

Ashton Home Care Limited

Ashton Home Care Limited - Domiciliary Care Agency

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 announced inspection took place at the provider's office on 4 April 2017 with phone calls undertaken to people with experience of the service on the 6 and 7 April 2017. This was the first inspection of the service.

Ashton Home Care Limited - Domiciliary Care Agency are registered to deliver personal care. They provide domiciliary care to older people living in their own homes, who may be living with dementia, mental health conditions, a sensory impairment or a physical disability. At the time of our inspection 152 people were receiving personal care from the provider.

The service had a registered manager. 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.

People using the service felt safe and comfortable with the care staff who supported them. Assessments were undertaken to identify any issues that may put people using the service at risk and care staff were aware of these. There were sufficient numbers of care staff employed who had undergone a robust recruitment process before they worked unsupervised with people who used the service. People were supported to take their medicines safely. Care staff had a good understanding of the various types of abuse people may experience and knew how to report any concerns.

Care staff had the skills and knowledge to meet people's individual needs effectively. New care staff were provided with a comprehensive induction, where they were well supported by senior care staff. Care staff supported people in line with the principles of the Mental Capacity Act 2005. People were supported to eat meals of their choice and to drink sufficient amounts. Care staff supported people to access support from health care professionals.

Care staff demonstrated a real understanding of individual needs and preferences. People were supported to be actively involved in planning their care and their views and preferences were actively sought. People were supported by a core group of care staff who were reliable, consistent and understood their needs and preferences. People's privacy and dignity was respected by care staff. Care staff supported people to maintain their independence and care plans included a summary of people's abilities.

People contributed to an assessment of their needs and received care that met their needs and preferences. Care plans provided care staff with information about people, their needs, lifestyle choices and cultural needs such as the preferred times to receive the support. People felt comfortable to complain and were confident that their concerns would be listened to and acted upon.

People, their families and care staff were supported by a registered manager who was approachable and responsive to any concerns. The registered manager had the knowledge and skills to develop the service

and was keen to deliver high quality care. The provider undertook audits to check the quality and safety of the service. The registered manager had a positive professional relationship with those who used the service and their family members, enabling and providing opportunity for them to comment on 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.

People were supported by a small group of regular care staff who understood their responsibilities to keep people safe from harm.

Risks to people were identified and plans were in place and observed by care staff to reduce any risk of harm.

People were supported to take their medicines safely and at the correct times.

Is the service effective?

Good ●

The service was effective.

Care staff were well supervised and supported by the management team and provided with a comprehensive induction programme when newly employed.

Peoples consent was sought by care staff before care was provided.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported to be actively involved in planning their care and their views and preferences were actively sought.

People were supported by a core group of care staff who were reliable, consistent and understood their needs and preferences.

People's privacy and dignity was respected by care staff.

Is the service responsive?

Good ●

The service was responsive.

People contributed to an assessment of their needs and received care that met their needs and preferences.

Care staff provided care and support that was personalised and took into account people's preferences and individual needs.

People felt comfortable to complain and were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had the knowledge and skills to develop the service and was keen to deliver high quality care.

The provider undertook audits to check the quality and safety of the service.

The registered manager had a positive professional relationship with those who used the service and their family members, enabling and providing opportunity for them to comment on the service.

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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.

This announced inspection took place at the provider's office on 4 April 2017 with phone calls made to people with experience of using the service on 6 and 7 April 2017. The provider had a short amount of notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with 15 people who used the service and five relatives of people using the service. We also spoke with the registered manager, the human resources manager, one senior supervisor and nine members of the care staff.

We reviewed a range of records about people's care and how the service was managed. This included

looking closely at the care provided to eight people by reviewing their care records. We reviewed four recruitment files, a care staff disciplinary record, four medication records and the range of records used in the monitoring of the effectiveness of the service; these included people's feedback and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe and relatives told us they were reassured about the safety of their family member by the care staff caring for them. People told us, "I have been looked after by the care staff at this agency for a long time and I feel very safe and supported by them particularly when I have my shower. The carers have made a huge difference to my confidence and ensuring that I feel safe", "If I had any concerns about my safety I would call the office and talk to [registered managers name] about it", "My carer let's herself in with the key safe, and she knows I worry a bit when I hear the door being unlocked, so she always make's sure that she rings the bell and then as soon as she is through the door she calls up the stairs so I know it's her. Also when she leaves, I ask her to make certain that the door is tightly closed behind her. I've never been left with the door unlocked and I feel safe" and "I just think that the whole fact that I have the carers here checking up on me during the day gives me the reassurance that I'm safe to be here in my own home at my age". This demonstrated that people who used the service were comfortable with the care staff and felt safe in their care.

All the care staff we spoke with told us they were confident to report concerns about poor or unsafe practices which could put people using the service at risk. They told us, "If we see any problem or have any concerns we report it straightaway" and "We [care staff] keep an eye on people, we know if people are worried or not themselves and would talk to them to make sure nothing bad is going on". The provider's safeguarding and whistleblowing policies advised care staff what to do if they had concerns about the welfare of any of the people who used the service. Care staff we spoke with were knowledgeable about their responsibilities for raising any concerns they had about people's welfare with the management team and/or external agencies.

People's needs were assessed and risks such as the need for care staff to assist them with equipment to transfer or mobilise safely had been assessed. In addition, risk assessments also covered risks within the home environment where the care and support would be provided. Care staff spoken with were clear about how to access information about people's risks and that they worked with the same people regularly enough to identify any new risks as they arose. A care staff member told us, "If something changes like risks, then we [care staff] are contacted by management. They keep on calling you until you respond to make sure you have clearly got the message. Paperwork is then updated as soon as they [senior supervisors] can change it". Care staff had received training on a range of topics linked to the promotion of health and safety of the people they cared for, for example food hygiene and safe moving and handling.

People's safety was also supported by the provider's recruitment practices. We reviewed a selection of records related to the recruitment of care staff; they evidenced that the relevant checks had been completed before care staff began working unsupervised. They included pre-employment history, references, identity checks and checks with the Disclosure and Barring Service (DBS). The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

People told us that they had a small number of regular care staff who supported them and on the whole

they arrived on time. Their comments included, "My carers always arrive on time and it has been a good few months since one of them was held up", "The carers are very good at arriving on time, so I don't really ever have a panic about whether anyone is going to arrive at all", "It doesn't happen very often that my carer is running late, but if she is, either the office will usually phone me or she will phone to let me know roughly what time she will be with me. Ordinarily she always arrives within ten to fifteen minutes of the call time" and "They [care staff] are mostly here within about ten minutes of the time they are supposed to start and if they have got held up the office will call me to let me know when they will arrive and to make sure that I'm alright". No one we spoke with ever felt care staff rushed them when providing their care and everyone said that care staff stayed for the allotted time. They told us, "I've never experienced any problems with my carer's going before their full-time. If anything they will usually stay a couple of minutes over the time and then they will usually make me a quick cup of tea before they go out the door" and "It is surprisingly how much they manage to get done, I do look at the clock, it usually shows that my carer has stayed a little longer than she should do, rather than any problems with them trying to go before the time is up". A care staff member told us, "We have consistency in our rotas about who we care for".

People in some instances managed and administered their own medicines whilst care staff supported others. One person told us, "My carer gives me my tablets morning and night. I have them with a glass of water and my carer will write in the book to say that I've had them. I'm supposed to space them out which works out right with my morning visit and the evening one to get me ready for bed". A relative said, "My mum's carers give her tablets four times a day. It is important that she has these at the right times. They give the tablets and then once they have seen that she has taken them, they fill in the records and the chart in her folder so that we all know she's had them". People's medicine care plans explained how they liked to be supported to take their medicines and the level of support they required. When medicines were provided by care staff they signed a Medicine Administration Records [MAR] to show people had taken them. We looked at recent MARs and found that these had been completed accurately. Care staff told us and training records confirmed that care staff had undertaken training to support people to manage their medicines. This meant that people received support to manage their medicines from care staff that had the skills and knowledge to keep them safe.

Is the service effective?

Our findings

People told us they had confidence that care staff had the skills and knowledge to meet their needs. A person said, "Carers have the skills to help me, I've never encountered any problems with any of them". Relatives told us, "Certainly in relation to the care that my mother needs, I think the carers have all the necessary skills to hand. I also am aware that they do quite a lot of training during the year to keep themselves updated on things", and "I do expect the carers who come into my home to look after [person's name] to act in a professional way. I must admit, I have been nothing other than impressed with the professionalism and standard of training that these carers seem to have. I have certainly no complaints with regards to their skills". We spoke with care staff who demonstrated they had the skills and knowledge to meet people's individual needs effectively.

New care staff were subject to completion of an induction period, where they were supported by senior care staff, reviewed the provider's policies and completed their basic training. They shadowed more senior care staff and were observed and assessed whilst supporting people before being deemed suitable for working more independently. A care staff member said, "I was shown what to do by care staff who knew the person well and then semi-supported to assist the person and then provided feedback about how I had done, everyone's been really helpful so far".

Care staff spoke positively about the level of supervision and training they received; they told us that the care and support they provided to people was regularly reviewed by senior supervisors who directly observed their practice in people's homes. The provider supported care staff to complete accredited vocational training in addition to their basic training. Records showed that care staff received regular supervision, which was a mixture of observational supervision which took place whilst care staff provided care to people and office-based contact. Supervision sessions included testing care staff knowledge of the provider's policies and asking them to describe how they would accomplish a range of care-related interventions safely. This enabled the registered manager and senior supervisors to continually review care staff attitude, skills and approach to people.

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.

People told us that care staff sought their consent before supporting them. They said, "When my carer comes in she always asks me if I'm ready to have my shower, and if I'm not, she will go and do other things I need doing, by which time I'm usually ready to start", and "My carer always asks me if I feel like a shower and if I say no, she'll ask me whether she can help me have a wash. She never forces me to do anything I don't feel like doing and if I go a week without a shower, then it's my choice". A relative said, "[Care staff] make sure that [relative's name] is happy with everything that they are doing". Care staff spoken with were clear

about the need to ensure the people they supported gave their informed consent to them before they provided them with assistance. We saw and the registered manager confirmed that the majority of care staff had not received training relevant to the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. Care staff were able to describe how they supported people and we found this was in line with the principles of MCA. The registered manager told us they would be sourcing training for all care staff relating to MCA and DoLS as a matter of priority.

People told us they felt supported to eat meals of their choice and to drink sufficient amounts. They told us they were offered a choice of food from what was in their fridge and cupboards and care staff would prepare what they asked for. They said, "My carer cooks me a meal at lunchtime and then makes me a sandwich or something similar for tea. I always choose what I'd like, but she usually has to remind me what I've got in", "My carer always makes me a warm drink as soon as she walks through the door and always leaves me with some water next to me", "I don't really feel like drinking very much these days, but my carers try to encourage me as much as they can. They always leave me drinks to have before they go", and "My carers do my food shopping for me every week and they make my lunch and tea for me. They leave me a few biscuits on a plate so I have something to nibble between calls". Care staff demonstrated to us that they had a good understanding of people's dietary needs. A relative told us how the member of care staff who supported their family member knew the risks to consider when assisting the person to eat. They told us, "[Person's name] is quite poorly these days to the extent that when he eats he has to be watched very carefully so he doesn't choke. His regular carer comes in at lunchtime and she knows the signs when he is struggling to swallow his food and she is really good with him". Care staff told us they would gently encourage someone to eat if they were not eating their meals. We saw that information about people's dietary intake was recorded by care staff, allowing people's nutritional health to be monitored and referrals made to healthcare professionals if this was required.

Care staff were able to explain what they did to help people maintain good health and described how they provided feedback either to the office or to a person's relatives if they observed a change in someone's condition. A family member told us that care staff kept them informed about any changes to their family member's health and were confident that the care staff responded appropriately. They said, "My mother suffers with a lot of seizures and her carers are very good and patient with her. They lay her on her side and talk to her soothingly while the seizures work their way out of her system".

People's care records contained information about their health which included a summary of any medical conditions and what support or monitoring may be needed from care staff with these. One person told us, "I am prone to falling and I did have a fall when the carer was with me, but she stayed with me, calling an ambulance before sorting things out so I had everything I needed to take into hospital with me and letting my family know what had happened. I was very impressed, I'm very grateful for the help they gave me at the time". Care staff supported people to liaise with health care professionals by making appointments with them when this had been identified as an area the person required support with.

Is the service caring?

Our findings

Care staff were described by people as 'kind' and 'thoughtful' when providing the care they needed. One person told us, "I think my carers are lovely and they never mind doing any extra jobs for me if there's something that needs doing. If my bed needs changing my carer will find time to change the bed which makes my daughter's life a little easier". A relative said, "[Care staff member's name] goes over and above what she has to do in order to make sure that [relative's name] is comfortable. We are ever so grateful to her". Care staff spoke with kindness and compassion about the people they cared for and demonstrated a real understanding of individual needs and preferences. Care staff told us they made time to talk and get to know the people they visited, as they felt it was important to build up a bond with the people they supported and provide the care in the way they wanted it.

People were supported to be actively involved in planning their care with their views and preferences being sought. Care staff provided examples of how they supported people to make their own day to day care decisions, such as choosing their clothes, meals and drinks. A relative told us, "We were asked what time we would like the visits and mum was asked if she would prefer male or female carers, to be honest, I don't think we could've been more involved in planning the care". All the people we spoke with said they had the same group of care staff who were reliable, consistent and understood their needs and preferences. Care staff told us they were able to visit the same people regularly. This meant people were receiving the support they required in the way they preferred it.

People's privacy and dignity was respected. A person said, "My eyesight is not good these days so I can't always see where I've managed to spill food down my clothes. My regular carer however spots everything and she will never dream of letting me wear clothes that are dirty. She will find me something clean, which I'm happy to wear". A relative told us, "Whenever [person's name] carer arrives, they go straight up the stairs and knock on their bedroom door and call out her name and she never goes in until I hear [person's name] say that she's ready for her and then she always closes the door behind her so obviously while they are getting [person's name] undressed nobody can see anything that they shouldn't be seeing. I must say, they are very respectful of her". Care staff were able to describe how they always knocked on doors and waited for a response before entering. They also described how they supported people to maintain their privacy and dignity whilst assisting them with personal care. For example, ensuring that doors were closed, curtains were drawn and people were covered.

People told us that the care staff encouraged them to remain as independent as possible and the support the agency provided enabled them to continue to live in their own homes. Their comments included, "I can't really reach most of the windows in my flat now to pull the curtains closed every evening and then to open them again in the morning, so it's one of the first job's that my carer always does for me so that they know I won't be stretching myself when they are gone", "It's really difficult for me to get around anymore. Without them [care staff] coming in, I wouldn't be able to still be living here in my home where I've been for the last forty years", and "It's important to me that I can still live here in my own home, I have carers coming in every day. Me and my family have peace of mind and know that there is somebody keeping an eye on me and making sure that I am alright. They help and encourage me to stay independent". Care staff demonstrated a

good understanding of supporting people to maintain their independence and care plans included a summary of people's abilities and the level of support they needed.

Is the service responsive?

Our findings

People told us that before the support they received from the agency started a member of care staff talked to them about what they needed support with and how they wanted this help to be provided. One person told us, "I have been in hospital recently, but as soon as I came out, [registered manager's name] phoned me to see whether I needed any changes to the care I was having before I went into hospital and then she arranged for my previous carers to come out the next day to look after me again. They were also extremely helpful in sorting out my flat too, I couldn't be more grateful to them". A family member described how they and their relative were given the opportunity to be involved in care planning their package of support. They said, "When [person's name] started with the agency, we sat down with [registered manager's name] and talked through what it was that [person's name] needed help with. We had a long conversation with her and this was then put together in I think what they call a care plan which sets out for the carers everything they need to know about [person care] and her care".

Care records we looked at showed that people's needs had been assessed prior to them starting to use the service and the information was used to develop their plans of care. Care plans we reviewed provided care staff with information about the person, their needs, lifestyle choices and cultural needs such as the gender of care staff providing support. The provider's information guide included pictures of mixed sex couples, which demonstrated their ability to support and meet people's diverse needs, for example people's individual lifestyle choices and/or sexuality.

People told us, "I only really have three regular carers, so it's been really easy for them to learn my likes and dislikes. All three have been coming to me for quite some time and we have just settled into an easy routine now where we can have a chat but get all the jobs done at the same time", and "I am quite fussy about my likes and dislikes and I must admit I do like things to be done in a certain way if at all possible. Thankfully, the carers who look after me have been with me for a long time and are very good with me and make sure they do things how I like them to be done which, in turn, makes my life a lot easier". We saw people's care records included information about their likes and dislikes and preferences with regard to how they wanted their care and support provided. They also included the tasks the care staff were required to carry out on each visit and these had been reviewed regularly and updated as necessary. This meant that care staff had the most up to date information they needed in order to provide the care and support that people needed in line with their preferences.

People told us that they had a care plan and that this was kept in their home with the records that care staff filled out each time they visited. A number of people told us that they had recently had a review meeting with the registered manager. Other people told us that senior supervisors would periodically drop in to see them to make sure they were happy and to renew any of the care records accordingly. One person told us, "The carers fill in the records each time they visit and they are very willing to do any extra jobs if I ask them".

The registered manager along with senior care supervisors provided the on-call service and had access to information should they need to call upon another member of care staff to cover a call in an emergency. People and care staff told us that the on-call staff were accessible and responsive to their needs or any

concerns.

People told us that the office staff were friendly and that if they needed to change the time of an appointment because of other commitments, they would usually manage to do this without any fuss. No one we spoke with had made any formal complaints, but they all knew how to and told us that if there were any issues then these would usually be brought up with [registered managers name] in the first instance and they felt sure they would be re-solved. Peoples comments included, "I would definitely feel comfortable making a complaint. I would probably phone and speak with [registered manager's name]. As the manager of the service, she has responsibility and knows everything that is happening", "I have spoken to [registered managers name] about a couple of the carers who I haven't particularly got on with in the past and after having had the conversation, she has ensured that they haven't come to me again, but I managed to get this resolved without going down the official complaints route" and "I'm getting too old to complain about things these days, so I usually ask my daughter to do any ringing to the agency for me and I would get her to speak to [registered manager's name] about any problems I was having".

People were provided with a copy of the 'Service User Guide', which was given to each person when they joined the service. This contained information about the provider's policy and procedure for raising a concern or complaint, which included information as to how complaints would be handled. A person told us, "I know that in the folder I have there is a leaflet that tells you all about complaints and how to make them and then how quickly they [the provider] should respond to any problems that you have". We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.

Is the service well-led?

Our findings

People told us they would recommend the agency to others and were happy with the standard of care that they received. A person said, "I would definitely recommend this service to other people". One relative told us, "Certainly compared to other agencies we have used in the past, I would definitely say to anybody needing care it is worth having a conversation with the manager and learning more about the service".

The registered manager had the knowledge and skills to develop and deliver the service and was keen to continuously improve. All of the people spoken with knew the registered manager by name and clearly had confidence in her abilities as the registered manager. Care staff spoken with had worked alongside the registered manager for many years and told us they were confident about their management of the service. They told us the registered manager was always available should they have any concerns about people's welfare and they were proactive in providing guidance when needed. Care staff comments included, "[Registered managers name] is approachable and she will always give her support anytime if you need it, she will say 'leave it with me' and you know she will sort things" and "[Registered managers name] always acts appropriately whatever the concerns and she is thorough", and "[Registered managers name] is a good manager, she's firm but fair".

We saw that regular checks and audits were undertaken to assess and monitor the safety, effectiveness and quality of the service provided. People's care records were regularly audited to ensure information was up to date and completed accurately. Records we reviewed confirmed effective action was taken as required when issues were identified. Checks in relation to people's ongoing safety included medicines management and direct observations of how staff supported people. A staff member told us, "Spot checks are done unannounced and it's done fairly regularly".

The service had a positive culture where people, families and staff felt valued. The provider sent out annual surveys to people and their relatives and we saw that the comments they made about the service were overwhelmingly positive. We saw that the analysis of the responses made had been completed and where required people had been contacted directly if they had raised any issues so that remedial action could be taken if required. We saw that people also had regular face to face reviews of their care by senior care staff and were asked to give feedback openly about the quality of care they received. This meant that the provider was keen to actively involve people to express their views about the service provided.

The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the service. Care staff told us they were well supported and speaking openly at meetings was encouraged by the registered manager. A staff member said, "You can have your say, its encouraged here". Information about any changes to practice following incidents was cascaded to staff in a timely manner. We saw that in meetings the registered manager had revisited company standards and expectations of care staff and also took the opportunity to thank them for all their hard work.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which staff were aware of and knew

how to access.