal. The impact of this was that they felt well supported by the registered manager.

Using medicines safely

- People received their medicines safely.
- No people using the service were currently being administered medicines or prompted to take them. There were systems in place to ensure people received medicines safely from trained staff. When medicines were administered, the audit system checked that people's medicine records were fully completed, up to date and medicines were appropriately stored and disposed of. Staff training was regularly updated. If appropriate, people would be encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regularly audited. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons as appropriate.
- We were assured that the provider was accessing testing for people using the service and staff.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, and accidents and incidents were reviewed to identify themes and take necessary action.
- The small dedicated group of staff that supported each person had discussions that identified best outcomes for them. This took place during handovers and face to face and virtual meetings. It included things that didn't work for the individual as well as those that did. The impact of this was to improve the quality of the service.

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 Good. At this inspection this key question has remained the same. 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

- The provider culture was open, positive and honest. Relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One relative said, "I asked the [registered] manager to ensure I have the monthly rota of allocated one-to-ones so that I know who is with my [family member] obviously this is always subject to change but they do ensure this is sent to me at the beginning of every month." A staff member told us, "She [registered manager] is not just a boss she is also like a sister and that's not just towards me, it's towards everyone."
- People and their relatives had the services available to them explained, so they clearly understood what they could and could not expect from the provider and staff. Staff told us they felt well supported by the registered manager. The statement of purpose, mission statement and user guide were reviewed regularly. A statement of purpose and mission statement describes what you do, why you do it, where you do it and who you do it for.
- There was a clearly set out vision and values, that staff understood, and relatives said were reflected in staff working practices. They were explained at induction training and revisited during staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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 provider was aware of their duty of candour responsibility.
- The management reporting system and structure was clear, simple to follow, and there was an open-door policy.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.

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

- The registered manager and staff were aware of their roles and its importance.
- The registered manager frequently contacted care staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as care staff that may not be able to cover calls and any tasks that were not completed

and why. A staff member told us, "I feel very well supported."

- Staff were provided with a handbook that set out the provider's expectations of them and their responsibilities.
- Quality assurance systems contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. Monitoring and quality assurance audits took place at appropriate intervals. The provider recording system stored people's details, appointment schedules, if visits and tasks were completed, care plans and rotas. Audits included daily logbooks, care plans, risk assessments, and staff training. The staff files and contained recruitment, training, performance and development information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People's relatives and staff were able to give their views by telephone, visits to people, and feedback questionnaires and surveys. The provider identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. A relative said, "We are contacted as required."
- Staff received annual reviews, regular supervision and there were staff meetings that covered updates and priorities such as infection control, high-risk health & risk assessments. Selected procedure reviews also took place during the staff meetings to identify that staff understood them.
- The provider maintained links and worked with voluntary and statutory partners, to identify areas for improvement to progress the quality of services people received. Feedback from organisations was integrated to ensure the support provided was what people needed including district nurses and GPs. This was with people's consent. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. The provider also worked with hospital discharge teams to prevent vulnerable people being discharged without appropriate support being available.
- People's vulnerability regarding social isolation was reduced by the registered manager and staff sign posting them towards other organisations that may be able to meet their needs, within the community if it could not.

Continuous learning and improving care

- The provider improved care through continuous learning.
- People, their relatives and staff were kept informed of updated practical information such as keeping safe guidance and PPE good practice.
- The audits underpinned action plans to identifying any performance shortfalls that required to be addressed and progress made towards them. The registered manager was also in daily contact with people using the service and staff.
- The complaints system was regularly monitored and enabled staff and the provider to learn and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "She [registered manager] listens and acts."