

Ash Care Services Salisbury Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Ash Care Services Salisbury Limited is a domiciliary care service that provides personal care and support to people in their own homes.

At our last inspection we rated the service good. At this inspection, we found the service had deteriorated to Requires Improvement.

The registered manager had completed some checks to ensure the quality and safety of the service but these were not always documented. Records did not show the action the registered manager had taken, to minimise the reoccurrence of an incident.

People's medicines were not always safely managed.

People were asked to give their views about the support they received but their feedback was not coordinated. This did not give an overview, which could be used to further develop the service.

People were happy with their care and received a reliable service. There were no concerns about staff being late or not arriving. People were supported by a consistent team of staff who knew them well. Established relationships had been built and there were many compliments about the caring nature of staff.

There were enough staff to support people safely and effectively. Staff had received training related to their role and were well supported by each other and the registered manager.

People were appropriately assessed before being offered a service. Each person had a support plan in place, which detailed their needs and the support they required. Whilst the information clearly identified the tasks staff were to complete, it was not always person centred. We made a recommendation to develop this area.

People were appropriately supported with meal preparation and had enough to eat and drink. Staff promoted people's rights to privacy, dignity and independence.

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

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Risks to people's safety had not always been appropriately identified or addressed to minimise further occurrences.

Medicines were not always safely managed.

There were sufficient numbers of staff to support people.

Staff supported people on time and there were no concerns about missed visits.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Care records were task orientated and not always person centred.

Staff knew people well and were responsive to their needs.

People and their relatives knew how to raise a concern.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Audits to assess the quality of the service were not always documented and did not address all areas of provision.

People were able to give their views but their feedback was not coordinated and used to develop the service.

There was a caring ethos, which was adopted throughout the

staff team.

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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 was a comprehensive inspection and took place on 8 and 16 May 2018. The inspection was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered manager would be in the office.

The inspection was undertaken by one inspector and an 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.

Before our inspection visit we reviewed the 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 looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

As part of the inspection, we spoke to five people who used the service and six relatives on the telephone. We spoke to the registered manager and three members of staff. After the inspection, we contacted three health and social care professionals for their views of the service. One health and social care professional responded. We looked at people's care records and documentation in relation to the management of the service. This included quality auditing processes and staff training and recruitment records.

Is the service safe?

Our findings

There was an incident in July 2017, which involved a person's safety. This was not reported to the local safeguarding authority in time to ensure a timely investigation. The registered manager was on leave at the time of the incident and in their absence, the correct reporting procedure was not followed. Following the investigation, the registered manager said all staff had been reminded of their responsibilities to protect people from abuse and how they should do this. However, they could not demonstrate that these discussions had taken place. Other records showed staff had received up to date safeguarding training.

Within one person's support plan, it was stated a person required staff to assist them with their shopping. Whilst the registered manager and staff told us how this was managed, there were no details of the procedure in the person's care plan. Records including receipts were kept in the person's home but not on file in the office. This lack of recording did not ensure consistency in staff practice or minimise the risk of financial abuse. The registered manager told us they had discussed an updated policy regarding the handling of people's monies with staff but records did not demonstrate these discussions had taken place.

Medicines were not always safely managed. Records showed staff had administered "as required" medicines to two people. However, the medicines and their instructions for use had not been recorded on the person's medicine administration record. This did not ensure the medicines were prescribed or safe to use. Within another person's daily records, there were entries which stated "creams applied". The person's support plan did not inform staff about the creams, the instructions for their use or whether they were prescribed. Another person was prescribed a medicine to be given at night but staff were administering it at teatime. This did not comply with the medicine's prescription or ensure maximum effectiveness.

Documentation showed some risks to people's safety had been considered. This included the risks associated with walking, using the stairs or shower. However, other risks had not been identified. For example, records showed staff dispensed a person's medicines and then left them out, so they could be taken later. The risks of this practice, such as forgetting to take the medicines or storing them inappropriately, had not been assessed. Another person took their medicines with thickened fluids so they could swallow them more easily. Documentation did not inform staff how much thickener the person required or what consistency was considered safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they did not have any concerns about the way staff treated them. One person said "Absolutely not, they have been nothing short of brilliant." A relative told us "We were recommended to them after a bad experience and there is nothing they won't do for my [family member]. I have no concerns whatsoever, in fact I sleep easily at night because of them." Other comments were "For the family, it is all about having peace of mind that [family member] is well cared for" and "I've never witnessed any inappropriate care."

Safe recruitment practice was being followed. However, the registered manager's interview with each applicant was not documented. This did not provide evidence to support the registered manager's decision making. Records showed other checks were satisfactory completed. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The new member of staff did not start work until all checks had been completed. They then undertook a number of "shadow" shifts where they worked with more experienced members of staff.

There were enough staff to support people safely. The registered manager told us the current staffing situation was "comfortable". They said there were enough staff but more would be recruited, as new care packages were introduced. Staff told us they were not rushed and had time to comfortably travel to each person. They said they undertook all tasks required but also had time to talk to people. The registered manager told us staff were expected to stay with the person for the allocated timeframe of the visit. They did not expect staff to shorten visits so they could rush to the next person.

People told us staff were reliable and there were no concerns about them not turning up. One person told us "They are nearly always on time. If they get held up in an emergency, they always call me to see if I'm alright and tell me when they'll be with me." A relative told us "We have been very impressed with their timekeeping, and if they ever are running late, they'll always call him." The registered manager confirmed there had not been any missed visits and staff arrived to support people within the identified timescales.

Staff were aware of their responsibilities in relation to minimising the risk of infection. They said they regularly washed their hands and wore protective clothing such as disposable gloves and aprons, when needed. Staff said they had received training in infection prevention and control. This was evidenced within training records. Spot checks were used to check the general appearance of staff and their practice of minimising the spread of infection.

Two relatives were complimentary about the hygiene practices of staff. One relative said, "Their hygiene skills are exemplary. We never have to remind them to change gloves, wash their hands or dispose of the rubbish properly." Another relative said, "They are always changing their gloves and we've never noticed a dirty uniform in all the time they've been coming here."

Is the service effective?

Our findings

People's needs were assessed before using the service. The registered manager told us they undertook all assessments, to ensure the agency had the skills and capacity to provide the care required. As well as discussing the individual's needs, the registered manager told us they talked about the agency and what could be expected, when receiving a service. A record of the assessment was in place and used to create the person's support plan.

People told us they were able to discuss their needs before they started using the service. One person said "I remember meeting [the registered manager] when I started with them and she asked me lots of questions about what things I struggle to do myself and how I wanted the care delivered." A relative told us similar information. They said, "We initially met [the registered manager] when [family member] came out of hospital. I do recall that we sat down and had a long chat about what my [family member] needed help with."

People and their relatives told us staff were competent in their role. One person said, "I really only need general help with my shower and dressing. They certainly have all the skills needed to help me. I only have my regular carers, so I don't have to constantly tell them how I like things to be done." A relative told us, "My [family member] really isn't up to having to explain everything all the time for the carers, so that's why it was vital that he had regular carers. He is more than happy with them and they don't appear to lack any training from our perspective."

Records showed staff had undertaken a range of training that was deemed mandatory by the provider. This included moving people safely and infection prevention and control. They said they facilitated the majority of the training staff completed, using workbooks and general discussion. They had completed a "Train the Trainer" course to train staff in moving people safely. Equipment such as a hoist and slide sheets were in the office, to enable staff to practice the techniques they had learnt. They said the occupational therapist would be contacted for advice, if a person had a new piece of equipment and staff would be trained in its use.

Staff told us they were happy with the training they received and felt well supported. They said they could ask for training in other topics if needed and were confident it would be arranged. Staff told us they could "pop" in to the office at any time for a general chat or to gain advice. They said they had meetings with the registered manager to discuss their performance, training and any concerns they might have, but these were not held very often. One member of staff told us if they wanted more frequent sessions, they only needed to ask. Staff told us they regularly spoke to the registered manager so there was ample opportunity to gain support when needed.

Staff supported people with meal preparation, as needed. They said they always asked people what they wanted to eat and gave a choice of what was available. They said this generally consisted of microwaved meals or snacks such as sandwiches. People's needs in relation to eating and drinking were identified and reported upon within their support plans. Staff said they raised any concerns they had in this area, with the registered manager.

People and their relatives told us staff gave appropriate assistance with meal preparation. One person told us, "They get my lunch ready for me. Sometimes I'll have something cooked, or other times I just fancy a sandwich or a salad. They make me whatever I'd like, as long as I have it in the fridge or cupboard." A relative told us, "They make my [family member's] breakfast for her, it's usually just toast, but she does sometimes fancy a boiled egg or porridge and her carers are good and never mind making her whatever she fancies."

People were encouraged to be as independent as possible and lead healthy lives. One member of staff told us they helped where required, but always encouraged people to do as much as they could for themselves. They said they encouraged healthy food options although recognised a person's right to choose what they wanted. One relative told us the agency had assisted them in sourcing equipment for their family member, to promote independence.

Staff supported people with their healthcare where needed. They said they would report any ill health to the registered manager. If there was an immediate concern, they said they would contact the emergency services directly. The registered manager told us of a person's fall whereby they had waited with the person, until the ambulance arrived. They said any concerns would always be followed up by contacting the person's family or a healthcare professional, such as a GP. The registered manager and staff told us they knew people well so were able to quickly identify any signs of ill health. One relative confirmed this and said staff had noticed a mark on their family member's skin. They told us "The staff told me and it was diagnosed quickly and is now being treated. I probably wouldn't have noticed it until it was much bigger. We're very grateful to them for their care."

People were supported in line with the Mental Capacity Act 2005 (MCA). 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 told us they were encouraged to make decisions and direct their care. They said staff respected their wishes and asked for consent before carrying out any support. One person said, "If I don't feel like a shower, my carers never force me to have one and sometimes I'll just change the day. They never make a fuss." A relative told us "They always listen to her and if say, she refuses a drink, they will try and encourage her to have one because she needs to keep drinking, but they'll never force her. They do just let me know if it's not just a one off though." People had signed documentation to show they had given their consent to receive the support required. They had also signed to consent to the agency, holding and sharing personal information about them.

Staff supported people to maintain their home if this support was required. For example, one person told us staff assisted them to keep their home clean. They said "Every week they put the vacuum through, clean my bathroom and kitchen, change my bedding and sort my washing out. I couldn't do it without them."

Is the service caring?

Our findings

The registered manager told us they regularly worked with staff to ensure they were treating people with kindness, respect and compassion. They said in addition, regular "spot checks" were carried out to ensure these values were being implemented. The registered manager told us all staff had a caring nature and were committed to people's wellbeing. Staff confirmed this and said they enjoyed their job. One member of staff said "It's a vocation. It's not a job."

People and their relatives were complimentary about the staff and the relationships they had built with them. One person said, "Because I know my carers so well, we are always having a good laugh and a bit of a chat while they are here. To start with they always wanted to call me Mrs..., but I told them that I much prefer my Christian name and since then that's how they refer to me. They are really like good friends now and I wouldn't know what to do without them." Another person said "They help me when I need it and they support me to do the things I can still do for myself. They always ask me if I'd like a cuppa before starting and that I need to take my time." A relative told us "[My family member] can be quite fussy about how she likes things to be done but her carers seem to take it in their stride. They are much more patient with her than we are sometimes."

People told us they were supported by regular staff who knew them well. One person told us "That was a key thing for me. I just have two carers who look after me, apart from when they're ill or on holiday. I know them really well and being on my own, they're usually the only people I see all week. I don't know what I'd do without them." A relative confirmed this and said "My [family member] has early stage dementia, so it's vital she has continuity. Her carers couldn't be more lovely, they've built up a real trust and friendship with her." Another relative said "The key thing for us as a family, was that my [family member] only wanted a small number of regular carers and this is what has been delivered. She loves talking to them about all the soaps on the TV. They call her by her first name and she loves them all dearly, they bring out her mothering instincts."

People told us they always met the staff, before they started providing support. One person said "New carers are always introduced to me and they'll shadow one of my carers. I don't need a list, because the carers always tell me who's coming next." A relative confirmed this and said "They never send a new carer on their own, they are always introduced first. My [family member] gets told by her carer, who will be the next one in, usually, the same one. A list would be a waste of time."

People were encouraged to express their views and be involved in their support. One person said "I was asked when I wanted my calls, what things I needed help with and I tried a few different carers to start with, so I could see who I got on with well." A relative told us of their involvement. They said "As a family, I don't think we could be more involved in my [family member's] care, whether that was when it was set up or with her on going care."

People had a copy of their support plan and a copy was kept securely in the office. One person told us "My folder is kept here in my lounge where the carers write in it every day." A relative told us "[My family

member's] notes are kept in the dresser here. Older records are regularly taken to the office for filing as far as I'm aware."

People told us their privacy and dignity was maintained. One person said "They are very mindful that this is my home and they treat me and my home with respect." Another person said "I like a nice warm shower and my carer will usually go and run the water so that it's warm by the time I'm ready to get in it. During winter, she'll also warm up my towel as well so it's ready for me when we finish. It's most kind of her and something that I've never actually asked her to do." A relative also confirmed their family member's privacy and dignity was maintained. They told us "My [family member's carer] always knocks on the bedroom door and calls out her name and then I hear her waiting to be told she can go in. Once in there, she closes the door but I can usually hear them having a bit of a laugh while she's being supported."

Is the service responsive?

Our findings

People had an individual support plan. This identified the tasks staff were required to complete but the information was not always person centred. For example, one support plan stated the person required support to take their medication. There was no detail to inform staff what support was required or how the person liked this to be undertaken. There was no information about people, their history, interests or preferences. The registered manager told us staff knew people well and were aware of this information but it was not written down. They said they would address this to ensure all information was more person centred.

Daily records were also task orientated and did not reflect the person's wellbeing. For example, one record showed a person felt unwell and kept falling asleep as they were talking. Records showed staff had assisted the person to the bathroom for a full body wash. There was no information about how they supported the person with feeling unwell or if they gave the person a choice to adapt their usual personal care routine. A record showed another person had told staff they did not feel well. Further details to show staff had explored this, were not documented. Another person was often assisted in the afternoon to have their evening meal and get into their night clothes. Whilst there was a schedule of the person's visits in their support plan, the timings of these were not stated. The information did not clarify that this was a routine the person liked to follow and it was their choice to do so.

We recommend that improvements are made to people's care plans and daily records to ensure the information is more person centred.

The registered manager told us as the agency was small in size, staff were more able to provide a personalised service. They said they were able to schedule staff to support people at a time, which was convenient to them. In addition, staff knew people well and were able to undertake care in a way they knew each person preferred. The registered manager told us staff would stay longer, if the person was unwell or taking longer due to being tired. They said they liked that the agency was responsive to people's individual needs. This included arranging further visits to a person, when their heating had failed. The registered manager told us it was important to ensure the person kept warm and had regular hot drinks and food available to them.

People told us staff were responsive to their needs. One person told us, "They never mind doing whatever it is I ask them to do. They know I struggle a bit to get my washing in and out of the machine so they will sometimes even help me to do that." Another person said, "They always find time to do the little extra things for me and I would be totally lost without them there." Relatives confirmed the agency was responsive to their needs, as well as their family member's. One relative told us "I work away from home from time to time and when this happens I ask [the registered manager] to put in extra care for mum so that she's not on her own for long periods of time. [The registered manager] has always been very willing to work with me and has always been able to provide the extra care at the times when I've needed them." Another relative said "I do occasionally have to ask the office to change a time for me when I get a hospital appointment that clashes and they have always been very good and been able to do that for me. They never make me feel as if I'm a

burden when I call them to ask."

The registered manager told us the agency was able to provide 'end of life' care if needed but at the time of the inspection, no one required this. They said staff with an interest or expertise in this area would be asked to support this type of care package. The registered manager told us the staff would receive support and additional training if supporting a person at the end of their life. They said they would also work with health care professionals, such as community nurses, where required.

People's care was reviewed to ensure it remained appropriate. One relative told us "We have had regular reviews when my [family member's] care has been looked at." As a result of this and an improvement in their family member's health, they said it was agreed to reduce the amount of support the agency provided. This ensured the service was tailored to the person's needs. Another relative told us "we have a book that the carers can write in at any time when they have concerns about [family member] and I look at that every day. I can then write messages back to them. It works really well, and in an emergency we can always pick up the phone to each other anyway."

People and their relatives knew how to make a complaint. One person said "There's a leaflet in the folder about complaining." A relative told us "The [registered manager] took us through how to make a complaint when we started with them and the leaflet's kept in the folder."

The registered manager told us people were given a copy of the agency's complaint procedure when they first started using the service. They said people were always encouraged to say if they were not happy so that any shortfalls could be addressed. The registered manager was confident people would share any information of concern with them in an informal manner. They explained this was because they supported people regularly and knew individuals and their relatives well. The registered manager told us they usually received positive feedback and had not had a formal complaint for a long while. There were many cards on a wall in the office, which thanked staff for the care they had given people and their relatives.

Is the service well-led?

Our findings

There was a registered manager in post. 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 registered manager provided support to people on a regular basis. They said this enabled them to be aware of people's needs but also to check the standard of care being provided. During the visits, the registered manager said they checked care and medicine administration records to ensure they were accurate and of a good standard. In addition, they said they often asked people, during general conversation, if they were happy with the staff supporting them. Whilst it was acknowledged these checks were an effective way of monitoring the service, the information was not documented. This did not evidence the checks had been completed, the findings or how the information was used to improve the service.

The registered manager monitored staff performance. They did "spot checks", which were unannounced visits, to observe the member of staff whilst they worked with people. Records of these checks were completed and stored in staff personnel files. However, no other quality monitoring audits including for example, the safe administration of medicines or the quality of staff training, had been completed. This did not ensure any shortfalls within the service would be properly identified or addressed.

Some management tasks had not been formalised. For example, not all workbooks which formed part of training courses staff had completed had been marked. This did not inform staff of any errors or shortfalls in their knowledge, which required further attention. The registered manager had not documented that they had spoken to staff regarding "lessons learnt" from processes such as safeguarding. They told us they were planning to hold a staff meeting to reinforce the discussions but this had not been scheduled.

People were encouraged to give their views about the service they received. This was either informally through discussion or by completing a questionnaire. People's views within the surveys were generally positive, with comments such as "Brilliant service and staff. I would recommend Ash Care to any interested parties requiring a service." However, the feedback was not coordinated to show an overview. This did not enable the information to be evaluated and used to improve the service.

People and their relatives told us they did not feel there was anything that the agency could improve upon. Staff gave us similar views although they said at times, confidentiality could be better. They gave an example of people being aware of information they should not have access to. This included knowing about other people who used the service and the reasons for a staff member not being at work through sickness.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a clear ethos and direction for the service. This included making a difference to

people's lives and providing a good, caring service which met individual need. The registered manager said they wanted the service to grow over time but did not want to focus on numbers, which put profit before care. The registered manager told us the growth of the agency would be planned and realistic with care packages only accepted, if they could be easily managed. The registered manager also told us any new people to the service would be from a designated geographical area. This meant staff would not be "zigzagging across the city" in traffic, making themselves late and stressed before arriving to support people. To ensure an effective service, the registered manager told us the minimum length of visit they would accept would be half an hour. This enabled staff to undertake the person's support, with time "to chat".

In order to develop the service, the registered manager had introduced an electronic call monitoring system. This required staff to "check in" to a person's property when they arrived and "check out", when leaving. The registered manager was able to log into the system to monitor the visits. This minimised the risk of people not receiving their support. The registered manager told us there had not been any missed or very late visits.

Comments about the registered manager were positive. One relative told us "We met [the registered manager] when [my family member] first came out of hospital and were very impressed with her. Since then she has been out regularly to make sure that [my family member's] care is as it should be and I have both her direct mobile number and her private number that I can contact at any time day or night." Another relative told us "I know that I have both the office telephone number and her mobile so that I can phone her at any time if I need to." A member of staff told us "I couldn't wish for a better boss. She's so supportive and always available. You can ask her anything. She's brought me on leaps and bounds. She's a brilliant boss." Another member of staff said "She's very laid back but knows the clients and staff really well. She's very supportive."

People and their relatives were positive about the service they received. One person told us "I like the fact that they are totally reliable. I just have a small number of carers who know me and I know them and to be honest, without them, I would be completely lost. I have already recommended them to a couple of my neighbours who were looking for care some time ago. I really cannot fault them." Another person said "Other agencies in our area are no way near as professional, supportive and transparent as we've found Ash Care to be." A relative was equally complimentary. They told us "We think everyone from [the manager] down, provides a first class service and there isn't anything that I think they need to improve on, certainly from our perspective. We would 100% recommend them to anybody else who was looking." Another relative said "During the time that [our family member] has been looked after, we have certainly had no call to worry about how the service operates. It's just one less thing for us to have to think about." A health/social care professional told us "I have a good relationship with [the manager] and she is very good at reporting any concerns or change in needs. I have no concerns with the service Ash Care provide."

The registered manager told us they undertook a range of training and attended events to ensure they kept up to date with best practice. In addition, they said they joined various forums and "signed up" for information and any updates, on the Internet.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks to people's safety had been considered, Regulation 12(1)(2)(a)(b) and Medicines were not always safely managed, Regulation 12(1)(2)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits to assess the quality of the service were not always documented and did not address all areas of provision, Regulation 17 (1)(2)(a)(b). Feedback from people was not co-ordinated to show an overview, which could be used to develop the service, Regulation 17(1)(2)(e)(f).</p>