

Ashley Care Limited Liability Partnership

Ashley Care LLP

Inspection report

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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 

Overall summary

Ashley Care LLP provides a personal care service for adults who live in their own homes in the Southend on Sea area.

This inspection took place on 5 January 2015.

At our last inspection on 16 December 2013 we asked the provider to take action to make improvements to their complaints system. The provider sent us an action plan and at this inspection they had completed the action in the plan.

The registered manager has been in post since the service was first registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

Summary of findings

People told us that they were happy with the service they received and that it was 'first rate.' They felt safe when the agency's staff were in their homes. Staff were kind and caring and that they treated them with dignity and respect.

Staff had a good knowledge about how to safeguard people from abuse and they had received regular training and updates to refresh their knowledge. Risks to people's health and well-being had been assessed and were well managed.

Staff were well trained, supervised and supported to do their work. There was a good recruitment process in place and staff did not start work until all of their pre-employment checks had been carried out. Although there was generally sufficient staff working for the agency there were some problems at weekends or when staff were off sick or on annual leave. The manager had employed more staff to help alleviate this problem and recruitment was on-going.

Medication practice was good. Staff who administered medication had been trained and their competence to administer it had been checked.

People were supported to eat and drink sufficient amounts to meet their needs. Staff had a good knowledge about people's needs and preferences. The service was responsive to people's changing needs and ensured that they were met. People knew how to complain and the service had dealt with their complaints appropriately.

The service was well-led and provided people with good quality care. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

Summary of findings

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 is safe.

Staff had a good working knowledge of safeguarding procedures and they had received training on how to recognise and report abuse.

Medication practice was good. Staff had received training and their competence had been assessed.

Good



Is the service effective?

The service is effective.

There was a good induction process, staff were supported and they had received supervision and training relevant to their role.

People were supported to maintain good health and had access to appropriate services.

Good



Is the service caring?

The service is caring.

Staff were polite, kind, caring and respectful. They listened to what people had to say and explained anything to them that they were not sure about.

Good



Is the service responsive?

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Good



Is the service well-led?

The service is well led.

There is a registered manager in post.

There were systems and processes in place to monitor the quality of the service and people's views were listened to and acted upon.

Good



Ashley Care LLP

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 was 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.

This inspection took place on 5 January 2015 and 27 February 2015 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection visit we reviewed any information we held about the service, including any notifications received

since the last inspection. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

During our inspection we went to the provider's office and spoke with the registered manager and the deputy manager. We telephoned one professional who had regular contact with the service. We spoke with 19 people who used the service and nine care workers. We looked at records in relation to people's care, staff recruitment and training. We also looked at the systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe when receiving their care. One person told us, “I am very happy with the service and I feel safe when staff are in my home.” Another person said, “I do feel safe with staff. It’s normally the same person who I like.”

People were safeguarded from potential harm. Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their initial induction. Staff were knowledgeable in recognising signs of potential abuse and knew the relevant reporting procedures. One staff member told us, “If I have any safeguarding concerns, or any other concerns I record them and tell my manager straight away.” Another staff member said, “When I raised a safeguarding concern with our office it was dealt with immediately and was followed through properly.” The service had dealt with safeguarding concerns appropriately.

The risks to people’s health and safety had been identified and well managed. There were clear instructions to staff about how risks were to be managed to minimise the risk of harm. They had been revised to address people’s changing needs. People told us that they had been supported to manage risks such as for their mobility. For example, some people had restricted mobility and there were clear instructions for staff to follow about how to support them when moving around their home and transferring in and out of their chairs and their beds.

The amount of staff employed by the agency was determined by the number of people using the service and their assessed needs. Deployment of staff was adjusted according to people’s changing needs. For example, when people’s needs had changed the service had increased

staffing levels in consultation with the funding authority. However, people told us that there had been problems at weekends when their regular care worker was absent. To help alleviate the problems, the manager had recruited additional staff. They told us that staff had been recruited specifically to cover staff absence and that recruitment to these posts was ongoing.

People were protected by the service’s robust recruitment practices. Staff files contained fully completed application forms, evidence of exploring any gaps in employment history, two written references, disclosure and barring checks and proof of identity. Staff had not delivered care until all of the checks had been carried out and they had completed their two week induction programme. One staff member told us, “When I applied for this job I came for an interview, had to give two references and do a criminal record check and do two weeks induction training before I started work.” Another staff member said, “The recruitment, induction and training process was thorough. In addition to my two weeks induction training I spent two days shadowing an experienced member of staff which I think has helped me to do my job.”

People told us that they received their medication on time. Staff told us that they had received training in medication management, had regular annual updates to refresh their knowledge and had their competence to administer medicines assessed. People had medication profiles in their care files that described the medication they were taking and the reason they were taking it. Medication records had been appropriately completed. For example, on one person’s record a missed dose had been recorded on the reverse of the medication administration sheet (MAR) showing the reason it had been missed and the actions taken to ensure that the person was kept safe. People received their medication safely.

Is the service effective?

Our findings

People told us they received an effective service from staff who they thought had the right skills and knowledge. One person told us, “The care I receive is first rate. They come on time and are only ever late if there was a problem with their previous call.”

People received a service from staff that had the appropriate knowledge and skills. All new staff had received a two week induction and had been trained and supported to carry out their work. Staff we spoke with told us that they thought that they received the right training for their roles. Their comments included, “We get regular updates in training such as for safeguarding adults, manual handling, medication, infection control, health and safety and fire safety”, “The training here is alright for the work I do and I get updates” and, “We get loads of training and good support.”

Staff received regular supervision and appraisal. Supervision included spot checks to test staff’s competency in their work and individual one to one sessions. One staff member told us, “If I find something I am not sure about when I am supporting people I report it to the office. I think they respect my opinion and take action on my concerns.” Another staff member said, “I feel supported in my work because I have spot checks, supervision and an annual appraisal.”

People told us that staff always asked for their consent when providing them with support. Staff had received training in the Mental Capacity Act (MCA) 2005 and they fully understood when to apply it. There were mental capacity assessments in place where required and decisions had been made in people’s best interests.

Most of the food had either been prepared by family members or was fresh or frozen ready meals. Staff were required to reheat the food and ensure that the meals were accessible to people. Staff had received training in food safety and were aware of safe food handling practices. They told us that they ensured that people had access to their food and drink before they left the person’s home. People were supported at mealtimes to access the food and drink of their choice.

People told us that their relatives supported them with their healthcare appointments. However, staff were available to support people to access healthcare if necessary. Staff liaised with health and social care professionals if people’s health needs changed. One health and social care professional told us, “The service is quick to refer people to us when needed and was active when it came to chasing our service up. They don’t just refer people and forget about it.” People received healthcare support when they needed it.

Is the service caring?

Our findings

People were very complimentary about the agency's staff. They told us they were happy with them and that they were all very nice. One person told us, "I am very satisfied with the staff. I am very lucky because they are all so nice." Another person said, "My regular carers are wonderful. I have asked the office to praise them for how well they look after me."

People received their care, as much as possible, from the same members of staff. There were occasions, particularly at weekends and when their regular staff was off duty that different staff had to support them. Although sometimes this presented difficulty for some people, they told us that all of the staff were very caring. One person said, "I couldn't have a better carer." Another person said, "I can't fault them, they are all very good. My carer is always on time and is always kind. I could not be treated any better."

People told us that the service listened to their views and acted on what they said. One person told us, "The office

rings me up from time to time to see if everything is going well and they ask if I am happy with my care." Another person said, "I know they listen because I told them of my concerns and in the past few months things have improved and they seem to have got it together."

For people who needed extra support to make decisions about their care and support there was information about advocacy services in the agency's guide. Advocacy services support and enable people to express their views and concerns and may provide independent advice and assistance.

People were treated with dignity and respect. All of the people we spoke with told us that staff were kind, caring and respectful. They told us they were always treated with dignity. One person said, "Everyone that has ever come here has been kind and they always treat me with respect and kindness." Another person told us, "We have no problems with the staff whatsoever; they are polite, dignified and excellent. We are very happy with the service."

Is the service responsive?

Our findings

At the last inspection in December 2013 we asked the provider to take action to make improvements to their complaints practice and this action had been completed.

At this inspection we saw that all complaints had been fully investigated and recorded. People told us that they knew how to complain. One person said, “When I complained about the service they sorted the situation out.” Another person said, “I have never had a problem and I have no complaints.” Staff we spoke with knew about the complaints procedure and they said that if people complained they would notify the office staff or the on-call manager. The complaints process was included in the information given to people when they started to use the service. The complaints record book showed that complaints had been dealt with appropriately within the service’s time frames. The manager told us that they learnt from complaints. They said that as a result of complaints about weekend staffing they had employed more weekend care workers. People’s concerns and complaints are listened to and acted upon.

People told us that the service met their needs. Staff we spoke with were knowledgeable about the people they supported. They were aware of their likes and dislikes as

well as their health and support needs. One person told us, “They know what I need and they come when they are supposed to.” Another person said, “I am satisfied with the service no one has ever let me down.”

People received a personalised service that met their needs.

There were assessments in place that identified people’s support needs. Care plans had been devised from the assessments and they showed how people’s needs were to be met. The care plans had been reviewed and updated to reflect people’s changing needs. People told us that they were happy with their care plans and the levels of support they received.

Ashley Care provided a re-ablement service as well as a mainstream domiciliary care service. The re-ablement service provided care and support for people who were discharged from hospital but needed support to re-gain their independence. This support provided was for up to a six week period. People told us that they were prompted to do what they were able to for themselves, rather than staff doing it for them. People’s care plans showed how progress towards independence was to be supported.

The service was responsive to people’s needs and encouraged them to regain and maintain their independence and improve their quality of life.

Is the service well-led?

Our findings

The registered manager had been in post since the service was first registered. People who used the service and the staff told us that they thought it was well-led.

Staff received regular support and guidance from the management of the service. Staff we spoke with said that they got good support from the management team. They told us that they had regular face to face supervision meetings with their manager and that they were able to phone the office for advice. They said, “I think that the manager and deputy manager take notice and action what I say”, “I feel well supported in my work, if I mention anything that I am worried about it gets sorted out. I love my job. When I spoke to the manager about a person’s changing needs they listened to my views and took action to improve the person’s support” and, “I can always contact the on-call manager if I have any worries or if I need support out of normal office hours.” Staff said that the management team were approachable and kept them informed of any changes to people’s care needs.

The manager monitored the quality of the service. They carried out surveys and made regular telephone calls to

people to check if they were happy with the service they received. The manager had compiled reports of their findings at least twice a year which summarised people’s responses and the actions taken to deal with any issues that had been raised.

Senior staff had carried out spot checks to observe staff practice and ensure that good standards were being upheld. Spot checks included reviewing care records to see that they were well maintained. Senior staff also sought feedback from people about staff’s performance. One person told us, “They check to make sure that everything is alright.” Another person said, “The office rings me to check if all is OK.”

The manager dealt with complaints effectively and encouraged open communication with people who used the service, their relatives and staff. People told us that when they had problems they spoke to the office and they got “sorted out.” One person said, “The company is well run and I can’t fault them.”

People told us that they received a good quality service that met their needs. They said that the care they received was first rate and that when things went wrong the service was quick to sort them out.