

Allied Care Limited

Ashlong House Domiciliary Care

Inspection report

48 High Street
Dormansland
Surrey
RH7 6PY

Tel: 01342837213
Website: www.alliedcare.co.uk

Date of inspection visit:
22 August 2019

Date of publication:
23 October 2019

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

Ashlong House is a domiciliary care agency providing personal care to 203 adults at the time of the inspection. People lived in properties across East and West Sussex, Suffolk, Surrey, Brighton and Hove, Kent, Wiltshire, Oxfordshire, Hampshire and Devon. The staff worked out of "hubs" to ensure they were in close proximity to the people they support. The service focused on supporting people whose primary needs were mental health related.

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

People received care and support from staff who were kind and treated them with respect. Staff knew about different types of abuse and how to keep people safe. Staff received refresher training and specific training to meet the diverse needs of the people using the service. New members of staff were subject to pre-employment checks to ensure they were suitable to work with vulnerable people.

We looked at how the management team planned their rotas. Rotas were organised around a set geographical area. This ensured that people received their allocated and appropriate support from staff that were trained and best suited to their needs.

Risks associated with people's individual care needs were assessed and plans put in place to manage these. People had been involved with the design of these care plans.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a complaints procedure that was made available to people and their families. The management had good oversight of the service through monitoring and auditing to ensure people received effective support. These included regular phone calls and home visits to seek people's views about the service

provided.

At the time of inspection there was a registered manager application being put forward for the Office that covered Devon, Oxfordshire and Wiltshire. This would enable more support for staff and the people using the service as the service grew.

The service worked in partnership with outside agencies, health and social care professionals to ensure people received timely healthcare support.

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 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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.

Ashlong House Domiciliary Care

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

Two inspectors carried out the site visit, one inspector made phone calls to staff and two Experts by Experience made phone calls to people using the service and relatives. 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 and specialist housing.

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 48 hours' notice of the inspection. This was because it is a domiciliary care agency and 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 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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, office-based staff, senior care workers and care workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at ten 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records which were sent to us after the 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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff showed good knowledge of safeguarding processes and understanding different types of abuse.
- People told us they felt safe. One person said, "I always feel safe when the carers are looking after me. I know that I could tell them if I didn't feel safe."
- The provider had a safeguarding policy in place to ensure if any concerns were raised they would be dealt with appropriately. The registered manager was aware of their responsibility to notify and share information with the local authority to ensure joined up working of addressing any concerns and help protect people from abuse.

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were thorough risk assessments in place that were personalised to the people receiving the care. Staff showed knowledge in the individual risks personalised to people they were supporting. One member of staff said "There are different risks for each person, it is so important to know each person's individual risks, with their complex needs, if you don't know, it could go horribly wrong."
- There were regular reviews of care plans and risk assessments to ensure people's safety was monitored and managed if care needs and risks changed. Any changes were shared with staff through emails, telephone calls and regular team meetings.
- The registered manager completed spot checks on staff to ensure suitable standards were maintained and staff followed safe working practises.

Staffing and recruitment

- There were enough staff to meet people's needs and deliver good quality care. One person said, "My carers are never late and never seem rushed to get off to the next appointment, they're always here for the allocated time. My understanding is that all of [staff member's] calls are near to each other to avoid any chance of missing slots."
- Although the service provided care spanning a large distance, there were "hub" style arrangements so staff were supported by management if any issues arose. Staff rotas and deployment strategies were appropriate to geographical areas.
- There were safe recruitment processes in place that ensured staff recruited by the provider were safe to work with people that used the service. This included thorough reference checks and Disclosure and Barring Service (DBS) checks. These checks ensured any potential employees were not known to police for cautions or convictions.

Using medicines safely

- People were supported to take their medicine in a safe way by staff trained in the administration of medicines. Staff competences in handling and administering medicines was checked in regular unannounced spot checks.
- One person said, "The staff are so good at reminding me, it helps me so much as otherwise I would forget and be really quite ill without their help."
- Medicine administration records (MAR) were completed thoroughly and each care plan had details of people's personal medicines, dosage and side effects.
- People received appropriate support, so they could choose to self-administer medicines or receive support from staff.

Preventing and controlling infection

- The provider had taken steps to protect people who used the service, their relatives and staff from the risk of infection.
- Staff had access to personal protection equipment (PPE) and stated they always used this when necessary. One member of staff said, "It is important to make sure that we always have our gloves and aprons on if we are delivering personal care or preparing food. It is also really important that we wash our hands regularly to make sure no infection is spread."
- Staff had received training in infection control and the provider had an infection control policy in place.
- 'Spot checks' were completed on staff's practises and monitored staff's use of PPE.

Learning lessons when things go wrong

- The provider had systems and policies in place to enable staff to record and report any accidents or incidents involving the people who used the service. The staff we spoke with were aware of these reporting procedures.
- There had been no major incidents, but we were assured of the registered manager's readiness to investigate any arising concerns, by strategies and policies in place to address any incidents quickly.

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 Good. At this inspection this key question remained the same. This meant 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

- People's needs were assessed, planned and regularly reviewed to ensure any changing needs were met.
- There were detailed initial assessments completed before the provider accepted a care package. The registered manager said, "It is important we know that we can meet the person's needs before we accept a package of care on to our books. It's about quality, not quantity."
- There were a lot of people that were being supported that had mental health needs. The staff and registered manager wanted to encourage independence wherever this was possible, this included in involving them with decisions about their care and offering choices in how they wanted to receive their care, evidence of this was seen in the care plans.
- Staff applied learning effectively in line with best practise. This led to good care for people and good quality of life.

Staff support: induction, training, skills and experience

- There was a thorough induction process that included shadowing an experienced member of staff. One staff said, "The induction process was really helpful in understanding how the company worked and what was expected of me."
- Staff completed regular refresher training which ensured that they had the correct skills to carry out their roles and meet people's needs. This was tracked by the registered manager, so if any training was missed it would be identified quickly and training scheduled.
- The management team strengthened staff experience and support through regular supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their roles and responsibilities. Staff we spoke with confirmed they had regular supervision sessions.

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

- The service supported people to ensure their nutritional needs were met. People told us they were encouraged to eat and drink regularly and were encouraged to eat a balanced diet, which improved their health.
- People were encouraged by staff that were supporting them to have a balanced diet. Clear instructions were provided in care plans for people that required support with meal preparation. Comments from people included, "They know what I like," "They help me make sensible choices," and, "I am always involved with the choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with relatives, community health and social care professionals to ensure people were supported correctly with their various complex needs and people received joined-up care. An example of this was if a person required assistance from the district nurse this would be arranged by staff or people would be supported to speak to the district nurse, to request assistance.
- We saw evidence that the registered manager engaged with health professionals to ensure people received positive outcomes. These were documented in people's care plans, an example was how the staff regularly worked with the positive behavioural teams.
- People were supported by staff to attend healthcare appointments and keep track of ongoing referrals.
- People's care files included information about their medical history and the impact of any long-term health conditions upon their care needs.

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.

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

- The registered manager and staff had a suitable understanding of the MCA procedure. They had worked in partnership with health professionals in people's best interests to support their decisions and deliver positive health and wellbeing outcomes.
- When asked about consent, people's comments included, "[Staff] ask me for my consent any time they do something for me," and, "They suggest or ask, rather than just do something."

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 remained the same. This meant 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 were treated with kindness by caring staff. Staff respected each person's individuality. One person said, "The staff are always nice to me and treat me with kindness all the time. They respect my differences and never make me feel like I am different to them or anyone I meet."
- Staff took time to get to know people's preferences and used this knowledge to provide care and support in their preferred way. One family member said, "Staff go beyond the call of duty – they are very caring."
- Staff and management recognised the need to promote people's equality and diversity as part of their work. Staff spoke positively about the registered manager's inclusive approach towards these issues.

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

- There were well documented reviews of care plans that showed involvement of each person. We saw consent forms had been signed to authorise the support and care identified. One person said, "They always ask me whether I'm happy with what they are doing when they are helping me. They often ask me about whether I would like my care any different." Another person said, "They give me time to think things through, they let me talk about it and make sure I know what might be involved."
- Staff told us that they regularly asked people if they were happy with the care they were receiving. Staff also told us that they regularly asked people for their views whilst supporting them. One member of staff said, "I always ask people if anything has changed or if they want me to change anything. If it is a big change or decision I work with them to review their care plan with my manager."

Respecting and promoting people's privacy, dignity and independence

- People were constantly encouraged to be independent by staff. One member of staff said, "Independence is the most important thing. We strive to help people to be as independent as possible, to live as normal life as possible and prevent them from being restricted to a care home environment. With our help, they can live in their own homes."
- Staff developed trusting relationships with people using the service. Staff treated people with respect and maintained their privacy and dignity. One person said, "The staff are always so respectful and always respect my privacy, this is so important when they are coming in to my home."
- Care plans included information for staff to follow to support people's independence. For example they guided staff to support and encourage people to leave their homes and visit the local community. One family member said, "[Staff] really do a fantastic job to help [person] live more independently and helped the change in their life, with receiving support, it was amazing, the results."

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had the information they needed to deliver care that was personalised to people's individual needs.
- Some people had designed their own care plan to be added within their files, these were called "my plan" which told staff how they wanted to receive their care, their likes, their dislikes and their life history. This also mentioned triggers for staff to look out for and how to deal with different moods. It was written by the person, and showed a really good insight for the staff to follow.
- People were supported to live an enriched life due to the person-centred approach, this encouraged independence which had lots of examples of good outcomes for people. An example of this was a person who due to their condition rarely left the house, due to receiving the right support they now regularly attended the local shop and café and the person felt more involved in the community.
- Staff showed good understanding of people's individual needs and personal preferences, as well as their health and support needs. This enabled them to provide personalised care. One staff member said, "Every person I support is completely different. It is important to know that some people don't like things that others love. It is also so important to understand people's individual triggers. These are completely individual to the person; they can be colours, weather conditions, food types, anything."

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.

- Through our review of people's support plans, we were satisfied that should people require information in an accessible format the service would provide it.
- Care plans documented how people could receive information in a way that was suitable for them. For example 'Communication' support plans were in place which identified any support the person needed to communicate or to express their views and wishes. We spoke with the registered manager about one person's communication needs and she said that although the person uses some Makaton signs, her method of communication is very individual and does not correspond to the Makaton 'language'. Therefore staff who support this person shadow colleagues when first working with them to understand her individual communication methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided support with people's individual hobbies, activities, community contact, employment and education. One person said, "They always help me so I can do things I enjoy, like going for a walk whenever I want."
- The staff stated that many of the people they supported did not have much contact with their families. One member of staff said, "If we can encourage family contact, we see that as a real success. It is great to support someone to build that bridge again."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they felt comfortable to raise any concerns if necessary. One person said, "If I have a problem, I would just call the office, I just haven't had any problems. I know they would deal with it straight away."
- People were encouraged to bring forward any issues or complaints they had. There was a thorough complaints procedure that showed how complaints were addressed, investigated, and resolved. There were also systems in place to analyse any trends or concerns that may need to be addressed to prevent future issues or to improve the service.
- The registered manager regularly completed home visits to see as many of the people using the service as possible. The registered manager was confident that people using the service would raise any concerns quickly to her as they all knew her well.

End of life care and support

- At the time of inspection nobody was being cared for at the end of their life. However, consideration had been made as to the wishes of people using the service.
- Staff were prepared to understand what people's preferences would be if they entered the final stages of their life. These were documented in end of life care plans in people's care files.
- The registered manager confirmed they would ensure all relevant support was available to ensure people received the necessary support to remain in their homes if this was their wish.

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; 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

- Feedback we received was complimentary about the registered manager and the management team. One person said of the registered manager, "She is very friendly and she understands me and my needs."
- The registered manager provided good leadership for the service and support to staff. We found the registered manager to be committed to making a genuine difference to the lives of people using the service. This included recognising the importance of continuity of care, ensuring that people were supported by small teams of staff who knew them well.
- Policies were in place that provided guidance around the Duty of Candour responsibility if something was to go wrong. The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC to report incidents that had occurred and required attention.

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

- The registered manager and staff were clear about their roles, this was often discussed in regular staff meetings and one to one supervision.
- There were clear quality assurance processes in place that were effective in identifying any issues or concerns quickly so they could be rectified. These included observations of staff practice, quality checks and regular reviews of people's care.
- The registered manager was passionate and worked to develop their staff team so staff at all levels understood their roles and responsibilities as the service continued to grow. One staff said, "Our manager is great. She is always around for a chat and she is always encouraging us to strive to be better."

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

- People were engaged with the service through regular feedback sought by the staff and registered manager. This gave the people using the service a voice and confidence that they were involved with the service.
- One staff said, "The management team are great, I know they would take on board any of our ideas and run with them if they were possible."
- Staff meetings were held regularly and regular spot checks at people's homes ensured the service was

monitored and continued to develop. The staff meetings were held in different locations to ensure all staff could contribute their ideas or concerns.

Continuous learning and improving care

- The registered manager was committed to ensuring continuous improvement. There was an accidents and incidents policy and audit that identified any trends so learning could continue going forward. This led to ongoing improvements within the service.
- The management team completed a range of audits. This meant that improvements could be made to continue to evolve and provide a good service for people.

Working in partnership with others

- There were good relationships with other services involved in people's care and support. The service communicated well with health and social care professionals to ensure people's needs were met. This included being involved with providing updates for local authority strategy meetings if this were required.
- Staff worked well in partnership with other organisations. An example of this was a different part of the company owned some of the property that the people being supported lived in. The staff worked closely with the local authority to get the person housed in the affordable housing and then support them to live independent lives. One family member said, "The company are just great, they have encouraged [person] so much, [person] has become so much more independent than I ever thought [person] was capable of, they have worked so closely with his social worker and doctor and his life has changed so much for the better."