

Ashfield Care (Ross-on-Wye) Ltd

Ashfield Care Ltd

Inspection report

Kern Place
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Ross On Wye
Herefordshire
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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:

Ashfield Care Ltd provides care and support to people in their own homes in the Ross on Wye area. At the time of the inspection the service supported 39 people.

People's experience of using this service:

People told us they felt well cared for by staff who treated them with respect, dignity and encouraged them to maintain relationships and keep their independence for as long as possible. One person who used the service said, "They all bar none are so kind and take an interest in me, so yes they do treat me so well."

People who used the agency and relatives told us they felt confident in the management team and how the service operated. They told us good staffing levels afforded people responsive and dignified support.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

Risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were relevant to the care provided.

Care plan information focused on a person-centred method of supporting people. Also, information contained what support was required for the person and consent to care evidence was seen throughout care documentation.

People's care and support had been planned in partnership with them. People felt consulted and listened to about how their care would be delivered. We confirmed this by talking with people and relatives who used the agency.

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

The management team used a variety of methods both formal and informal to assess and monitor the quality of the service. This enabled Ashfield Care to be monitored and improve systems and processes that were identified through their quality monitoring programme.

Rating at last inspection: Good (16 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to

monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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?

The service remained safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective
Details are in our Effective findings below

Good ●

Is the service caring?

The service remained caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive
Details are in our Responsive findings below

Good ●

Is the service well-led?

The service remained well-led
Details are in our Well-Led findings below.

Good ●

Ashfield Care Ltd

Detailed findings

Background to this inspection

The Inspection • We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

The inspection team • Consisted of an adult social care inspector.

Service and service type • This domiciliary service provides personal care to people living in their own homes. They provide support for people that included, mental health, older people and learning disabilities.

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 • The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people. This comprehensive inspection visit took place on March 04 & 5th March 2019 and was announced.

What we did preparing • Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted Herefordshire local contracts commissioning department. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about Ashfield Care, they included five people who used the service, three relatives, the registered manager, care manager and four staff members.

We looked at records related to the management of Ashfield Care Ltd. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels, training records and recruitment procedures for staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had safe, effective safeguarding systems. Staff members spoken with had a good understanding of what to do to make sure people were protected from harm.
- No safeguarding alerts had been received since the last inspection.
- People who used Ashfield Care Ltd and relatives told us they felt safe in the knowledge they were being supported by reliable staff. For example, one person who used the service said, "I get the same staff regularly and feel safe and relaxed because I know them all well."

Assessing risk, safety monitoring and management

- We saw care plans contained explanations of the control measures for staff to follow to keep people safe and reduce the risk of accidents and incidents in people's homes.
- We found care records looked at included risk assessments that covered, health and safety, the environment, falls and medication. Information contained details about the person's level of independence and action to support them.

Staffing and recruitment

- We looked at how the service was staffed and found appropriate arrangements were in place.
- Visits to support people were timely and in line with their care plans. A person who was supported by Ashfield Care said, "They never miss a visit and on the rare occasion they may be a little late will always inform me."
- Staffing levels continued to match people's requirements. Sickness and staff leave was managed between the team to maintain continuity of care.
- Staff continued to be recruited safely with thorough checks to ensure suitability of potential personnel.

Using medicines safely

- We looked at medication records and found medicines continued to be managed safely.
- People who used the service we spoke with were satisfied with the support they received to take their medicines.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.
- The registered manager regularly completed medication audits to check their procedures and processes were safe.
- Staff continued to be trained in medicines management and competency checks were carried out by the management team to ensure safe practice.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.

Learning lessons when things go wrong

- There had been no incidents or accidents. However, if they occurred, any accident or 'near miss' would be reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

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

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 assessed people's needs before the service commenced.
- This assessment was used to form a care plan. This was continuously updated as the management team learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessment.
- Care and support was regularly reviewed we confirmed this by viewing care records.
- Care plans detailed times and tasks required when staff visited people's homes. Care records and discussion with people who used the service confirmed this.

Staff support: induction, training, skills and experience

- We saw training schedules continued to demonstrate a comprehensive training programme for all staff.
- People received effective care and treatment from knowledgeable and skilled staff who had the relevant qualifications to meet their needs. Staff spoken with confirmed this.
- The registered manager continued to strengthen staff experience and support through supervision and regular spot checks in people's homes. One person who used the service said, "They [management team] pop in to see the carers and make sure things are ok."

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

- We saw care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We found the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes for people who used the service.
- People were supported to attend healthcare appointments and care records contained evidence of visits to healthcare professionals. These included, dentists, GPs and opticians.

Adapting service, design, decoration to meet people's needs

- The agency had systems to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. This was so they could adapt the service to ensure they received the best care and support.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We looked at how the service gained people's consent to care and treatment in line with the (MCA). Processes were in place for people to give their consent to care and support.
- However, the management team were aware of (DoLS) and had received training.

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

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

- We received positive comments from people who used Ashfield Care. For example, a relative said, "They treat my [relative] very well." A person who used the service said, "They all bar none are so kind and take an interest in me, so yes they do treat me so well."
- Staff spoken with had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. We saw people's preferences and information about their backgrounds was documented in care records.
- Ashfield Care had carefully considered people's human rights and support to maintain their individuality. Documents for future service users included information of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. The registered manager told us they had systems to ensure people's human rights were upheld.
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

Respecting and promoting people's privacy, dignity and independence

- Ashfield Care recognised people's diversity. They had policies that highlighted the importance of treating everyone as individuals. People's diverse needs, such as cultural or religious choices were reflected in their care documentation.
- People's confidentiality was respected and people's care records were kept securely.
- People who used the service told us staff respected their privacy and dignity. They told us staff encouraged them to be as independent as possible. One person said, "I do need a lot of help but they like to encourage me to do things by myself. That is what I like about them because I have always been an independent person."

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

- We saw records we contained evidence the person who received care had been involved with and were at the centre of making decisions about their care package and support planning.
- There was information available about access to advocacy services should people who received a service require their guidance and support. This ensured their interests would be represented and they could access appropriate services.
- Peoples personal records held information about their current needs as well as their wishes and preferences.

Is the service responsive?

Our findings

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

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

- The agency continued to provide a personalised service that promoted people's wellbeing.
- The registered manager knew people who used the service well and what their preferences were. We talked with people who used the service and relatives who confirmed this.
- People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances.

End of life care and support

- The service was a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service supported people with end of life care however not at the time of the inspection.

Improving care quality in response to complaints or concerns

- We saw information was made available to people that described how to make a complaint if they wished and relevant steps to follow. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- No complaints had been received since the previous inspection.

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

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 duty of candour responsibility

- The registered manager and care manager talked with us about the care of individuals being supported by the service. They demonstrated a good understanding and awareness of people's needs, health issues and social choices.
- Comments we received about the management of Ashfield Care were positive and included. "I would say the service is well organised and managed." A relative commented, "They keep it well organised and individual to the person they are supporting."
- People told us the management team and staff ensured the support was planned based on the needs of the person and was flexible.

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

- The service had clear lines of responsibility and accountability. The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported.
- We found documentation demonstrated the registered manager had quality assurance systems that were effective and improved the service.
- The registered manager and senior staff held informal discussions with staff and relatives. This helped to ensure the service continued to evolve.
- The registered manager had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the office base.

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

- People who were being supported and relatives were asked for their views of the service. These were achieved by regular visits from the management team. Also on a regular basis people completed a document called 'listening post'. This was a regular questionnaire for people to comment on the standard of care they received. The registered manager informed us any negative comments would be investigated and action taken to improve the service.
- Relatives told us they were in regular contact with the management team and were always able to contact them to discuss the service and make suggestions where they felt improvements could be made.

Continuous learning and improving care

- The registered manager continued to complete a range of quality audits to ensure they provided an

efficient service and constantly monitored Ashfield Care. This demonstrated improvements could be made to continue to develop and provide a good service for people.

Working in partnership with others

- The registered manager at Ashfield Care worked in partnership with other organisations to ensure they followed current practice, providing a quality service and making sure the people they supported were safe.