

Ashbourne Quality Care Ltd

ASHBOURNE QUALITY CARE LTD

Inspection report

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17 August 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk with staff and review records. Phone calls to people and staff were completed on 16 and 17 August 2017.

The service provides personal care and support to people who live in their homes in and around the Ashbourne area of Derbyshire. At the time of this inspection nine people received support from the agency, seven of whom received support with their personal care needs.

The service is required to have a registered manager. 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. At the time of our inspection there was a registered manager in post.

Improvements were required to some records to ensure they were accurate and complete; including medicines administration record (MAR) charts and care plans. In addition, some checks on the quality and safety of services and records to show all stages of the recruitment process had been followed had not been retained.

People felt safe with the support they received from the service. Staff had been trained and understood their responsibilities for safeguarding people. There were sufficient staff deployed to meet people's needs.

People were cared for by staff who were caring, kind and gentle. Staff promoted people's dignity and privacy. People were involved in planning and reviews of their care and support and their views were respected.

People received personalised and responsive care and were involved in reviewing what care they needed.

Staff sought people's consent before they provided care. The provider had a policy and procedure in place on the Mental Capacity Act 2005, should a person not have the capacity to consent to their care.

Staff were aware of people's healthcare needs and supported people to access other healthcare provision when required. Risks associated with people's care were identified and well managed.

Staff understood how to support people with their nutrition and hydration needs and how to meet their known preferences.

Staff had been trained in areas relevant to people's needs. Training for more specific areas of care was also in place to support staff competence in these areas.

Staff felt supported by the registered manager and had regular team meetings.

People knew how to raise any worries or concerns should that be needed.

The registered manager was approachable and involved people and staff in how to develop the service.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

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 was not consistently safe.

Arrangements and records relating to people's medicines were not always clear. Other risks associated with people's care were identified and well managed. People felt cared for safely and sufficient staff were available to meet people's needs. Staff were checked prior to employment to ensure they were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

Staff checked people consented to their care. Policies were in place so people's care could be provided in line with the Mental Capacity Act 2005 (MCA) if they lacked the capacity to consent to their care. Staff received training in areas relevant to people's needs. Staff felt supported by their managers. People were supported to have good health and nutrition.

Is the service caring?

Good ●

The service was caring.

People felt staff were caring, kind and gentle. People felt staff promoted their privacy, dignity and independence. People had choices and control of their care and were involved in planning what care they needed. People's views and decisions were respected.

Is the service responsive?

Good ●

The service was responsive.

The views of people and their preferences were known and respected. People had opportunities to raise feedback and knew how to complain should that be needed. People received personalised care, responsive to their needs and were involved in on-going discussions with staff over what support they needed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Improvements were required to some care plans and records of medicines administration. Records of some audits to check on the quality and safety of services, and to show all recruitment checks had been completed were not always retained.

The registered manager was known to people and was approachable. Other systems and processes designed to check on the quality and safety of services were in place and had been recorded. Staff were motivated in their roles.

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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 took place over 15, 16 and 17 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included 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 the inspection we looked at all of the key information we held about the service. 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 also spoke with Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services.

In addition, during our inspection we spoke with three people who used the service and two relatives on the telephone. We also spoke with the registered manager and two care staff.

We looked at three people's care plans and reviewed other records relating to the care people received and how the agency was managed. This included risk assessments, quality assurance checks, staff training and recruitment records.

Is the service safe?

Our findings

People felt their medicines were managed safely. One relative told us, "I know I can rely on [staff] to fill [my relative's] tablet box and they have even re-ordered [their] medication if I have been away." They also commented that staff made a record of any medicines they had administered to their relative.

Staff we spoke with told us they had been trained in medicines management and knew to record any administration of medicine on a medicines administration record (MAR) chart. However, we found records of medicines administration were not always complete. This meant we could not be fully assured people had their medicines as prescribed. In addition, how staff provided care to people in relation to their medicines was not always clearly identified in a care plan. For example, instructions for prescribed creams and whether staff were responsible for ordering and collection, or whether this was done by people or their families. People received support to help them manage their medicines; however improvements were required to the way medicines administration records were managed.

Other risks associated with people's care needs were identified and managed. One relative told us staff always used equipment safely. They said, "The staff help my relative to use [their equipment] and they support them to have a shower." One person told us, "My living room and kitchen is always left tidy so that I have no worries about tripping up and falling." No accidents and incidents had occurred, however a system was in place to record any accidents and incidents; staff told us if an accident or incident did occur they would report this to the registered manager.

Staff we spoke with told us they had been trained in safeguarding and told us they would not hesitate to raise any concerns about people's safety. Staff told us how they would recognise any suspected harm or abuse of a person. The provider had taken steps to reduce the risks of abuse and preventable harm to people using the service.

People told us they felt safe with the care provided by Ashbourne Quality Care Ltd. One person told us, "If I get a new member of staff [the registered manager] always comes with them to introduce them. I see the same staff most of the time so I know who is working with me. That makes me feel safe and comfortable." A relative told us how they felt now their family member received care; they said, "This is a huge relief for me; I can now relax knowing [they] are in safe hands. The [staff] record everything accurately so I know exactly what has been done, even if I'm not in the house when they visit."

We looked at how the provider recruited and managed staff. Staff told us and records confirmed, the registered manager had checked references and obtained information from the Disclosure and Barring Service (DBS) when recruiting staff. The registered manager told us they completed other pre-employment checks, such as seeking a satisfactory explanation of any gaps in employment history and checking documents to confirm a person's identity, however records of these checks had not always been made. The registered manager told us they would take action to ensure this would be retained in the future.

People told us there were enough staff to provide them with a service. One relative told us, "[Registered

manager] is very accommodating when we need to change our visiting times. She has enough staff to cope with the changes and the communication between colleagues seems to be very good indeed. The agency is well staffed and they seem to have plenty of time to get to their next appointment because they are all locally based." One person told us, "I know who is going to visit me." People also commented that receiving a weekly schedule in advance was a comfort as they knew which staff would be visiting and when. Everyone we spoke with valued the continuity of staff. One relative told us, "Familiarity is very important for [my family member]; I am amazed how well [my family member] has taken to the staff." Staff we spoke with told us calls were well organised and they had enough time to provide the care people needed. Sufficient staff were deployed to meet people's needs.

Is the service effective?

Our findings

People told us staff would check what help they needed and explain anything before they provided care. One person told us, "[Staff] listen carefully to what I need and they are very good at what they do; this really puts me at ease." Staff we spoke with provided examples of how they would check with people and obtain their consent for any care provided. Care was provided with people's consent.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The service had policies in place that covered the MCA and making decisions in a person's best interests. Where a person lacked the capacity to consent to their care this had been provided in line with the principles of the MCA.

People told us they felt staff were skilled and knew how to care for them. One person told us, "The staff are well trained and have plenty of experience." One relative told us, "We think that [staff] are well trained and totally professional." Another relative told us, "I cannot stress enough how good the staff are. They have made a huge difference to my life in the way they manage [my family member's] care; I have not been so relaxed in years, and [my family member] is much happier too." Staff spoke highly of the training they received. One staff member told us, "Training is brilliant; second to none." They went on to say they felt able to ask further questions in the training and that the registered manager would help them discuss issues until they felt happy they understood things fully. Records showed staff had received training in areas relevant to people's care needs. Staff had the skills and knowledge to care for people.

Staff told us they received support from the registered manager and other manager when this was needed. One staff member told us, "I feel well enough supported." Staff told us they received support in a variety of ways. For example, one staff member told us, "I can ring up [with a query] and it's sorted there and then." They went on to tell us they also received support for any personal issues and said, "It's superb support and one to one [meetings] if needed." Records showed some staff had received formal supervision meetings. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. These actions help to ensure staff are supported and competent in their job role.

People who received care from staff with their meals and drinks had sufficient to eat and drink and told us they were offered choices and their preferences were met. One person told us, "[Staff] always make sure everything is to hand before they leave; I always get a drink made for me before the staff leave." A relative told us, "We chat about what meals [my family member] wants and what to get from the shops for her; [staff] listen carefully to [my relative's] requests and they add in great suggestions too." Staff we spoke with

understood how to support people's nutritional and hydration needs. For example, one staff member told us how they made sure drinks of people's preference were left for them to access in between their calls. Another staff member told us how they assisted a person to look at the food choices available in the fridge to help them decide what they would like. Records showed people's food and drink preferences had been discussed when this care was provided. People received care so that they had sufficient food and drink that met their preferences and needs.

People were supported effectively where other healthcare services were involved in their care. One person told us, "[Staff] look out for my welfare; they even take my samples to my GP; they don't have to, but they are really helpful and friendly." A relative told us how having a shower had become more difficult for their family member. They said, "So the agency suggested that an occupational therapist should visit and make adaptations to make the process more manageable." They told us they were very happy with the proactive advice and support offered by Ashbourne Quality Care Ltd; they also told us staff had made a referral to the GP when their family member had been poorly. Another relative told us, "[Registered manager] works closely with the local mental health team and makes sure our staff have experience of working with people with dementia." Records identified where other healthcare professionals were involved in meeting people's associated health needs. The service helped people to maintain good health as they understood how to involve other healthcare services to ensure people's healthcare was appropriate.

Is the service caring?

Our findings

People spoke highly of the staff and their caring approach. One person told us staff were, "Patient, gentle and easy to get on with." A relative told us, "We have gained a real peace of mind because we know the staff so well and they are so kind." Another relative said, "We wouldn't want to change what we've got; the staff are all 'smilers'; we look forward to them coming; they are so good."

The registered manager told us recruitment processes were designed to try and recruit staff who were committed to caring values. Staff spoke respectfully and fondly about the people they cared for and told us a caring approach was central to the services provided. One staff member told us, "This company puts people's care first." Another staff member told us, "I love the heart of this company; the care is from the heart." People received care from staff who were caring and kind.

In addition, people told us staff promoted their dignity, privacy and independence. One person told us, "I have no problems with regards to privacy; the staff get on with their jobs efficiently and we have a good chat whilst they are doing them; they are very nice people." Another person told us, "The same staff come to me through the week. I get support to get me washed and dressed; I have no qualms whatsoever. I like seeing the same faces." Another person told us how staff only supported them with what they needed help with, they said, "In all other respects I am completely independent and self-sufficient; they do no other chores for me and that's the way I like it." Care was provided with respect and to promote people's independence, dignity and privacy.

People told us they felt involved in their care and staff listened to them. One person told us about their preferences for their care and that staff followed their wishes, they said, "Everything is going really well; [Staff] do what I ask of them." Detailed care routines formed people's care plans and showed people's views and preferences had been gathered and used to plan their care and support. Daily records of care showed people were involved and in control of their care. For example, daily notes regularly showed people had been asked what they needed help with, and how it was best to help them on each particular visit. People had choice, control and were involved in planning their care.

Is the service responsive?

Our findings

The service was responsive to people's needs as the registered manager and staff listened to and respected people's views. One person told us how they felt part of their care could be done differently. They told us, "After a little chat between us everything is okay now and I have never had to complain." Another person told us, "I've never had to contact the office because I have never had to make a complaint; the carers are making my life so much easier; I have no complaints at all." Where people told us they had experienced a missed call they told us this had only happened very infrequently and been dealt with in a professional and apologetic manner.

Policies and procedures were in place to manage complaints should any be made. Records showed where the registered manager had identified a call to a person had not been made as scheduled and the open and transparent way they shared this information with the person and their family. We saw from the family's response they were satisfied with how this had been resolved.

People told us the registered manager had a 'hands-on' approach and would regularly check people were satisfied with the quality of the service. Records showed people had been recently visited by a manager and asked for their feedback. The feedback we read was positive. People were encouraged to share their views on the quality of the service.

The registered manager told us most people using the service had not done so for very long. This was confirmed by most people we spoke with. As such, formal reviews of people's care had not been held, however people told us they had opportunities to discuss their care regularly with the care staff or the registered manager. One person told us, "They always ask if there is anything else I need them to do." One relative told us, "The staff spend a lot of time chatting with [my family member] about what they want to eat and how they like things presented." They went on to say, "The staff are so cooperative." People received a responsive service because they were able to discuss their on-going care needs with staff.

Everyone we spoke with commented on how they valued having consistent staff; they felt this helped their preferences to be met. One person told us, "I value the fact that I see the same staff each week. I trust them to do what is required of them; they are very organised and I am very satisfied with what they do." A relative told us, "[Staff] wash and dress [my relative] in a manner that suits them." Records showed where staff asked people for their preferences, for example when providing care with meal preparation. Another record showed staff put on a person's favourite radio station. People received personalised and responsive care that respected their views and preferences.

Is the service well-led?

Our findings

Records of medicines management and administration were not always accurate and complete. This was because medicines administration record (MAR) charts had recorded some medicines as just 'blister pack.' Blister packs help organise a person's medicines for each day of the week. Where MAR charts only specify 'blister pack' providers are required to also retain a corresponding record to say what medicine was contained in the blister pack for each time period specified on the MAR chart. This is so there is a record retained of the actual medicine administered to a person. This corresponding record was not available. The provider could not therefore always demonstrate what medicines had been administered to a person where the MAR chart had just recorded 'blister pack.' The registered manager agreed review their current practice and implement changes so that an accurate record of medicines administered to a person would be kept.

Some MAR charts had been transcribed from the prescription label by hand. We asked the provider what steps they taken to reduce the risk of transcription errors. They told us they did not currently have anything in place; however they acknowledged there were risks in transcribing by hand and told us they would take action to reduce these.

Not all records relating to people's care and the quality and safety of services were accessible to the registered manager. This was because some documents were retained on another staff member's computer and during our inspection they were unavailable. The records we required were subsequently sent to us; however we discussed our concerns with the registered manager that they did not have access to these records whilst the other staff member was unavailable. Some of the unavailable records were regarding arrangements for people's consent for their care. Records recording important decisions around consent should be readily available should they need to be referred to. The registered manager agreed to take steps to ensure records were stored in a way to ensure access when required.

Not all records relating to the recruitment of staff had been retained by the registered manager. For example, documents confirming people's identity and how staffs' health had been considered in relation to their role. This meant the registered manager was not able to demonstrate all steps had been taken in the recruitment of staff employed to perform a regulated activity. We discussed this with the registered manager who told us they would take action to retain the information required for recruitment of staff employed in delivering a regulated activity.

This was a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

The registered manager told us, and showed us a set of documents that should be in place for each person. These showed people's assessed care needs and any associated risks. However, the records we saw for people varied from those the registered manager showed us. For example, some people's care plans consisted of a care routine, whilst another person had a care routine and an additional care plan. We discussed the variations with the registered manager who agreed to review the files to ensure they were consistent.

The registered manager told us MAR charts and daily records were returned to the office and these were audited. The registered manager was able to demonstrate how these checks had led to shortfalls in the service being identified, and the subsequent actions taken to make improvements. However, the audits were not currently recorded. We discussed this with the registered manager who told us they would introduce a way of recording audits on records. Other checks on the quality of care provided by staff were in place. These included checks on staff practice and competence. Systems and processes were in place to check on the quality and safety of services, however not all of the checks had been recorded.

People told us they had regular contact with the registered manager and that she took time to check they were satisfied with the quality of care. One relative told us, "[Registered manager] is so approachable; nothing is too much trouble for her and the care team." Another relative said, "[Registered manager] takes real pride in her work and her team." People also spoke positively about the standard of care the staff provided; one relative told us, "The staff are local people who have a genuine commitment to caring for people. They have been well recruited and trained; they appear to have a lot of care experience and I think they are brilliant."

Staff we spoke with were motivated and passionate about their job and working for Ashbourne Quality Care Ltd. One staff member told us, "It's lovely here; absolutely brilliant." Another staff member told us the registered manager made them feel, "Appreciated and acknowledged; I'm happy." People noticed staff seemed happy in their role. One relative commented, "Our care assistants seem to love their jobs; they are genuine carers." The registered manager was supported by a motivated staff team who demonstrated a commitment to delivering quality care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not taken sufficient steps to maintain securely and accurate, complete and contemporaneous record in respect of each service user. In addition the provider had not always maintained securely such other records as are necessary to be kept in relation to person's employed in the carrying on of the regulated activity and the management of the regulated activity. 17(2)(c)(d)</p>