

Ash Tree Homecare Limited

Ash Tree Homecare Limited

Inspection report

Unit C3
Knights Park Industrial Estate, Knight Road
Rochester
Kent
ME2 2LS

Tel: 01634716625
Website: www.ashtreehomecarelimited.co.uk

Date of inspection visit:
24 July 2018
02 August 2018

Date of publication:
23 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 24 July and 02 August 2018, and was announced.

Ash Tree Homecare Ltd is a domiciliary care agency which provides personal care and support for people living in their own homes. The agency provides care for people in the Rochester area of Medway in Kent. The agency provides support for older people, people with dementia, learning disabilities and physical disabilities. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and administration of medicines. Where they do, we also take into account any wider social care provided. At the time of the inspection, the service was providing personal care to 28 people.

The service was last inspected on 26 September 2017 and had an overall rating of Requires Improvement. At that time, we found one breach of the Regulations. This was because the registered manager failed to deploy suitably qualified, competent and skilled staff to meet people's needs. We also made three recommendations that the registered manager improved their training records to evidence the training staff had undertaken, training on the awareness of Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We also recommended that the registered manager improved the effectiveness of the audit systems.

We asked the registered manager to send us a plan of action which they returned in the agreed timetable, setting out what they would do to meet legal requirements in relation to the breach. The registered manager told us that the breach of regulation would be met by the 03 January 2018. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. At this inspection on 24 July and 02 August 2018, we found that improvements had been made in some areas. However, the service required further improvement, therefore had not addressed all of the concerns and remained in breach. This is the second consecutive time the service has been rated Requires improvement.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager had not ensured that all staff had suitable references and satisfactory DBS checks before staff started working alone in the community. This was contrary to the service's recruitment policy to make sure staff were safe to work with vulnerable adults.

Staff had not received all necessary training to enable them to carry out their duties. Not all staff had been trained in certain specialised training such as diabetes.

People told us they made their own decisions and choices. However, members of staff did not understand

the basic principles of the Mental Capacity Act 2005 and had not made sure their actions upheld people's rights. Staff had not gained people's consent when taking their photographs.

The quality audit systems was not always effective. The audit system had not identified the concerns we found during this inspection.

The registered manager did not know their responsibilities in relation to reporting safeguarding concerns.

Some areas of the management of people's prescribed medicines needed improvement to ensure people received their medicines safely at all times.

Staff had built up good relationships with people. Staff were caring and respectful in their approach and had a good rapport with people. However, staff had not always treated people with dignity.

People were asked about their needs relating to culture, race, religion and sexual orientation in the care plan. This was recorded and acted upon.

People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. A healthcare professional told us that the registered manager and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services.

People and their relatives were given information about how to complain. People and their relatives were involved in improving the service. People and their relatives completed feedback surveys.

There were enough staff deployed to meet people's needs. Staff received support and supervision to enable them to carry out their roles safely.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

During this inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and one breach of The Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 consistently safe.

The registered manager had not followed safe recruitment practices.

People were not always protected from the potential risk of harm. The registered manager was not fully aware of the action to take if they had any suspicion of abuse.

Medicines were not always managed in a safe way. Staff had been adequately trained in medication administration. However, whenever people missed their medicine, staff had not taken appropriate action.

There were enough staff available to meet people's needs. Care staff knew how to inform the office of any accidents or incidents.

Staff used personal protective equipment to safeguard themselves and people.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received on-going training in areas identified by the registered manager as key areas. However, not all staff had received training in specialised areas to meet people's needs.

People's human and legal rights were not always respected by staff. Consent were not always sought by staff.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

The registered manager worked well in collaboration with outside agencies.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Staff had not always treated people with dignity.

People felt that staff provided them with good care. Staff kept people informed of any changes relevant to their support.

Staff encouraged people to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People's care plans reflected their care needs and were updated after care reviews.

The service was flexible and responsive to people's needs.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously.

Good ●

Is the service well-led?

The service was not consistently well-led.

The audit system had not been effective in some areas. The audit system was not robust.

The registered manager was not aware of their responsibilities to meet legal requirements by notifying CQC of incidents or events.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Requires Improvement ●

Ash Tree Homecare Limited

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.

The inspection took place on 24 July and 02 August 2018 and was announced. The registered manager was not around on the first day of inspection. We carried out a second visit to speak with the registered manager. The registered manager was given 48 hours' notice of inspections for both days as we needed to be sure that the office was open, the registered manager and staff would be available to speak with us.

This inspection was in response to concerning information we had received about people's safety, neglect of people's needs, lack of staff training, unsafe management of medicines, recruitment checks and inappropriate use of a social media messaging application.

The inspection was carried out by one inspector who visited the agency's office in Rochester, an area of Medway in Kent and an expert-by-experience, who made calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in the care for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information including the Provider Information Return to plan our inspection.

During the inspection, we spoke with the registered manager. We also spoke with the administrator and two care workers providing direct support. We visited three people who used the service in their homes to gain feedback about the service they received. We spoke with three people and four relatives on the phone. We also requested feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service and other healthcare professionals. We received feedback from a healthcare

professional involved in the service, which they were happy for us to use.

During the inspection visit, we reviewed a variety of documents. These included three people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at four staff recruitment files, records relating to the management of the service, such as audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which included staff training records and updated risk assessment. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People we spoke with told us they felt safe with carers from Ash Tree Homecare. One person said, "Yes I feel safe. I know the girls that come in. I have regular carers. The fact that I know them now, makes me feel safe." Another person said, "I feel safe with the carers. They always have conversations with me."

A healthcare professional commented, 'Yes, most definitely since Ash Tree Homecare have been supporting individuals on my caseload, individual's care and support needs are being maintained reducing risks of self-neglect'.

We checked recruitment records to ensure the registered manager was following safe practice. The registered manager had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We reviewed four staff files and saw that recruitment processes were not always fully carried out in line with the provider's policy. Gaps between staff education and employment histories were not fully explored in two out of four files reviewed. There were no dates on education history, so it was difficult to establish when staff finished their education and when they started employment. There was insufficient checks of conduct in previous employment as references were not always obtained. In line with the providers own policy Satisfactory references were not always received before staff started work. One out of four recruitment files had no professional reference on file. In another staff file, they had no reference on file.

Records showed that staff were vetted through the Disclosure and Barring Service (DBS). However, one member of staff had worked alone without shadowing an experienced staff member or with a second member of staff for 14 days out of 33 days before their DBS check arrived. This meant that people who used the service were placed at potential risk of a member of staff who had not been adequately vetted. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Failure to operate a robust recruitment procedure to ensure that fit and proper persons were employed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had an effective system in place to check that staff member's own cars used for the business were appropriately insured and had ministry of transport (MOT) test certificate as they used them as part of their day to day work. Up to date records of staff car insurance and driving licences were in place. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.

The registered manager and staff were aware of how to protect people from abuse. Staff had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. We found that the registered manager was not fully aware of the action

to take if they had any suspicion of abuse. The registered manager had not followed the safeguarding protocols and procedures. The registered manager had not reported an instance of suspected financial abuse to the local authority safeguarding team. This was reported to the police and the registered manager informed the person's care manager. Appropriate actions were taken by both the registered manager and care manager to safeguard them from further financial abuse.

Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The registered manager and staff had completed safeguarding training. Staff understood what whistleblowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrong doing or illegal activity that affects others. They were confident about raising any concerns with the registered manager or outside agencies if this was needed. One member of staff said, "This is if you see anything untoward, you have got to say something. Report it. I can contact the social services or CQC."

Staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that care staff signed medicines administration records (MAR) for any medicine staff assisted people to take. Staff recorded in the care plan when they had prompted someone to take their medicines. Care staff were informed about action to take if people refused to take their medicines. A relative said, "They help with meds and all is done properly and in a timely manner." Information in people's care plans specified which people required their medicine to be administered, who required their medicine to be prompted, who had their medicine administered by family members and where they could take this independently. No one was given PRN (as required) medicines in the service. We found in one person's MAR chart that staff had not been able to prompt the administration of their medicines as prescribed because they were either not at home when care staff visited or they declined their medicines. Although care staff recorded their visits, no further action had been taken such as contacting the GP or 111 services. The registered manager confirmed, "[Name] hides medicines. However, we had not reported this."

Before any care package commenced, the registered manager told us they carried out risk assessments. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. Risks assessments had been reviewed regularly and also when circumstances had changed. For example, increasing care staff from one to two at every visit. This made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. The forms detailed what action the registered manager had taken as a result of the incidents to minimise the risk of them happening again.

Staffing levels were provided in line with the support hours agreed with the person receiving the service. Staffing levels were determined by the assessed needs of people when they accepted the package to provide the service. This was also reviewed regularly. There were enough staff to cover all care visits and staff numbers were planned in accordance with people's needs. The registered manager carried out visits to people whenever required to ensure their staffing needs were met.

All staff had received infection control training. There was an adequate supply of personal protective equipment (PPE) at the office. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons.

The registered manager planned in advance to ensure people's care could be delivered. The registered manager had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time should they arise. People and staff told us this system worked well and there was always someone available to speak to.

Is the service effective?

Our findings

At our last inspection on 26 September 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager failed to deploy suitably qualified, competent and skilled staff to meet people's needs. We asked the registered manager to take action to meet the regulations.

The registered manager sent us an plan of action which stated that the breach of regulation would be met by the 03 January 2018. At this inspection on 24 July and 02 August 201, we found that improvements had been made in some areas and the breach had been met. However, this is an area that required further improvement.

Staff had received training in relation to catheter care, continence and infection control. The training records sent to us evidenced that not all staff had attended training in safeguarding, equal opportunities, diabetic care and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Three out of 11 staff had not completed equality and diversity, four out of 11 staff had not completed safeguarding, seven out of 11 staff had not completed MCA/DoLS and nine out of 11 staff had not completed diabetic care training. Staff were providing care and support to people who had diabetes. The provider's diabetes policy stated, "Support workers supporting service users with diabetes will be expected to identify any early indicators of physical deterioration linked to the condition and report these promptly." Most staff had not received training in diabetes, their knowledge to identify if people's condition worsened was limited. Staff spoken with were unable to identify early indicators of deterioration in diabetes. The registered manager had not carried out competency assessments to check that staff were effectively supporting people to manage their diabetes. This meant that staff had not been afforded the opportunity to further develop their skills and knowledge. We raised this with the registered manager who told us they had already contracted with a training company to deliver these specialised training.

The service had not worked in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the registered manager had an understanding of what procedures to follow. However, people were not always asked to give their consent to their care, treatment and support. For example, one person had a photograph of their pressure ulcer taken by care staff to inform the registered manager that the ulcer was getting worse and needed referral to a healthcare professional. This photograph was sent via a social media messaging service on the staff member's mobile phone. The social media application was used by all staff employed by Ash Tree Homecare. This meant that the photograph could be accessed by everyone working for the service and anyone who had access to a member of staff's mobile phone. All staff had signed an agreement regarding the use of the social media messaging service. This clearly stated that the messaging service was to be 'treated as private and confidential. If you need to post a picture of a service user for their benefit or wellbeing, please ensure you

have consent from the service user'. We asked the registered manager if the person was able to consent and had given their consent for the photograph to be taken and to be shared. They confirmed that the person was assessed as able to consent but consent had not been gained by staff. This meant that although discussions and decisions about people's care were taken in their best interests, both the registered manager and care staff had not sought people's consent in line with the MCA.

There were a range of policies and procedures governing how the service needed to be run. This included the new General Data Protection Regulation (GDPR) policy. This new regulation came into force in May 2018. It imposes strict new rules on controlling and processing of personal identifiable information. This was important regarding the use of social media. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures. Staff had not strictly adhered to this policy.

Failure to adhere to the principles of MCA 2005 is a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people told us that staff supporting them knew what they wanted and how to support them. People said, "Carers are okay. Very good. If I do not get on with a new carer, they do not send them again"; They (staff) do all seem well trained, they know how to speak to me and how to ask if its ok when I'm in the shower" and "They ring me up if they are running late."

Records showed that most new staff had a period of shadowing more experienced staff before they carried out tasks on their own. During the induction period, staff had two reviews before the end of the probation period to check they were coping well with their new role and were competent to complete their probation and become a permanent member of staff. The registered manager told us that plans were in place for staff to complete the Care Certificate. The Care Certificate includes the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. On completion of the probationary period, staff were able to apply to complete a National Vocational Qualification (NVQ). An NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job by demonstrating and proving their competency.

Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager or deputy manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

People's needs were assessed before support was provided to them. The assessment took into account what people could do for themselves as well as the help they needed. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. For example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

Many people could either make their own meals and drinks or had a family member or friend who helped them. Some people required the support of staff to assist with their nutrition and hydration. Where this was

the case, people told us they were happy with the support from staff. One person said, "They prepare my breakfast in the morning, which is my need." Staff were aware of people's allergies, preferences, likes and dislikes. People told us they were involved in decisions about what to eat and drink as staff offered options.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that the registered manager worked closely with health professionals such as district nurses in regard to people's health needs. This included applying skin creams, recognising pain relief, care and mental health concerns. Staff told us that if they had any concerns about a person's health they would liaise with the registered manager for advice or if in an emergency, they will contact the GP or emergency services directly. A healthcare professional confirmed this and commented, "Ash Tree go above and beyond they support people to attend health appointments."

Is the service caring?

Our findings

People and their relatives said they were supported with respect, by caring staff. One person said, "Carers are very good with privacy. They involve me in all they do."

People were involved in their care planning and their care was flexible. One person said, "My carers are very good. They make sure I have clean shave and shower. I am involved at all times." People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us they ensured people's choices were respected. People we spoke with confirmed this. We also heard the registered manager rearranging one person's visit time when they requested for a change of visit times.

People and their relatives told us that staff were clear on how to maintain people's dignity when supporting them with their personal care. One person said, "They always ensure my dignity is preserved." However, we found that not everyone's dignity was protected nor preserved as photograph of one person was shared via the mobile phone among members of staff, which did not protect their dignity. This demonstrated that staff had not always treated with dignity.

People's care records and documentation were stored securely. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

One relative told us staff had a good understanding of their needs. Daily records of the care and support delivered were kept in a folder in people's homes. We viewed the daily records for one person; they were up to date and detailed the care that had been provided.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. A healthcare professional commented, "Communication is very effective amongst carers and professionals." The registered manager told us that people were informed if their regular carer was off sick, and which staff would replace them. People confirmed to us that if staff were running late, they do inform them. One person said, "They ring me up if they are running late." People and their relatives told us they were involved in their initial assessment and the writing of their care plan. One person told us, "Yes my care plan was done at the assessment at the start and it was updated by the manager recently, we made a few changes". The registered manager had a good rapport with people and knew people well. The registered manager was able to describe people's care routines, likes and dislikes.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability and faith. These needs were recorded in care plans and staff had a good understanding of them. They told us about the training they had done and said, "Nobody should be treated differently due to their race or because they are LGBT (Lesbian, Gay, Bisexual, Transgender). We don't discriminate. We would support people as they request to be supported."

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their needs. One person said, "I will tell the carer if not happy with something." A healthcare professional commented, "They ensure that a person centred approach is taken and taking a proactive approach to care and support of the individual."

The registered manager told us that they continued to carry out people's needs and risk assessments before the care began. They told us that they discussed the length of the visits that people required, and this was recorded in their care plans. Such tasks include care tasks, washing and dressing, helping people to shower, preparing breakfast or lunch and giving drinks. These were reviewed as and when necessary for example if people's needs changed. People were asked about their needs relating to culture, race, religion and sexual orientation and this was recorded in their care plan. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave.

Key information about each person was included in a pen profile so staff had information about people's background and what was important to them. This meant staff could engage in conversation and gain an understanding of each individual they supported. Due to the nature of the service provided, most people did not require staff support to attend to their religious and cultural needs. This was addressed in their care plan so that staff had an understanding of their needs and could offer support if necessary. People were supported to remain active and had opportunities to participate in a variety of activities and events that met their social and physical needs. People were also supported to pursue personal interests such as shopping and going for a walk. People were involved in the community by attending the day centre at various times of the week. One person said, "I go to the day centre on Monday, Wednesday and Friday. I do like going. We go to line dancing and bingo on Friday. My carers take me to the day centre. I do like them. They take me to the gym on Thursday. On my birthday last week, they took me to the office for a surprise birthday. They gave me a cake, which was lovely."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Documentation we reviewed had been created in a way that was meaningful to people.

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local

government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff.

The registered manager dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The registered manager visited people in their homes to discuss any issues that they could not easily deal with by phone. There had been one complaint received in April 2018 which had been appropriately investigated alongside the police and local authority. The outcome of the complaint was fed back to the person who complained.

Ash Tree Homecare provided care and support to people to enable them to maintain their independence and live in their own homes. During this visit, the service did not provide care and support to people who were at the end stages of life.

Is the service well-led?

Our findings

At our last inspection on 26 September 2017, we recommended that the service sought advice and guidance from a reputable source, about the implementation of a robust audit system.

At this inspection the registered manager had developed a planned programme of monitoring and audits to assess the effectiveness of the service and the outcomes for people. Care plans were reviewed monthly. The registered manager had checks in place to ensure that people received the care they were supposed to by carrying out spot checks and checked records written by care staff in people's homes about the care provided. These records had been checked and signed by the reviewer each time they were returned to the office each month. There was a process in place to identify whether people were getting their care visits at the times that had been agreed. This was achieved by checking of timesheets completed by staff and the daily records sheets against care plans. Regardless, the audit system had not been effective in identifying the concerns we found during the inspection which meant the audit and record systems were not robust. Robust audit systems would have improved the quality of the service provided by the registered manager by highlighting the issues we found. Medicine administration and reporting protocol was not followed when one person did not take their medicines for a number of days. Consent to treatment was not monitored and audited. Recruitment records were not robustly audited. The registered manager had not addressed or identified monitoring of the use of the social media messaging service which was used by all staff. Without robust monitoring in place, the social media platform was prone to staff misuse, which we confirmed during this inspection.

Some records relating to the care and support of people were ineffective. One person's care plan who was diabetic had no specific diabetes guidance for staff, which would have explained how diabetes affected each person individually and what signs they should look out for if the person was becoming hypoglycaemic or hyperglycaemic to keep the person safe. The provider's policy explained this to care staff, which they had read and signed. This was not reflected in the person's care plan. In another person's care plan, a speech and language therapist had advised soft foods and staff to ensure swallowing and chewing. We found no further guidance for staff. This meant that the service failed to maintain complete, accurate and fit for purpose records for people, which would have further enabled staff.

The failure to ensure a robust quality assurance system in place to regularly assess and monitor the quality and safety of the service and failure to maintain an accurate, complete and contemporaneous record is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had the skills and experience to carry out their role. They kept up-to-date with best practice by attending training events, consulting with the local authority and registering with their provider engagement network and by meeting with other care providers. However, the registered manager did not have a good understanding of the requirements of their registration with the Care Quality Commission (CQC). Necessary notifications relating to suspected abuse or exposure to a risk of harm had not been reported to the Care Quality Commission (CQC).

Failure to notify CQC of suspected abuse or exposure to a risk of harm is a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009.

Communication in the service had been maintained through handovers with on-call staff and regular office meetings. At these meetings, any concerns, actions or issues were discussed and addressed. These meetings enabled issues to be raised and resolved. Staff were complimentary about the registered manager, and felt the values displayed by the registered manager was reflected in the support they provided. Staff told us the registered manager provided support and encouragement. They had the opportunity to discuss any concerns informally with the registered manager whenever they were in the office. A member of staff said, "Harsh but fair. They are approachable." Another staff said, "Very organised, considerate in respect of staff, we are not pressured to take on calls and very thorough in terms of the daily logs. Absolutely, I receive support and they are approachable and very understanding."

People and their relatives had completed surveys about the service in May 2018 and the care and support received. Everyone who responded provided positive feedback. A staff survey was carried out in May 2018 and all responses were positive. A visitor's (healthcare professionals) survey was carried out in May 2018 and all responses were positive. People and their relatives told us the service was well led. One person said, "I know who the manager is and I like them. They are fine." One healthcare professional commented, 'I would drop a line to let you know how impressed I was with [staff member] professionalism. [Staff member] made every effort to protect the client's decency by requesting I wait before entering room'.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating at their premises and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager failed to notify CQC of suspected abuse or exposure to a risk of harm.</p> <p>This was a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager failed to adhere to the principles of MCA 2005.</p> <p>This was a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to ensure a robust quality assurance system was in place to regularly assess and monitor the quality and safety of the service.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered manager was not operating effective recruitment procedures.

Regulation 19 (1)(a)(3) (a)