

Ashgate Home Care Limited

# Ashgate Home Care

## 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 ●

# Summary of findings

## Overall summary

Ashgate Home Care provides personal care for adults living in the community. This includes people living with complex needs such as dementia. There were 46 people using the service for personal care at the time of our inspection visit.

This inspection took place on 11 November 2016. The service is run from an office in the Langley Mill area. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also made phone calls to people using the service on 22 November 2016.

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 providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide people's care.

Staff understood their roles and responsibilities for people's personal care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were being met. People were supported by staff who knew them well. Staff were aware how to promote people's safety and independence. People were provided with information to support them to make day-to-day decisions.

People received appropriate support to plan and manage their meals and nutrition. This was done in a way that met their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us staff were caring and kind, and that their privacy and dignity was maintained when personal care was provided. People and their relatives were involved in the planning of their care and support.

There was a complaints process in place. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service were effective and identified issues for improvement.

## 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.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

### Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff. People's independence was promoted and they were assisted to achieve their wishes.

### Is the service responsive?

Good ●

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views, were included in discussions about the service and knew how to make a complaint or suggestion.

### Is the service well-led?

Good ●

The service was well-led.

Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

# Ashgate Home Care

## **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.

This inspection visit took place on 11 November 2016. We telephone people who used the service over the following three working days. The inspection team was comprised of one inspector.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law, for example, notifications of serious injuries or allegations of abuse.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with four people and one relative by telephone. We looked at four people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with seven staff, including the registered manager.

# Is the service safe?

## Our findings

People we spoke with confirmed they felt safe using the service. One person said, "I feel very safe. I like to hear the door click close when the girls leave." Another person said, "I'm very safe with the staff."

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and were able to say who they should contact should they need to. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit, confirmed the provider made referrals as required, and was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

Risks to people's health and well-being were well managed and staff understood people's safety needs. Some people who were cared for had complex needs. Care plans gave staff good direction on how to care for them with step by step guidance and explanation on how to recognise and manage risks. Staff were able to tell us how, for example, they supported people to mobilise and to eat and drink safely.

People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and were regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment to assist them to move safely. The risk assessment identified they needed two staff to keep them safe while they were assisted to move.

The service had a system in place to ensure people got their calls in a timely manner. For example if people needed their medicines at a given time the system had a 'pop up' to inform office staff if the visit was late or missed. This enabled the office staff to re-direct resources to these calls.

There were enough staff to meet people's care and support needs in a safe and consistent manner. All people told us staff were available at the times they needed them. They said the staff were there to ensure they lived their lives as they wanted to.

All the staff we spoke with told us staffing numbers were adequate to meet people's needs and that absences were covered within the team. They said they all worked together to ensure that no one missed their calls and that they had them at a reasonable time.

The provider had a thorough process in place to ensure suitable people were employed at the service. All

pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People who received assistance with their medicines told us they were satisfied with the way these were managed. Medicines were stored in people's homes. Records were also kept in people's homes therefore we were unable to look at current records. Staff were able to explain the procedures for managing medicines and people said these were followed. For example, staff checked the medication that was previously administered and knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact their manager and a doctor if they made a mistake when assisting with medicines. One said, "Any mistakes should be reported immediately." This meant any mistake was picked up in a timely manner and could then be rectified.



## Is the service effective?

### Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person said "They look after me, but they don't take over. They encourage me to do what I can in a patient and kind manner." Another said, "I know how I should be treated and they treat me like I want to be treated."

Staff confirmed they were not allowed to care for people until they had done their training. All staff had five days induction training. This covered all aspects of care delivery including assisting people to move safely using equipment such as hoists. Then staff then 'shadowed' another experienced member of staff until they felt confident to work alone. We were told a senior member of staff 'signs them off as competent' before undertaking any lone working with people. A staff member described the training as, "Just what I needed."

There were regular staff meetings. Staff who couldn't make the meetings were sent minutes. Staff were also supported through supervision with their manager. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the registered managers ensured that staff maintained the level of skills the provider felt essential to meet people's needs. The provider ensured staff were suitably trained and supported to provide effective care.

People told us that staff asked for their consent before providing personal care. One person told us, "I want to do as much as I can and they allow me to do this." Another person said "They always ask, and wait until I answer."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans showed an appropriate assessment of their mental capacity and a record of best interest decisions where this was needed.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. For people living in their own homes, the authorisation for restrictive care is made to the Court of Protection. No-one using the service was receiving personal care in a way that required a court authorisation.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff told us they had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most staff had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account. This ensured that the least restrictive option was taken when caring for them.

Staff we spoke with were knowledgeable about the healthcare services people accessed. We saw there was up to date information where there had been changes in people's health needs. Staff assisted people, to call their GP or other health and social care professional where necessary.

People using the service were supported in their food choices had sufficient to eat and drink. People were supported to manage their individual nutritional needs in a way that met with their needs and choices. People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a balanced diet.

## Is the service caring?

### Our findings

People were supported by caring staff who were kind, and compassionate. A person told us, "No doubt about it they are brilliant." Another said "They are kind and caring." They said their independency, privacy and dignity was respected and promoted. People told us the service helped them live as they wanted to. People told us that staff had become like friends. One person said, "Although I usually have the same things done every day the girls always ask what I want." Another person said, "From past jobs I know what good care looks like and this is good care given by good staff."

The registered manager and senior staff conducted 'spot checks' on staff to ensure they were working a manner that promoted people's dignity. This included ensuring people receive their care in private and in a manner that people feel is dignified. A person using the service said, "They always leave me feeling good, they listen and some understand it's difficult not being able to care for myself." All the people we spoke with felt their dignity was promoted.

People felt listened to and respected. While all the people we spoke with were not able to tell us if they were involved in their own care planning, they told us their skills and independence were promoted. People said staff always made sure they had time to complete the care they could do themselves such as washing parts of their body they could reach and they assist them with the bits they couldn't reach. One person said, "I like to do as much as I can for myself and I never feel rushed. In fact they encourage me to do as much as I can. We make a good team."

Staff endeavoured to ensure they knew and met people's wishes so that they could have choices about how they lived. We were told staff cared for people with respect. They spoke in a manner that promoted respect and we saw they were aware of the importance of promoting people's dignity. All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this. For example, ensuring privacy was maintained and personal care was given in the privacy of their room. This meant people felt listened to and respected.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. People and their relatives said they were involved in decision making about the care and support provided, and that the care agency acted on their instructions and advice.

People's individual care and support needs had been assessed, before or shortly after starting the service, if it was a person needed care to start immediately. In such an event senior staff would deliver care and start the care planning at this stage. Each person had an individual care plan, based on their identified needs and developed to reflect their personal choices and preferences.

Choices and preferences were documented in support plans, which enabled staff to provide appropriate personalised care and support. Staff confirmed they had plenty of time to read care records and were able to keep up to date with people's needs and preferences. They said this was expected of them, particularly after been away for more than a few days.

People were supported to plan their day. All people we spoke with had the opportunity to have a snack left out for later. All people we spoke with had a rota sent to them. However this did not always arrive in a timely manner. One person said this did not matter as they knew all the girls. Another person would have preferred to have it in a more timely manner.

People's care plans provided sufficient guidance for staff about how to provide support in the way people wanted. For example, if a person needed more care due to a family member's absence. Staff told us that any changes to care plans were discussed at team meetings or with their line manager to help ensure people were supported in a structured and consistent way.

Plans were regularly reviewed in people's homes with the person or their representative. If there were any changes needed they were updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances.

The service was inclusive and endeavoured to include people and staff in all aspects of care planning. For example, people were invited to comment on the service they received and what changes they would like. This enabled people to be part of the decision making process and endeavoured to give people control of their lives.

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. The details on how to complain were available in an accessible format to suit people's needs. For example, the provider had an easy to read guide which contained pictures to enable people to understand the complaints procedure. All people told us they had not had any need to make a complaint. At the time of the inspection visit one complaint was under investigation in line with the provider's policy. We saw the service received many complements on the service they offered.

# Is the service well-led?

## Our findings

People were included in service delivery. There were staff meetings and people who used the service were consulted by quality assurance surveys. One person told us, "They are really good and I can't think of anything I need done differently. They're good." Another told us, "At the moment I cannot think of any improvements. It's working well."

There was a registered manager at the service. All the people and staff we spoke with were very positive about how the service was managed and all people felt included in decisions made about them in relation to their care.

The registered manager told us they listened to people and staff through the reviews of care, visits to people's homes and staff meetings. People, their relatives and staff said that the registered manager and senior staff were accessible and approachable. All felt they were listened to. One person told us, the manager was very good and they listened to my concerns."

There was a clear management structure in place and there was an out of hours support available to staff. Staff we spoke with confirmed this. The registered manager understood their managerial and legal responsibilities, for example, how to support people's legal rights under the Mental Capacity Act. People's personal care records were updated and stored in the central office and in each person's home. They were updated in the office regularly. The provider was therefore ensuring that the service operated efficiently and that manager had access to people's records.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. They told us they were provided with relevant information and support in their role and responsibilities.

There were robust procedures in place to ensure people were getting the service they wanted and that it was delivered in a manner that promoted their independence, dignity and privacy. People's independence was promoted. For example, staff ensured they allowed people the time and space to complete tasks for themselves.

The provider had a thorough quality assurance process in place. This was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service such as administration of medicines, had taken place in the last three months.

Care planning was audited to ensure the records were reflective of people's physical, mental and emotional needs and wishes. This was done on a six monthly basis. It also covered people's capacity to consent and how positive support plans were in place.

All staff spoke positively about working at the service and praised the management and leadership. One told us, "I feel very supported and respected, I am part of a good team." Another said, "Concerns are responded

to straight away; you are not left hanging on waiting for a solution." They confirmed they felt valued and told us they were encouraged to take up training opportunities and to give their opinions on the service.

Staff said they were regularly asked for their views about people's care in staff group meetings and one to one meetings. Staff also felt able to raise concerns or make suggestions about improving the service. They gave an example of how a suggestion had been acted on and improvements had been made to their workload. All the staff we spoke with praised the registered manager and the office staff for the support. One staff member said, "They are all very easy to contact." The provider was therefore proactive in obtaining staff views and opinions to improve the service.