

Ash Tree Homecare Limited

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Inspection report

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11 October 2019

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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

About the service

Ash Tree Homecare is a domiciliary agency providing care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 25 people were receiving personal care.

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

People told us they felt safe using the service. They were protected from abuse, discrimination and avoidable harm by staff who understood their responsibilities to help people stay safe. Risks to people were assessed, monitored and reviewed and measures were taken to reduce risks to people's health and well-being. People were supported by staff who had been recruited safely. People told us staff arrived on time and stayed the right length of time.

People's feedback about the service was positive. They felt staff knew them well and understood how they preferred to be supported. 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. There were effective systems to refer people to health care professionals when needed. Staff identified when people's health was deteriorating and acted quickly to make sure they received the support they needed.

People were treated with kindness and compassion. People's feedback demonstrated they had built strong, trusting relationships with staff. They were consistently positive about the caring nature of staff. People felt they staff were knowledgeable and said they were treated respectfully, and their privacy and dignity were maintained.

People and their loved ones were involved in the planning, managing and reviewing of their care and support. People felt confident to raise any concerns with staff and said they had no complaints.

People, staff and health care professionals felt the service was well-led. The registered manager welcomed feedback to enable them to continue to drive improvements. There were effective checks and audits. When shortfalls were identified, action was taken to reduce the risk of it happening again.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 23 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective 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 ●

Ash Tree Homecare 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 Care Act 2014.

Inspection team

The inspection was carried out 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 and flats.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 9 October and ended on 11 October 2019. We visited the office location on 10 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people and three relatives about their experience of the care provided. We spoke with five staff, the director and the registered manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection the provider failed to operate a robust recruitment procedure to ensure fit and proper persons were employed. At this inspection improvements had been made and the breach in regulation had been met.

- People were supported by staff who had been recruited safely.
- Checks were completed to make sure new staff were safe to work with people. Disclosure and Barring Service criminal record checks were carried out to help the provider make safer recruitment decisions.
- Gaps in employment histories had been explained and recorded at interview. References were obtained, including one from the person's most recent employer.
- People told us their carers arrived on time and stayed for the right amount of time. They said they usually had regular carers. One person commented, "I always have the same carers. They are always on time. There is the odd time when they get caught up in traffic or someone needed an extra bit of help, but I expect that. They have done it with me when I been having a particularly bad day, they have gone over their time".
- An on-call system was used outside office hours for staff to obtain advice or guidance. Staff told us this worked well.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using Ash Tree Homecare. They said, "I feel very safe with [carer] coming in" and, "[The carers] are all friendly and kind and make me feel safe and happy".
- People were protected from the risks of abuse and discrimination by staff who completed regular training about how to keep people safe.
- People told us they would contact the office if they had any safety concerns and felt the right action would be taken.
- The registered manager and staff were aware of their responsibilities to protect people and to report any concerns about people's safety and well-being. Staff knew how to recognise the signs of abuse and knew who to report any concerns to. For example, the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were assessed, identified, monitored and reviewed. There was guidance for staff about how to reduce risks.
- People told us staff made sure they had equipment they needed within reach when they left their home. One person told us, "I wear a pendant. The girls always check I have it on. I can assure you it is on, it is always on. I wouldn't not wear it".
- Staff were knowledgeable about risks to people, such as falls and pressure areas. They told about the

measures used to reduce the risks. For example, using special creams and monitoring people's skin for any changes.

- Risks to the environment, such as making sure people's homes were clear from obstacles and free from clutter, were assessed to help people remain safe in their home.

Using medicines safely

- People received their medicines safely and on time. Staff completed training about medicines management and their competency was checked.
- People told us, "I am prompted for my medication. Carers always watch me take it and they know one of the signs of my mental health deteriorating is me not taking my medicines. [Carer] is really good and reminds me why I am taking them" and, "They help with my medicines. I wouldn't have a clue what I should have. They are so good. [Carer] has been in touch with the pharmacist because my Dossett box didn't have [medication] in it when it arrived".
- When people had allergies to medicines, this was clearly noted on care records.
- Medicines records were checked to make sure people were having their medicines as prescribed.
- When people needed special creams to help keep their skin healthy there was guidance for staff to make sure it was applied correctly. This included a body map showing where the creams should be applied.

Preventing and controlling infection

- People told us staff used gloves and aprons when they were supported with their personal care. Staff collected personal protective equipment (PPE) when they needed from the office.
- Staff understood the importance of wearing PPE and completed infection control training to keep up to date with best practice.
- Spot checks were carried out by senior staff to observe care practice, including making sure they wore PPE as they should.

Learning lessons when things go wrong

- The registered manager understood their responsibility to record safety incidents, concerns and near misses. They knew when these needed to be reported to the Care Quality Commission and the local authority safeguarding team.
- The registered manager had worked closely with the local authority safeguarding team and attended meetings with them to make sure people remained as safe as possible.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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.

At the last inspection the provider failed to adhere to the principles of MCA 2005. At this inspection we found improvements had been made and the breach in regulation had been met.

- People told us staff asked for their consent before they supported them with their personal care. People, or their legal representatives signed an agreement to the care package before they began using the service.
- People's care plans included what decisions they could make for themselves and when they may need additional support. People's consent to care and support was recorded.
- When people needed additional support to make decisions staff were aware that a meeting needed to be held with people, such as a Lasting Power of Attorney and health care professionals, to make sure decisions were made in a person's best interest. For example, a best interest meeting was held with a person's GP and family regarding how the person should take their medicines.
- The registered manager and staff completed training about MCA and how to support people in the least restrictive way possible.

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

- People's physical, mental health and social care needs were holistically assessed with people before they started using the service. The registered manager checked that staff would be able to provide the care and support people needed and were confident they provided the right support.
- The initial assessments were used to develop each person's care plan. They took into account people's needs in relation to protected characteristics under the Equality Act, such as their sexuality, culture and religious preferences.
- People told us they had a care plan and that this had been reviewed with them to check if there were any

changes in their needs.

Staff support: induction, training, skills and experience

- People told us they thought the staff were knowledgeable.
- New staff completed an induction and shadowed experienced colleagues to get to know people and their preferred routines. They were supported to complete the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff received training in subjects such as understanding dementia, tissue viability, first aid and moving people safely. Staff said, "The training is good. We had a nurse come and gave us training about catheter and stoma care".
- Staff said they felt supported by the management team. They received regular one to one supervision which gave them the opportunity to discuss their personal development. Staff were supported to gain additional qualifications, such as NVQs.
- The registered manager followed the provider's disciplinary process when required.

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

- People said they were happy with the support they received with their meals. One person commented, "[Staff] make my lunch and dinner. They ask me what I want and cook it. They always offer me a choice".
- People told us staff left their drinks within reach when they left the call.
- People's care plans reflected their individual preferences of meals. This included their cultural and religious needs and choices.
- People were assessed to check if they were at risk of malnutrition or dehydration. Staff completed training about nutrition and hydration to keep up to date with best practice. A heatwave policy provided staff with guidance to make sure they remained hydrated when working during hot weather.

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

- People's physical and mental health needs were monitored and reviewed. Referrals were made to the relevant health care professionals as needed.
- People were supported to contact their GP or community nurses when needed.
- The registered manager attended an oral care workshop and cascaded this to the staff team. An oral health assessment had been introduced along with an oral care chart. Staff contacted people's dentists when required.
- Staff worked with a variety of health care professionals to make sure people received the right support. For example, they had recently been working with an occupational therapist to develop a moving and handling plan to support a person effectively using a hoist.
- A health care professional had recently provided feedback to the service and noted, 'I would like to add my personal thanks to [the registered manager] and your staff. The carers went above and beyond helping these people to regain their confidence and flourish. I know It was hard work with some difficulties but with your staff's kindness and perseverance has allowed these people to remain in their own home with Ash Trees continued support'.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- People told us, "[Staff] help me in and out of the bath and wash and dry my hair. They are very kind and attentive. We chat and have a laugh together", "[Staff] are respectful and very kind. I don't know what I would do without them" and, "[Staff] make me laugh and are good company".
- Staff had built positive, trusting relationships with people. People felt listened to and valued. A relative told us, "The girls are very kind to [my loved one]. They are patient and understand about their dementia".
- People's equality and diversity were recognised and respected. Staff spoke passionately about people's individual needs and how they supported them to feel empowered to make decisions and choices about their lives.
- A relative had recently written a letter to the registered manager and noted, '[The carer's] dedication to [my loved one's] happiness and welfare is beyond reproach. [My loved one] is not only treated in a professional and dignified manner, but with the affection and respect one would only expect from immediate family'.

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

- People told us they made the decisions about their care and support, and they felt in control.
- Each person had a care plan in their home. When there were changes in people's needs or preferences this was reflected in their care records. One person said, "[The registered manager] pops in from time to time when my care plan needs to be updated. I know what is in the folder. It tells the staff what help I need".
- People were involved in the planning, management and reviewing of their care. Some people had support from their relatives to help them make decisions about their care. Staff understood that some people may need an advocate to provide independent support and advice and to help them make decisions.
- People told us they did not feel rushed by staff. One person commented, "[Staff] always have time to listen to me and chat".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. Staff understood the need to protect people's dignity, for example not to share or take photographs of people without their consent.
- Care plans noted what people could do independently, when they may need encouragement, and what support people needed.
- People were encouraged to be as independent as possible. Staff told us how they had provided support and encouragement to people who had been living downstairs in their home. They had helped them to

regain their confidence and they were now able to go upstairs independently.

- Staff completed training, as part of the Care Certificate, about privacy and dignity, and handling personal information. People's care records were stored securely in the office to protect their confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's physical, mental health, emotional and social care needs were assessed, managed and regularly reviewed. Care plans were written and developed with people and their relatives to ensure they had as much choice and control as possible. Each care plan included a life history section, and these were updated as staff got to know people. Care plans were kept up to date to make sure any changes in people's needs were reflected.
- People's protected characteristics, under the Equality Act, such as sexuality, cultural and spiritual needs, were reflected in their care plans.
- Care plans included information about people's life history, their likes and dislikes and things or people that were important to them. This helped staff get to know people when they began to use the service. These sections developed as staff got to know people and their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People discussed their communication preferences with staff to ensure they received information in the way that suited them best.
- People were provided with important document such as care plans in large print when required.
- The registered manager said, "We have a client who has a visual impairment, so we send their invoices in large, bold print to enable them to read and understand them".
- Staff completed training about communication which included things like the use of open-ended questions and how to support people to discuss topics about which they may feel sensitive.

Improving care quality in response to complaints or concerns

- People said, "I don't have any complaints at all", "If I wanted to complain, I would ring the office. They would sort it out" and "When phoning the office, the staff are very personable".
- The registered manager monitored complaints and responded to people in line with the provider's policy. Complaints had been resolved satisfactorily. Minor issues were dealt with effectively and promptly.
- A relative commented, "I have always had good communication with the office and if there is a concern or need to change something they are adaptable and listen".

End of life care and support

- The service was not providing end of life care for anyone at the time of the inspection.
- Staff had worked with the local hospice to make sure people remained comfortable when they approached the end of their life.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to ensure a robust quality assurance system was in place to assess and monitor the quality and safety of the service and failed to maintain accurate records. The provider had also failed to inform the Care Quality Commission (CQC) of important events. At this inspection improvements had been made and the breaches in regulation had been met.

- The registered manager understood their regulatory responsibilities. They informed the local authority and CQC of notifiable incidents in line with guidance. The rating from the last inspection was displayed in the office.
- Regular, effective checks on the quality and safety of the service were completed. When a shortfall was identified, action was taken to reduce the chances of it happening again.
- Spot checks were completed to monitor staff competency. Records were monitored to ensure they were up to date.
- The registered manager and staff were clear about their roles. Staff felt supported and met regularly for team meetings and group supervision.
- The registered manager attended local registered manager forums to share best practice.

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

- People and staff said the service was well-led. One person said, "I would recommend Ash Tree definitely. I have told other people about them. I judge as I find, and they have been marvellous. If anyone has said anything about needing carers I tell them how good the girls are". A relative commented, "We are very happy with the help from Ash Tree. We wouldn't think about going anywhere else".
- The registered manager and staff spoke passionately about the service they delivered. They said, "We have a real family ethos. I treat everyone as though they were my own relative" and "We are a really tight-knit team. The communication between us all is excellent, and I think we provide high quality care".
- The registered manager worked closely with the staff team and promoted an open and inclusive working environment.
- A health care professional recently provided feedback to the service and noted. 'Ash Tree Homecare have supported the clients that I have worked with very well, sometimes going over and above their duties'

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

characteristics

- Quality surveys had been sent to people, relatives, health care professionals and staff to monitor the quality of service. These were due to be analysed once received to check if there were any improvements that could be made.
- Regular reviews were held with people. This checked for any changes needed in support people received and was an opportunity for them to feedback about the service.
- The registered manager encouraged people to give their views on the service they received. People felt valued and that they were listened to.
- A relative sent a letter providing feedback and noted, 'In my opinion Ash Tree is a good agency who really have that personal feel and also are committed to providing good care and also good timing with regards to care calls'.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked collaboratively with health care professionals to make sure people received consistent support.
- Feedback from health care professionals was positive. Recent feedback noted, 'They have often worked above and beyond the services they offer. They are efficient and caring towards my clients' and 'Two of my clients asked me to pass on their thanks for all the support "the wonderful carers" have provided. They both spoke very highly of everything "the girls do" to help them. I know I can always count on you to help with the most challenging situations. Thank you'.