

Pathfinder Ashness Care Limited

# Ashness Domiciliary Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashness Domiciliary Care is a care at home service providing personal care to up to 11 people. The service provides support to adults with mental health needs and learning disabilities. At the time of our inspection there were 11 people using the service.

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.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

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. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing. We have made a recommendation about risk assessments. 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.

### Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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

The last rating for this service was good (published 18 September 2018).

### Why we inspected

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

We undertook a focused inspection to review the key questions of effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Ashness Domiciliary Care.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service effective?</b></p> <p>The service was Effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was Well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Ashness Domiciliary Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 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.

#### 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 registered manager in post.

#### Notice of inspection

This inspection was announced. 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.

### What we did before the inspection

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 the information we held about the service to plan our inspection. For example, notifications sent to CQC.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 16 November 2023 and ended on 28 November 2023.

We spoke with 4 staff including the registered manager, the deputy manager and 2 care staff. We also spoke with 1 relative. We reviewed records for the service including 1 care plan, several risk assessments for 1 person, 2 staff files, medicine audits and a range of service records including policies and audits.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained 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, and care and support was delivered in line with current standards to achieve effective outcomes. However, some risk plans could be developed further to ensure staff had additional guidance as some gaps in information were identified during our inspection.
- For example, in one assessment plan there was no record of why a person may become agitated, this meant staff would not know what signs to look out for and begin to use de-escalation techniques as a response. The person's plan did describe in general terms what staff should do. We spoke to the registered manager about this, and they said they would review these plans and update them where needed.

We recommend the provider seek and implement further guidance from a reputable source in relation to risk management assessments.

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's mental and physical health needs. Staff were able to describe people's needs without the need to refer to any documentation. Staff knew people well.

Staff support: induction, training, skills, and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff received a full induction into the service. This included shadowing experienced staff to learn what was needed in the role. The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff told us they were supported in their role. Staff had regular one to one meeting with managers where they could seek guidance and feedback.
- There were team meetings held on a regular basis. This gave the team an opportunity to learn from each other and discuss relevant topics such as care planning and reviews.

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

- People were supported to eat and drink enough to maintain a balanced diet. Staff along with families supported people to have regular meals. In all cases staff did not cook but would prepare light meals such as breakfast or a light snack. Families would do all of the cooking and preparation of food. Where necessary staff would monitor a person's diet in line with medical advice and guidance.
- Staff understood the importance of promoting a balanced and healthy diet. Care notes reviewed showed staff had followed people's preferences and protocols put in place by medical practitioners. People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Staff

encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to live healthier lives, access healthcare services and support.
- Staff supported people to maintain their health. People were supported to attend medical appointments and staff kept up to date records. People's care plans showed evidence of input from the GP, the physiotherapist, the district nurses and the speech and language therapist.
- Changes to people's health was monitored by the team and any concerns were raised in a timely manner. Referrals to other medical teams were made when needed or promoted by a change to a person's health.

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.

- The provider was working within the principles of the MCA. Relatives told us that staff obtained consent from people before supporting them with care. A signed consent to care form was in people's care records.
- Staff understood how important it was to follow the MCA principles. Staff had training on the MCA and could explain how this would be applied in practice, however at the time of the inspection people using the service were able to make their own decisions about care and support.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained 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

- There was a positive and open culture within the service. The provider had systems to provide person-centred care that achieved good outcomes for people. The provider and registered manager were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values. This helped to promote an open culture within the service.
- Staff said they were able to raise concerns with managers without fear of what might happen as a result. This meant people could be confident that staff were promoting an open and honest culture within the service.
- Care plans outlined people's goals and what they would like to achieve. Families were also involved in the care planning and review process.

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 responsibilities under the duty of candour. There were no complaints about the service at the time of our visit. However, the registered manager told us they would be open and honest and if mistakes were made, they would apologise and resolve the concerns.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain how to demonstrate respect to individual people without having to refer to documentation.
- Audits of the quality of care were completed regularly. For example, medicine audits, care notes, care plans, health and safety and staff files. This meant any concerns could be picked up and addressed without delay.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. For example, care plans and initial assessments included information on

people's faith and spirituality. The service encouraged people to explore their chosen faith if this was important to them. People were given the opportunity to access a place of worship should they wish to, and if this was difficult due to practical reasons, the service offered to arrange a visit from a religious representative to come to the home of the person if this was requested.

- Staff and relatives told us they were involved in the service. Staff and relatives were able to make suggestions or offer ideas on service delivery on an ongoing basis.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received. Although at the time of the inspection the provider did not have any complaints or incidents, the provider had a system in place to review and learn from concerns/complaints or incidents.
- Service records showed that teams discussed any concerns or issues that arose in the service on a regular basis for learning to take place.
- Actions were recorded following audits of the quality of care. This meant issues or concerns could be addressed to improve the service.

#### Working in partnership with others

- The provider worked in partnership with others. For example, care plans had included input from medical teams. This meant people could be assured that their health needs would be a priority.