

Ask Care Limited

ASK Care Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

ASK Care Limited is a domiciliary care agency providing the regulated activity of personal care. The service provides support to younger and older adults and children. At the time of our inspection, there were 145 people using the service, but only 104 of those received support with 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 and relatives we spoke with gave very positive feedback. This was summed up by a relative who told us, "I would give them a 10/10. We've been with them a long time. They communicate well, they know [person] and we have a really good relationship."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Steps had been taken to help prevent the spread of infections. Accidents and incidents were reviewed to help prevent their re-occurrence. Medicines were managed in a safe way.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 15 January 2021).

Why we inspected

We carried out an announced inspection of this service on 11 December 2020. Breaches of legal requirements were found in relation to Regulation 12 (Safe Care & Treatment), Regulation 18 (Staffing) and Regulation 17 (Good Governance) The provider completed an action plan after the last inspection to show what they would do and by when.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led, which contain those requirements. At this inspection we found the provider was no longer in breach of regulations.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ASK Care Limited on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ASK Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Expert by Experience. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been appointed and the provider told us it was their intention that the manager would apply to register with the Care Quality Commission before the end of March 2023.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider 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 who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 19 relatives. We spoke with 8 staff; the manager, care coordinator, five care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 12 sets of care records and multiple medicines records. We reviewed a number of records relating to the management of the service, including a selection of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to have effective systems in place to ensure that staff were punctual and that they stayed for the full amount of time they were supposed to at people's homes. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection we found there was a lot of staff lateness and instances of staff not staying for the full amount of time they were supposed to at people's homes. During this inspection we found considerable improvements had been made in this area. There were very few instances where staff did not stay the full time and lateness was reduced. The manager told us, "Its [staff timekeeping] got a lot better. There is a lot more monitoring now."
- Staff were expected to log in and out of every visit electronically using their phones. This meant it was possible for the provider to monitor staff punctuality and address this with staff as relevant. The nominated individual told us they had taken disciplinary action against some staff who had persistently declined to log in and out as required.
- Staff told us they had enough time to travel between clients and to do the required tasks when at people's homes. One member of staff said, "They always give enough time from one client to the next."
- People and relatives told us staff were punctual and that they stayed for the full allotted amount of time. A relative told us, "They are pretty much on time and they stay the right time, absolutely." Another relative said, "They are prompt and they come when they say they are coming. They do the time and say 'Is there anything else you would like doing. What do you want us to do today?' They get me involved." A person told us, "I know when [staff member] is coming, between seven and eight in the morning." Another person said, "They are doing really well. Yes, they are on time. I get the same person all the time as well."

Using medicines safely

At our last inspection the provider had failed to have effective systems in place for the safe administration of medicines. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- At the last inspection we found that medicines administration charts [MARs] sometimes had unexplained gaps in them and that they did not contain all relevant information about the medicines to be administered. We also found the provider did not have an effective system to audit and check medicines records. During this inspection we found these issues had been addressed.
- Since the last inspection the provider had introduced an electronic system for recording when medicines were given. This meant if a medicine was not given on time this was alerted to the office staff who could take action. Records we saw showed people had received their medicines appropriately. Regular medicines audits were carried out to check medicines were given safely.
- People and relatives told us they were supported to take their medicines. One person told us, "They put it on my table, and I take it." A relative said, "They [staff] take it [medicines] out and [person] takes it themselves, they oversee it. They document everything, there is a folder with everything in." Another relative told us, "Medicines are kept in a dossett box. They check it when they give [person] their medicine."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Policies were in place to provide guidance on this issue, including whistle blowing and safeguarding adults policies. The latter policy made clear the provider's responsibility to report any allegations of abuse to the local authority and Care Quality Commission. Allegations of abuse had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any suspicions of abuse. One member of staff told us, "Straight away I would phone the office people to let them know. I have to let my manager know [if they suspected there had been abuse of a person]."

Assessing risk, safety monitoring and management

- Risk assessments were in place for most people. These were of a good standard, setting out the risks people faced and information about how to mitigate those risks. We found that for two people who had recently started using the service, no risk assessments had yet been carried out. We discussed this with this nominated individual who sent us confirmation about these being done after our inspection.
- Assessments covered risks including communication, moving and handling, personal care and skin integrity. Assessments were subject to an annual review, or more regularly if there was a significant change in the person's needs.
- People and relatives told us they felt safe using the service. A relative said, "Very safe, they are attentive towards [person]. We have never had any problems. [Person] is very, very happy with the carers. Their personal care is well taken care of." Another relative said, "100% safe, because I know I can trust them with [person] 100%. They both go over and beyond; they do extra things, if [person] asks for something, they do it for them." A person told us, "I feel very safe, I'm confident now. When I had care from another agency it was a nightmare, but with Ask all is good." Another person said, "I feel very safe, because my carer will go out of her way to help. For example, if I'm having a shower, [staff member] makes sure I can get in and out. They set up my bath chair and cleans up after me and I appreciate that. They won't leave unless they know I'm safe." Another person said, "They make sure they don't hurt me and are very careful around the areas of my body I can hurt easily. They even make sure my wheelchair is fully charged before leaving."

Preventing and controlling infection

- Steps had been taken for preventing and controlling infection. The provider had a policy, which provided guidance for staff, and staff had undertaken relevant training.
- Staff told us they wore PPE when providing support with personal care, including gloves, face masks and

aprons. People and relatives confirmed this was the case. One person said, "[Staff member] always comes in uniform and wears gloves. They always have gloves on if they do things like the commode, they have gloves on for that. They will then use another glove for food, [staff member] is changing their gloves all the time." Another person said, "They wear gloves and aprons and some plastic on their shoes."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was a policy, in place which stated that significant incidents should be recorded and monitored for any trends. Records confirmed that this was done.

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 our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, the provider had failed to have effective systems in place for monitoring and improving the quality and safety of the care provided. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, although the provider had quality assurance systems in place, these were not always effective. For example, they had failed to identify issues of concern we identified in relation to staff timekeeping and the safe management of medicines. We found those issues had been addressed during this inspection.
- Various quality assurance and monitoring systems were used by the provider. Audits were carried out of medicines records and staff files. Care plans and risk assessments were subject to review which meant they were able to reflect people's needs as they changed over time. Spot checks were carried out with staff. These checked staff punctuality, record keeping, knowledge of the person's needs and how they interacted with the person. More robust monitoring had been introduced since the last inspection on staff timekeeping.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open and positive culture to help achieve good outcomes for people. Staff spoke positively about the working culture and the senior staff. One staff member told us, "[Manager] is very kind, they understand us [staff]. If we have any problems they understand us, they are very good." Another member of staff told us, "I love it here, it's a very nice job. It's a very good company to work for."
- People and relatives told us they were happy with how the service was managed. A relative told us, "I do know the manager. I would say it's very well organised. I'm comparing it to other agencies my [relative] historically had, before this care company." A person said, "I think they are very organised, exceptionally organised, down to the last detail."
- Care was person-centred, which helped to achieve good outcomes for people. Staff understood people's needs, and people and relatives were involved to help ensure care reflected people's wishes and preferences.

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

- The provider understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their role.
- The provider was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.
- The nominated individual told us one of the two care coordinators, and the field supervisor, had recently left their employment at the service. They said they themselves and the acting manager and the remaining care coordinator were covering these posts on a temporary basis, but they were actively seeking to recruit new staff to these positions.

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

- The provider engaged with people using the service and others. Regular team meetings were held so staff could discuss matters of importance to them and share information. One member of staff said, "We talk about training, they ask if there is any training we want."
- Surveys were also used to gain feedback from relatives and people who used the service. Completed surveys we saw contained mostly positive feedback.
- People and relatives told us they had good communication with the service. A relative told us, "The contact is very good. They have never let me down once." A person said, "They sent me a review, which I filled in and sent back. I said I was happy. From time to time they do check. If they phone about anything, they ask how I am. They show a lot of concern." Another person said, "I get a survey every third month and a call every month to check if I need any changes and am happy with the service I receive."
- People's equality characteristics were considered, for example, these were covered in individual care records. However, staff application forms asked prospective staff to declare their 'Ethnic heritage'. We discussed this with the nominated individual who agreed that the question should not be asked, and told us they would remove it from staff application forms.

Working in partnership with others

- The provider worked with other agencies to help share knowledge and develop best practice. For example, they worked with Skills for Care who provided training and information about compliance with regulations. They also recently achieved the Investors in People award which recognises supportive working with staff.