

Ashton Care Ltd

36-40 Copperfield Road

Inspection report

Unit C
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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

About the service:

'36-40 Copperfield Road' is a domiciliary care service which provides care and support to adults and children with disabilities in their own homes. At the time of this inspection the service was providing personal care to three children.

People's experience of using this service:

- People's relatives told us that their family members were well cared for and treated with kindness and respect. Children were consistently supported by the same care worker.
- Care workers interacted well with family members and respected their routines. Care was planned and delivered to meet children's needs and to provide support for their parents.
- The provider had improved systems for safeguarding children, including raising awareness of child abuse and neglect and understanding how to report suspected abuse.
- Care workers were recruited in line with safer recruitment processes. Families told us staff members arrived on time.
- Staff received suitable training and supervision to carry out their roles and the registered manager checked their competency regularly.
- Family members told us that in the past they had care workers who were less effective and caring but that there had been improvements in the past year.
- The provider obtained consent from children's parents to provide care but had not yet explored how children may be able to make decisions when they reached adulthood.
- The registered manager had suitable systems to monitor the performance of care workers and ensure that families were happy with the quality of care.

Rating at last inspection:

At the last inspection in April 2018 this service was rated 'requires improvement'. Breaches of regulations were found in relation to safeguarding service users from abuse and ensuring fit and proper persons were employed. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to ensure that they were meeting these regulations.

Why we inspected:

This was a routine inspection. We carried this out to check the provider had met their action plan.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

36-40 Copperfield Road

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:

This inspection was carried out by an adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes and provides a service to older adults and children with disabilities.

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wide social care provided.

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 provider 48 hours' notice of this inspection. This is because this is a small service where staff are often supporting people in the community. We needed to be sure that someone would be in.

What we did:

Before the inspection

- We reviewed information we held on the provider, including notifications of serious incidents they are required to tell us about.
- We checked the provider's registration and records held by Companies House.

During the inspection

- We looked at records of care and support for the three people who used the service.
- We looked at records of recruitment, supervision and training for five care workers.
- We looked at records relating to the running of the service, including timesheets, audits and communications with staff.
- We spoke with the registered manager and care co-ordinator.

After the inspection

- We made calls to three relatives of children who used the service and to two care workers.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found the provider was not meeting this regulation as safeguarding processes did not ensure that incidents and allegations were reported promptly.
- At this inspection we found the provider was now meeting this regulation. The provider had worked with the local authority to develop safeguarding processes, particularly with regards to safeguarding children.
- Care workers received training in safeguarding adults and children and were confident in recognising the signs of abuse and reporting these to their line managers. The provider had worked with the staff team to raise awareness of forms of child abuse, including child neglect and female genital mutilation.
- There had been no safeguarding allegations since our last inspection.

Assessing risk, safety monitoring and management

- The provider carried out assessments of risks relating to people's living environments, including how the person accessed the property and risks relating to fire and security.
- There were risk assessments in place relating to how people were supported to mobilise and to make transfers. This included the safe use of equipment, where applicable and guidance about how to reduce the risk of falling.
- The provider had assessed the risks from eating and drinking, including those related to allergies and food safety. When people had health conditions such as epilepsy, the risks relating to these had been assessed with clear guidance on how to respond to a seizure. Risk assessments considered the child's understanding of danger and behaviours which may pose a risk.
- In some cases, the provider was not able to support children with certain activities as they did not feel they were able to mitigate these risks, and there was evidence that families had chosen other providers to carry out these activities when this was the case.

Staffing and recruitment

- At our last inspection we found the provider was not meeting this regulation as safer recruitment processes were not always followed. This time we found recruitment had improved and the provider was now meeting this regulation.
- The provider carried out the right checks to ensure staff were suitable for their roles. This included obtaining references from previous employment in the sector, checking people's identification and the right to work in the UK and carrying out a check with the Disclosure and Barring Service. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- During the recruitment process, the provider assessed candidate's skills and knowledge.
- Care workers recorded their hours on timesheets which were signed off by children's parents and checked by the care co-ordinator. These showed that people received their support hours as planned. People's families told us that care workers were punctual and stayed for the full allocated time.

Using medicines safely

- The service did not provide support with medicines, and this policy was discussed in team meetings to ensure care workers understood they were not to provide support in this area.
- People's plans contained information about what medicines people took and who was responsible for ensuring this took place.

Preventing and controlling infection

- Risk assessments highlighted the measures care workers needed to take to protect people from cross infection whilst providing care.
- People's parents told us that care workers used the appropriate personal protective equipment when providing care. Care workers told us they always had access to this.
- Care workers also received training in food hygiene.

Learning lessons when things go wrong

- There had not been any incidents or near misses.
- The provider had a policy for recording when things had gone wrong. The provider's process was clear about identifying reasons for incidents but was not written in a way which ensured lessons were learned when things had gone wrong. The provider told us that they would review this process.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before carrying out care, the provider carried out a detailed assessment of people's care needs, including people's physical needs, health conditions and wishes and preferences for their care. This included seeking information from the person, their family members and other relevant professionals to ensure care workers had up to date information on people's care needs.
- The provider used this assessment and information from the local authority assessment to plan people's care.

Staff support: induction, training, skills and experience

- Care workers received a detailed induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if a staff member is 'new to care' and should form part of a robust induction programme. Staff also had the opportunity to shadow more experienced staff as part of their induction. The registered manager monitored staff training to ensure care workers received refresher training as needed.
- The registered manager carried out monthly spot checks to assess the competency and skills of care workers. Care workers had quarterly supervision to discuss their performance in the role and development needs.
- Care workers told us they received enough training to carry out their roles. One staff member told us "[The registered manager] makes sure you get training and supervision and tries to support us if there is anything challenging. He is always helpful and helps you to get extra training."
- Some parents told us that sometimes care workers did not speak good English. The provider had arranged for staff to undertake English courses when this was identified as a development need. Parents told us that when they had started some care workers lacked an understanding of how to support children with disabilities. One parent told us "[Care worker] has learned on the job with us, I think they have come a long way now." The provider had carried out assessments of staff understanding of the support needs of people with particular disabilities including global developmental delay as part of care workers' inductions.

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

- People's plans contained information about when care workers were required to provide snacks and drinks and what people preferred to have.
- There was information on what foods should be avoided and how best to prepare meals for people.
- Care workers recorded what people had been supported to eat and drink and did so in line with people's needs and choices.

Supporting people to live healthier lives, access healthcare services and support

- The provider was primarily supporting children's main carers, and so did not directly play a role in meeting people's health needs but supported family members to do this. Care workers recorded people's conditions and whether they had any concern about their current wellbeing. Family members told us their care workers passed on the right information to help them keep track of their child's wellbeing.
- People's plans contained important information on children's diagnoses and how these affected their development and daily living skills.

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.

We checked whether the service was working within the principles of the MCA.

- Most people using the service were children and therefore not subject to the MCA. The provider had ensured that a parent had consented to the child's care and that they understood how the provider may use the child's personal information.
- The provider had a suitable policy for ensuring that adults had consented to their care or ensuring that, when people could not make decisions for themselves, care was delivered in their best interests.
- The provider's processes lacked detail on how to ensure that assessments of capacity were decision specific. Where children were approaching adulthood, the provider was yet to carry out preparatory work to ensure that their future care was delivered in line with the MCA.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's plans were clear about how to support people in line with their cultural and religious needs. This included information on the religion the child was being raised in and their understanding of this. There was information about the first language of the child.
- Records showed that people were consistently supported by the same care worker and we confirmed this from speaking to people's relatives. Care workers were able to converse with people in their first language.

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

- The provider had one page profiles in place for children using the service, including information about what was important to the child and what they liked and didn't like.
- There was clear information on how children communicated, including how tablet computers were used and noises and gestures which people used to indicate agreement or displeasure. People's families told us that care workers communicated and interacted well with their children.
- People's plans had information on what may cause people to become distressed and how they could best support people when upset.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that their care workers aided them in promoting the development of skills and language and ensured that this was carried out consistently.
- Children's plans included information on how they could be involved in their personal care and what they could do for themselves to support them to be as independent as possible.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People's care plans were clear about the role and expectations of the care worker. This included when children were supported to get ready for school and to receive personal care in the morning and the evening. Plans also included the social support that people received, such as being able to access the local community.
- Plans were detailed about people's preferences for their care, such as whether they preferred showers or baths and what clothes they liked to wear. Care workers understood what places children liked to visit and games they liked to play in the park.
- Care workers recorded how they had met people's needs and delivered care in line with their plans, including community support.
- People had regular reviews of their care needs together with the local authority, and the provider was able to adapt to families' changing support needs.

Improving care quality in response to complaints or concerns

- People's families told us that the provider responded when they had expressed concern about the quality of care and that issues of concern were usually resolved informally.
- The provider had a process for addressing formal complaints, but none had recently been received. The policy gave clear information for people on how to take a complaint further if they were not satisfied with how the provider had dealt with their complaint.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The provider carried out monthly telephone monitoring to ensure that families were happy with their child's care. This included checking that care workers were punctual, followed care plans and treated their child with dignity and respect.
- The registered manager carried out checks of the quality of care that staff provided. A staff member told us, "Every month he does a check, if there is a problem he will discuss it with me."
- In some instances, people had discussed concerns about the quality of the service and the provider had acted on these. A care worker told us, "Any complaint he takes seriously."
- People felt confident contacting the registered manager to express concerns and discuss what needed to change.
- Managers discussed the outcomes of recent audits in regular meetings and whether they had identified any trends which may indicate issues of concern.

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

- The registered manager conducted regular audits on records relating to people using the service. This included ensuring that up to date documentation was held about staff and that care workers had appropriate training and supervision. People's records were checked to ensure that care plans were reviewed regularly, whether people had received a monitoring call and whether any incidents or accidents had taken place.
- The provider was developing a new computer system to ensure that records were kept up to date and that checks and reviews took place regularly.
- Care workers were required to sign to state they understood the contents of a person's plan and what was expected of them before they started to provide support.
- Care workers had yearly appraisals where the registered manager encouraged them to reflect on their performance and to identify where they needed to develop.

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

- The provider held monthly team meetings to ensure that staff were clear about their roles and responsibilities. Team meetings were used to raise awareness of important information such as how to safeguard children and staying safe during periods of extreme weather.

- The provider sent information to families to ensure they understand local systems to safeguard children and to raise awareness of risks such as telephone scams.

Working in partnership with others

- In most instances care workers were providing care to support children's parents in their caring role. Plans were clear about how to support parents and what needed to be done in partnership with them.