

Mr Gareth Nesbit

Ascot Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ascot Care Agency is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there were 20 people using the service.

Not everyone who used the service received personal care. 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

The content and accuracy of care records, risk assessments and medicines records were not always sufficient. We have made recommendations about this. The provider had acted promptly on our feedback and had already started to make positive changes.

Most people told us they felt safe and comfortable when staff were supporting them. Medicines were administered by staff who were trained and had their competencies checked regularly. The provider had effective safeguarding systems in place. Staff received regular safeguarding training and felt confident to report concerns. There were enough staff to care for people safely. People said staff spent the right amount of time with them during visits and no missed calls were reported. The provider completed pre-employment checks on new staff prior to employment and new staff all completed a comprehensive induction. The provider had a robust infection prevention and control system in place and staff had training in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff delivered care in a person-centred way. People were supported by the same regular team of staff wherever possible. People told us communication with the provider was good, although some people said they would like to receive a rota but did not at present. Staff were happy in their work and understood the importance of their role. The provider sought the opinions of people using the service and staff. People felt confident in the management of the service and staff felt well supported.

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

Rating at last inspection

The last rating for this service was good (published 2 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key

questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ascot Care Agency on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about ensuring audits and quality assurance checks are sufficiently robust to identify shortfalls in records. This includes risk assessments, medicine records and person-centred care plans.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ascot Care Agency

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 28 July 2023 and ended on 4 August 2023. We visited the location's office on 28 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 7 relatives about their experience of the care provided. We

spoke with or gathered feedback via email from 7 members of staff including the provider, head of operations, office manager and care staff. We also received feedback from 2 professionals who work with the service.

We reviewed a range of records. This included 5 people's care records including medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The provider had not always ensured risk assessments were in place for all identified risks. Some records did not set out enough information for staff about how to mitigate risks to people. Following our feedback, the manager began to address this immediately and updated risk assessments were sent for us to view.

We recommend the provider ensures risk records are in place for all identified risks. They should include risk-reduction strategies and sufficient detail to guide staff in a consistent approach.

- People were happy with the way care was delivered. Most people told us they felt safe and comfortable when staff were supporting them. One person told us, "I feel safe because they don't rush and make sure things are done properly." Some people told us they felt more nervous when supported by new staff but also said new staff were always supported by more experienced staff.

Using medicines safely

- Medicine records were not always completed correctly and this was not always identified by management checks. We found no evidence this had any impact on people using the service but failure to identify errors had placed people at risk. Following feedback, the manager told us they would introduce regular medicines audits to minimise future risk.

We recommend the provider ensures accurate medicines records are maintained in line with current best practice guidance.

- People told us they were happy with the way staff supported them with their medicines.
- Staff were trained in how to administer medicines and their competencies were regularly checked. Additional training may be required to ensure staff are aware of the need for accurate record keeping.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Concerns were appropriately reported and actioned.
- Staff received regular safeguarding training and felt confident to report concerns. One member of staff told us, "If I had concerns regarding a person's safety I would ring [the manager] as soon as possible and voice my concerns."

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 MCA 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 Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to care for people safely. People said staff spent the right amount of time with them during visits and no missed calls were reported. One person told us, "They're really good. There's no rushing and they sometimes stay over time."
- The provider completed pre-employment checks on new staff prior to employment. We saw some gaps in applicants employment history which had not been explained and the manager assured us this would be checked more rigorously going forward.
- New staff completed a comprehensive induction and shadowed more experienced staff until they knew the people they were supporting. One person told us, "Any new [staff] always come with somebody who knows the job."

Preventing and controlling infection

- People were protected from the risk of infection by trained and competent staff.
- Management carried out spot checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager. Lessons had been learnt when things went wrong and, where necessary, actions had been taken to reduce future risk. Managers shared lessons learnt in team meetings or supervisions with staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always ensure records were of the appropriate standard to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had good oversight of most areas of the service. A range of quality assurance and governance systems were in place, however, no formal medicines audits were taking place. The provider's medicine policy described the audit procedure, but we were told by the manager these audits had not been conducted. As a result, the issues we found had not been identified. We raised this with the manager who acted immediately to introduce more detailed checks.
- Some care plans contained more information about people's likes, dislikes and preferences than others. We fed this back to the manager who confirmed a review would be done to ensure all plans were person-centred.

We recommend the provider continues to develop and review their system of quality audits to ensure they are sufficiently robust to identify any errors or omissions in records.

- The provider understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff gave positive feedback about the culture within the service. Staff were happy in their work and felt well supported. One member of staff told us, "[The manager] has an open-door policy. We can just drop into the office for a chat, advice, a coffee; or we can ring them. [The manager] has always answered or rung back in minutes and listened to me."
- Staff delivered care in a person-centred way. People were supported by the same regular team of staff wherever possible but changes in staffing meant this was not always the case. One relative told us, "On the whole, I'm very pleased with the care because [my family member] is looked after and content."
- People gave us mixed feedback about communication with the provider. Where staff were running late due to unforeseen circumstances this was communicated to people by staff in the office, however, people did not regularly receive rotas to inform them which staff would be visiting. One person told us, "They always come when they say they will. If they're not coming, they always phone up and tell me they'll be late." A relative said, "It would be nice if [my family member] had a rota so they knew who was coming." Following feedback the manager assured us people would be contacted and provided with rotas if they requested

them.

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 manager was aware of the requirements under the duty of candour, there had been no incidents reportable under this regulation recently. People and their relatives were kept informed of issues when needed.

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

- The provider sought the opinions of people using the service and staff. Feedback was collected via surveys, meetings and as part of staff supervisions and people's reviews. The manager told us people did not always respond when surveys were sent but did speak to staff and gave regular feedback in that way. One relative told us, "There are [survey] forms stuck in with the invoice but [my family member] doesn't bother with them, they will nip any minor discrepancies in the bud verbally."
- People felt confident in the management of the service and able to contact them whenever necessary. One relative told us, "[The manager] is the glue that holds it together. I feel comfortable with [the manager], they always return my calls."
- Staff were asked for feedback and were happy that their ideas and opinions would be listened to. One member of staff told us, "I have talked to [the manager] about things I think may benefit a person and after discussion, along with client and family, those things have been implemented."

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were supported to access healthcare services in a timely manner.
- We received positive feedback from the professionals we contacted. They confirmed the service was responsive to people's needs. One professional told us, "I feel they know my service user very well; they are aware of all their health needs and potential issues relating to these. I feel [Ascot Care Agency] are a benefit to have as an agency we can approach to support our service users."