

Ashvic 24/7 Quality Care Services Limited

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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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashvic 24/7 Quality Care Services Limited is a domiciliary care agency. They provide 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 the inspection 20 people were receiving personal care.

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

The provider failed to ensure safe recruitment and induction practices were consistently in place. Risks related to infection prevention and control had not been identified. Medicines records did not always accurately reflect if medicine had been administered. Systems and process in place to monitor the safety and effectiveness of the service required improving.

Care plans were in the process of being transferred to an electronic care planning system. Not all care plans had been transferred and required updating. However, people were supported by staff that understood their individual needs. Staff took part in regular testing for COVID -19. There were sufficient staff to meet the needs of the people at the service.

People were supported to live healthier lives and staff were available to help them access healthcare services if required. We saw that the service worked closely with healthcare professionals to ensure good outcomes for people.

Staff provided people with person-centred care. Staff understood people's individual care needs and preferences and knew how to support people in their preferred way.

People were 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, however, documents relating to best interests had not always been completed.

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

Rating at last inspection

This service was registered with us on 11 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on date of registration.

Enforcement

We have identified a breach in relation to the lack of oversight of the service being provided.

Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashvic 24/7 Quality Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, the provider was supporting 20 people with personal care.

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2022 and ended on 1 June 2022. We visited the location's office on 5 May 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We received feedback from six people, and six relatives about their experience of the care provided. We received feedback from four members of staff including the registered manager who is also the provider and care staff.

We reviewed a range of records. This included eight people's care records and two people's medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We reviewed information the local authority gathered at the same time as our inspection as part of an on-going concern. We continued to seek clarification from the provider to validate evidence found. We looked at care related documents.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicine management required improvement. When people had 'as required' (PRN) medicines prescribed, records were not always completed to evidence the reason the medicine was administered. This put people at risk of not receiving their medicines as prescribed. However, we found no evidence of harm and most people we spoke to were positive about their medicine management.
- Medicine administration records (MAR) contained gaps where staff had not signed to evidence they had administered prescribed medicines. This had been identified by the providers audit, however, this had not improved staff practice and there continued to be gaps on the MAR. The provider offered assurances that once the transfer to electronic MAR charts takes place, any gaps will be identified in a more timely manner.
- Not everyone received support with their medicines. Where this was provided, relatives told us they were satisfied this was managed safely.

Staffing and recruitment

- The provider had completed checks on care staffs' suitability to work in care. Checks included reviews of previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Some recruitment records required improvement to clearly show identification checks had been verified and documents relating to recruitment had been signed by the employee.
- Care staff told us they had enough time to provide people's care at their own pace. There were enough staff to safely meet people's needs.

Preventing and controlling infection

- We were not assured the provider was promoting safety through good hygiene practices in people's homes. There were poor hygiene practices in place relating to the disposal of waste products and this put people at risk of cross contamination. We discussed this with provider who immediately changed the disposal of waste systems in place.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- The provider had policies and processes in place to safeguard people from abuse. We saw how these had been shared with staff to ensure they had access to the procedure at any time.
- Not all staff had received training in safeguarding, however, they understood how to recognise the potential signs of abuse and how they could report their concerns.
- The provider shared details of any incidents, accidents, safeguarding issues or concerns with staff so lessons could be learnt.
- The provider knew how to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- The provider was in the process of transferring all records to an electronic system. Not all the information had been transferred which meant there were gaps in people's care records. The provider had a plan in place to ensure all records were up to date and accurate. Staff told us they were aware of all people's care needs.
- People were supported with their chosen lifestyle and risk assessments in place supported their choices. It was clear people had been involved in discussions about risks known to them.
- Records contained clear guidance for staff on how to reduce known risk for people. For example, a low profiling bed was in place for one person who was at risk of falls from bed.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Not all care plans contained person-centred information within them. For example, some care plans had limited personalised information recorded to support staff to understand how a person wanted to be supported or what actual tasks were required. However, we viewed some recent updated care plans, and these contained more person-centred information.
- People's needs were assessed before any care was provided. However, the service supported people being discharged from hospital at short notice and it wasn't always possible to have everything in place at the point of delivering care. For example, a specialised sleep system was in place for one person, however, staff were still waiting to receive the appropriate training before they could use the pieces of equipment. This meant the person was not using the sleep system they were assessed as needing.
- People and relatives were involved in completing care plans and pre- assessment documents. One person told us, "I was involved in all my care plans and risk assessments" and went on to tell us the information they contained.

Staff support: induction, training, skills and experience

- Newly recruited staff worked with more experienced staff as part of their induction into the service. However, records relating to the induction were not in place for all staff. For example, some staff had induction and shadow shift check lists, some staff had no records relating to their induction.
- Relatives told us they felt care staff had the skills and training to provide effective care. One relative told us, "I'm very happy with the care, they know how to use the equipment to help [person] stand up."
- Staff told us they felt supported in their roles and they received adequate guidance to meet the needs of the people they supported. One staff member said, "[Provider] is really supportive, if there is a change in someone's care needs we get informed straight away. I know I can call the office or on-call at anytime and get advice."

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.

We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions. However, mental capacity assessments and best interest decisions required more detail to show how judgements were reached. The provider sent copies of updated MCA assessments after the inspection and these were completed in line with current guidance. The provider had a plan in place to ensure every person had updated MCA assessments.
- People had documented consent in place for photograph's, care plans and finances.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One relative told us, "Staff always check [person] is happy to have a wash."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals and people were referred to appropriate health professionals such as occupational therapists or physiotherapists, when required. Staff recorded outcomes and followed advice as needed.
- Most people using the service were supported to health appointments by relatives.

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

- Not everyone received support with meals and drinks. Where they did, they told us they were happy with how this care was provided.
- Care staff told us when they did help people with meals and drinks their preferences were always followed. People and relatives confirmed this.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People did not always have their dignity upheld. People told us about a personal care task which was undertaken in an undignified manner. One relative commented, "[Person] felt completely degraded, it was shocking." We spoke to the provider about the concern raised and they immediately stopped the practice.
- People told us staff respected their privacy and promoted independence. One person told us, "I have improved with walking and the staff are always encouraging me." Care plans we saw were detailed about promoting people's independence.
- People were able to have control about who supported them with their care needs. One relative told us they had requested specific staff who they felt had a better rapport with their loved one; the provider supported the request and was able to supply specific staff most of time.

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

- We received mixed feedback from people and relatives about the quality of the care they received. One relative told us, "The carers are good, but sometimes you do not know who is going to come, we aren't always told about changes." Another relative said staff do not always stay for the allocated time, however, care was never rushed. One person told us they were happy with the care they received and all the carers were 'wonderful'.
- People and their relatives were mostly positive about the way staff treated them. One person told us, "They [care staff] are like friends." A relative said, "I look forward to them [staff] coming every day."
- Staff understood people's individual and diverse needs. They were aware of the importance of working within the principles of the Equality Act. This means supporting people to meet their needs in relation to their age, race, disability, sexual orientation and faith.

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

- We received mixed feedback about whether people felt involved in making decisions about their care. However, this was mostly based on the communication they received when the person was being discharged from hospital. One person told us, "Everything felt so rushed and I was the last to know any information." However, another person told us, "I am involved, I am always asked about what support I need and if they can do anything else."
- People's decisions and choices were documented within their plan of care. Care plans were in the process of being reviewed during the transfer to electronic records.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the provider would support people to access advocacy

services should they need to.

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 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; end of life care and support

- People received care and support that was tailored to their individual needs and wishes.
- The service was transitioning to an electronic care planning system; care plans were being updated as part of this process. People and their relatives told us staff had a good knowledge of people's needs. One person told us, "I don't know what all the paperwork says, but [staff] do everything I need them to do."
- At the time of our inspection no one required end of life care and support. However, care plans allowed for people to document their end of life care wishes if they chose. The registered manager told us that if required, they would work in partnership with health and social care professionals to ensure people's end of life care needs and wishes were met.

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.

- People's care plans had information regarding their communication needs. Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.
- The provider told us they were able to produce information in different formats when required. For example, into easy read, large print or different languages.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the providers policy. A complaint had been raised with another health and social care professional during the inspection and we saw how the concern was being investigated by the provider.
- A relative told us they were aware of how to raise a complaint and how to contact the manager if required. One relative had raised a concern and told us it was dealt with to their satisfaction.
- Systems were in place to monitor and investigate formal complaints. This ensured the service responded to them appropriately.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems in place required strengthening to identify gaps and shortfalls in the delivery of the service.
- Systems and process were not embedded to ensure effective oversight of safe recruitment procedures. Gaps in staff recruitment files including the induction process had not been identified.
- Systems in place failed to identify medicines records had not been signed for to evidence they had been administered. Where systems had identified gaps, practice had not improved and there continued to be errors.
- Infection prevention and control practices required improving to prevent cross contamination. The risks associated with cross contamination had not been identified.
- People and their relatives had not been asked to formally feedback on the quality of care people received. Had this of happened, the provider would have had an opportunity to act on the concerns people and their relatives raised during the inspection sooner. For example, people knowing who was going to support them and staff staying for the full amount of time people were assessed as requiring.

The provider failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider and staff all had a good knowledge and understanding of the people they supported, and they knew them well. One relative told us, "Staff are very friendly, they all know what they are doing."
- Staff told us they were happy working for the service. One staff member said, "I really enjoy my job."
- Staff attended regular team meetings and received supervision, allowing them the opportunity to receive feedback from the management team as well as feed into the running of the service.
- Staff were aware of the provider's whistleblowing policy and said they felt able to raise concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support

and truthful information.

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

- Most people told us they were happy with the care they received, staff were mostly on time and they knew who to contact if required.
- People and relatives were involved in reviews of the care they received.

Continuous learning and improving care; Working in partnership with others

- The provider was engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection as requested.
- The provider was working with partner agencies to improve the service people received and provide up to date action plans to address shortfalls in the service.

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 failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service.</p>