

Aseda Care LTD

# Castle House, Dawson Road

## Inspection report

Castle House  
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13 March 2023

16 March 2023

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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

Castle House, Dawson Road, is a domiciliary care agency that provides personal care to people living in their own homes.

Not everyone who used the service received 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. At the time of this inspection 1 person was receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. There were systems in place to ensure, if it was required, people received their medicines safely and as prescribed. The person using the service was supported by regular, consistent staff who knew them and their needs well.

There were systems in place to ensure lessons were learned when things went wrong, so that improvements could be made to the service and the quality of care provided.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care and meet people's needs.

The person's needs and choices were fully assessed before they received a care package. Their care plan included information needed to support them safely. The person using the service was supported to eat and drink enough to meet their dietary needs.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service

supported this practice.

The provider involved the person and their relative in the care planning process and reviews of their care. There was a complaints procedure which was accessible to the person and their relative, so they knew how to make a complaint. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had governance systems in place to ensure the service and quality of care provided were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 01 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Castle House, Dawson Road

## 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

This inspection was carried out by 1 inspector.

#### Service and service type

Castle House, Dawson Road 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 a manager new in post who was not yet registered with the Care Quality Commission.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 March 2023 and ended on 16 March 2023. We visited the location's office on 13 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with the Care Quality Commission. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about 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.

We used information gathered as part of monitoring activity that took place on 18 November 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with the relative of the person using the service and had discussions with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also had a telephone discussion with a staff member who was providing care and support and received written feedback via email from another member of staff.

We reviewed a range of records. This included the person's care records and risk assessments. We looked at the staff files for the two staff members providing live in care and support. A variety of records relating to the management of the service, staff training, quality assurance information and feedback from people and staff were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service was protected from the risk of potential harm. Their relative told us, "My family member is at risk of falls. The carers are more diligent than me and make sure [family member] is safe."
- Systems and processes were in place to help identify and report abuse to help keep the person safe. For example, staff received training in safeguarding and knew how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with the persons care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk. For example, risk management plans were in place regarding falls and how to mitigate those risks.
- The person using the service was supported by the same 2 live in staff. This meant they had got to know the person well and were aware of any risks to the person. One staff member commented, "We work together to make sure [person] is safe and not in a situation where they may fall."
- Staff informed the manager when they had concerns about the persons health, or their needs had changed. This enabled the manager to review the risks and identify the additional support needed.

Staffing and recruitment

- There were sufficient numbers of staff to keep the person safe and meet their needs. There were 2 live in staff that supported the person with their care and support. This provided consistency and ensured the staff understood the persons needs and preferences.
- The relative of the person using the service told us they felt staffing was sufficient to meet their family member's needs. They commented, "[Staff members] work with me as a team and understands my [family member]. They are totally dedicated to them."
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- The person using the service received safe support with their medicines. Staff were trained in medication

management and administration, and the relative of the person using the service was happy with the support their family member received in this area.

- Medicines administration records (MAR) were used accurately to document the support people received. The person's care plan provided guidance on the support the person required with their medicines.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control.

- The relative of the person using the service informed us that staff followed guidelines to reduce the risk from infection transmission. They said, "The carers always have access to gloves and aprons. They take great care to make sure they do things safely."

- Staff confirmed they had supplies of PPE and completed testing for COVID-19 when needed following the government guidelines. This meant the risks from infection transmission were reduced.

#### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessment tool looked at all areas of people's support needs including their physical and mental well-being, level of independence, their preferences, social circumstances and cultural diversity, communication needs and dietary requirements.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability, and religion.

Staff support: induction, training, skills and experience

- Staff were provided with support and training to be able to meet the persons needs effectively. A staff member commented, 'I had an induction when I started.' They provided us with a list of the training they had completed. Records showed staff received the training they needed to meet the person's needs.
- New staff were expected to complete an induction and were able to shadow more experienced staff to understand and gain knowledge about the job role.
- The relative of the person using the service told us, "The staff know much more than me and they teach me. They are knowledgeable and well trained."
- Staff said they could approach the manager or the provider for support and guidance at any time, including out of hours support if required. A staff member commented, 'I have regular contact with [provider] over the phone all the times, He is always checking on us with zoom calls. I update him with how I am doing and how the service user is doing and if there are any issues.'

Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to eat and drink enough to meet their dietary needs, and this was done in a safe way. The relative of the person using the service told us, "The carers are very good cooks. They sometimes cook for me if I want them to. They make sure [family member] gets the nutrition they need."
- A staff member commented, 'I prepare the meals for [person] and encourage them to finish their meals as much as possible. They make their own choice of what meal they want. This to ensure that they have a balanced diet.'
- Staff training records showed staff had completed food hygiene training so knew how to handle food safely.
- We saw the persons nutritional and hydration needs had been assessed and guidance put in place for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live

healthier lives, access healthcare services and support

- The person's care plan provided an overview of the persons health needs and the involvement of health care professionals where applicable.
- The manager informed us that staff attended health appointments with the person and their relative. The persons relative confirmed this to be the case.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People had their capacity assessed before a care package commenced and we saw this in the persons records.
- The relative of the person using the service told us the staff always asked for their family members consent and permission before they completed any tasks.
- The manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person using the service was treated with dignity, kindness and staff fully respected their diversity and cultural needs. Their relative told us, "I didn't want strangers living in my house and it has all worked well. They [staff] are like family."
- The relative of the person using the service told us that the staff member often went above and beyond by doing small jobs around the house and supporting with other tasks if they were asked to. The staff member told us, "I love working with [person] and always give my best."
- The person's care plans described their individual routines, cultural needs, and personal preferences.
- Care plans documented how the person wanted to be supported, and staff were enthusiastic about providing positive care that met people's needs.

Supporting people to express their views and be involved in making decisions about their care

- The relative of the person confirmed they were involved in making decisions about the care and support their family member received. They told us, "We are both consulted, and have regular zoom meetings with [provider]. Both myself, and [staff member] sit in the calls together so if anything needs to be changed, we agree it straight away."
- The manager informed us that care plans and risk assessments were updated when changes were needed. These were shared with the person using the service and their relative to read and to make any amendments.
- The manager said they would support anyone who wanted to use the services of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. Their relative told us, "The staff do try to promote [family members] independence. It can be difficult at times, but they always try."
- The person's relative confirmed their family member was treated with respect and dignity. They commented, "The staff certainly do respect [family member] and me and our home. They treat us like family, and we consider them to be family."
- A confidentiality policy was in place. People's personal information was not shared inappropriately. Information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The relative of the person using the service told us the provider and the manager were responsive when things needed to be changed. They told us, "If we need a change we contact [provider] and the change is made quickly." A staff member commented, 'Because I am a live- in carer and the service users relative is around I am always aware of any changes and pass it on to the manager so that the care plan can be updated accordingly.'
- A needs assessment was completed in detail and used to develop a plan of care. This had been reviewed regularly and when the persons care needs changed.
- The care and support plan we looked at was reflective of the persons current needs and provided staff with information about how to meet the persons cultural needs.
- The person using the service received person centred care from a regular, reliable, and consistent staff member, which helped to build trust and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The persons communication needs were assessed, and details of any needs were recorded. The person using the service did not have any specific communication needs; however, the manager said they would consider each person individually and would provide any support they needed. They showed us a copy of the complaint's procedure in large print.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to the person using the service and their relative, so they knew how to make a complaint. They told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- The manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The manager said they would not

support anyone on end-of-life care until staff had completed specialised training in that area and with support from other health professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Working in partnership with others

- The relative of the person using the service expressed their satisfaction with the care provided. They commented, "We are delighted. We would be lost without the carers. We are 100% per cent satisfied."
- The 2 staff members providing the care and support informed us they felt well supported and the management were approachable and contactable.
- The manager and the nominated individual were passionate about wanting to deliver good quality care for people in their homes. They explained they wanted to get things right at the beginning before they started to grow, and they demonstrated a clear understanding of the key principles and focus of the service.
- Systems were in place to ensure staff were supported and training was kept up to date. Staff informed us they received updates and had opportunities to discuss their work and additional support and training through regular meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; 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 had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. One staff member commented, 'Communication is excellent. We talk several times a week with [provider]. I feel he is very supportive and always ready to help when necessary.'
- The manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The person using the service and their relative were involved in the improvement of the service where possible. We saw satisfaction surveys that were sent out and these demonstrated positive feedback in all areas.

- The person and their relative had regular contact with the manager and the nominated individual and felt able to raise concerns and give compliments. The manager told us that the provider had weekly or sometimes more frequent zoom meetings with the relative of the person and the live-in staff member together so they could discuss how the quality of the care was and if any changes were required.
- Staff were positive about the service and the management and felt their views were listened to. They had numerous opportunities where they could share their views and opinions.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found there were systems in place so that lessons were learnt when things went wrong.