

Ashton Care Ltd

# Ashton Care Ltd

## Inspection report

3 Cundy Road  
Newham  
London  
E16 3DJ

Tel: 07537923260

Date of inspection visit:

15 March 2023

21 March 2023

23 March 2023

28 March 2023

13 April 2023

Date of publication:

26 February 2024

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

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

### About the service

Ashton Care Limited is a domiciliary care service providing personal care to people who live in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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 24 people received personal care, 3 were children under the age of 16.

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

#### Right support

People were supported by staff who knew them well and who promoted their independence. Staff communicated with people in ways that met their needs. People were involved in making decisions about the support they received. 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

People and relatives felt the service was safe. However, people were put at risk of harm or sustaining an injury because risks to them were not always fully assessed. People were supported by staff who told us they had not received relevant training or formal supervision. Staff promoted equality and diversity, they understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

#### Right culture

Systems to monitor the quality of the services were not robust and required improvement. The provider was keen to improve the service and receptive to make changes. The ethos, values, attitudes and behaviours of managers and staff ensured people led confident, inclusive and empowered lives. People and their relatives had opportunities to give feedback about the service and contribute their ideas for improvement. Most felt the service was good and the registered manager approachable.

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 20 May 2019).

### Why we inspected

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

### Enforcement and Recommendations

We have identified a breach in relation to governance at this inspection. We have made a recommendation in relation to staff training and supervision.

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

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was 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 caring.

Detailed are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Detailed are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Detailed are in our well-led findings below.

**Requires Improvement** ●

# Ashton Care Ltd

## 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

The inspection was carried out by 2 inspectors. An Expert by Experience made phone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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

We gave the service 24 hours' notice of the inspection. This was to ensure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2023 and ended on 13 April 2023. We visited the location's office on 15 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a senior care worker and 8 care workers. We reviewed 3 staff recruitment files and policies and procedures. We spoke to 1 person using the service and 9 relatives about people's experience of using the service. We also viewed 3 people's care records, including care plans, risk assessments and daily notes. We reviewed 4 staff files, including training records and supervision. We also reviewed quality assurance documents in relation to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to keep people safe from harm.
- Most people and relatives told us they felt the service was safe. 1 person told us, "I have used this service for over 3 months yes, I feel safe and yes, I know their [care staff] names". A relative said, "They have been supporting relative for 5 months, 100% safe relative is very thankful for the service, they have regular carers and other relatives know carer names."
- Staff knew what action to take should they suspect or witness abuse, including the need for the manager to make a referral to the safeguarding authority. One staff member said, "I would let the manager know straight away." Another told us, "I would report them [an abuser] straight away."
- Staff were not able to tell us when and whether they had completed safeguarding training.
- The registered manager and records showed staff had completed training, however this was in contrast with what staff told us. We have addressed this in the effective section of the report.

Assessing risk, safety monitoring and management

- Risks to people covered areas such as, bathing, moving and assistance, and risks related to the environment. However, assessments were not always fully completed or assessed. For example, questions related to the assistance a person required and frequency, these were left blank. Also, risks related to the use of a bath board were not documented. In another assessment risks related to providing personal care were not assessed. This put people at risk of harm or injury because detailed information about the risks were not recorded.
- A staff member told us, "I can always look at the care plans. They're kept in people's homes, and they help us care for them [people]. If I have a holiday I can come back and read them. They're up to date." "I did an induction last year through Homecare [external training provider] before I started at Ashton. It was 3 days, and we covered the kinds of things I use now. I learned about diabetes and how to manage hypoglycemia."

Staffing and recruitment

- Recruitment was mostly safe. The provider had recruitment procedures in place and carried out checks. This included, right to work in the UK and DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- We found some inconsistencies with records kept by the service. For example, we found gaps in employment history for 1 of the 4 applicants reviewed. Following our visit, the registered manager told us they had addressed the gaps in employment history and other areas of recruitment.
- Staffing levels were based on people's individual needs. Staff told us there were sufficient staff to meet people's needs. 1 staff member said, "The manager makes sure that there are enough staff around. If not, he

will get more. I get the rota the week before. I know I can speak to the manager if I need to." Another staff member told us, "I haven't had a problem with that [staffing levels]. I have enough time to finish the care."

- People and relatives told us staff were punctual and where 2 care staff were required this was met. 1 person told us, "They [care staff] are reasonably good but they do get delayed, but they do let me know they are very good about that."
- A relative told us, "The carers go beyond their time to help clean up; they turn up when supposed to." Another relative told us, "My relative needs 2 people and has what is needed." A third relative said, "I am not happy with agency, communication levels are not good between agency and carers."

#### Using medicines safely

- Systems and processes were in place to manage medicines safely. At the time of our inspection the registered manager told us staff did not administer medicines. This was confirmed by staff.
- Staff provided some medicine support to people, this involved reminding people to take their medicines.
- The registered manager told us medicine support varies from person to person. Medicines are administered by people or their relatives. Staff only prompt medicines.
- Records showed staff had completed medicines training and had their competency assessed to provide medicine support. This conflicted with what we were told by staff who said they had not received any training.
- Where staff supported people with their medicines, relatives told us, "They [care staff] support relative with medicines which is very safe," and "They support with medicines food and other things relative eats Bengali food."

#### Preventing and controlling infection

- People were protected from the risk of infection because staff wore personal protective equipment (PPE) as necessary. A person using the service told us, "They wear basic PPE if needed." A relative said, "They leave PPE in [person's] home so they have it." Another relative told us, "They always wear masks when coming to work."
- Staff told us they wore PPE when this was required. One staff member told us, "We do use it (PPE) when we need to". Another staff member said, "Things are a lot better after Covid- 19. The care plans tell us about how to keep the person and their home clean."
- Records showed staff had completed training in infection prevention and control. None of the staff we spoke with were able to confirm they had completed training.
- The providers IPC policy and procedure required updating to include government guidance in relation to best practice, including Covid-19.

#### Learning lessons when things go wrong

- Systems were not always in place for learning from accidents and incidents.
- The registered manager had an incident and accident policy and procedure in place, this provided guidance for staff on what to do should there be an incident. We were not able to assess whether lessons were learnt as this was not documented as part of the incident and accident investigation.
- During our inspection we were alerted to serious incident which had not yet been reported to CQC. The registered manager told us the office had been burgled and they were not able to demonstrate the process for logging and dealing with incidents. Therefore, we were not able to fully assess how learning from incidents had occurred.
- Following our inspection visit, the registered manager provided an accident and incident tracker. However, this lacked detail and did not fully demonstrate how learning from these incidents had taken place.
- A relative told us, "There has been no accidents in last 5 years."

# 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. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported to obtain the right skills and experience to deliver effective care. We received conflicting information about staff training. Staff told us they did not receive training and supervision from the service.
- Whilst most relatives told us they believed staff were skilled, some felt that staff were not sufficiently trained. One relative told us, "Staff are very skilled one [staff member] in particular is good." Another relative commented, "I do not think carers are qualified, carers are not able to speak English as their first language and are under qualified."
- A person using the service told us, "Yes they are skilled and am happy with them."
- Records of medicines competency assessments reviewed were generic and did not provide details of staff names. This was supported by feedback from staff who told us they had not received training in medicines or had their competency assessed. Therefore, we were not assured if or when staff had undertaken the training.
- Staff records showed staff had completed training in various subjects, including an induction and formal supervision. This conflicted with staff feedback, none of the staff we spoke with had received training or a formal supervision with the service. A staff member told us, "I have worked for Ashton Care since [month] and I haven't received any training at all. Neither have [other staff]."

We recommend the provider seeks advice from a reputable source in relation to staff training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they began using the service. The needs assessment covered various areas of need, such as, health and abilities, communication, eating and drinking and spiritual needs.
- A person using the service told us, "I think it was a joint discussion from hospital and Care people [agency] and I was involved in some way about preferences."
- Relatives confirmed they had been involved in the assessment process. Relatives' comments included, "Yes they did discuss needs." And "We sat down with the manager to discuss needs."
- Staff told us they would refer to people's care plans to understand their needs. A staff member told us, "The care plans tell us what we need to know about the person. I only look after this one person though, so I know them very well".

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

- People were supported by staff to meet their nutritional and hydration needs.
- We received mixed feedback from relatives where people were supported with their meals. One relative told us, "They do prepare meals for [relative] and is with [relative] while eating." Another relative said, "They are trained with peg (percutaneous endoscopic gastrostomy – a feeding tube placed into the stomach) feeding in case of any blockages." A third relative told us, "...I've had to take over the cooking as the carers going in are unable to cook."

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

- People had access to healthcare professionals to meet their health needs.
- Relatives took responsibility for arrangements involving healthcare professionals, including medical appointments, where this was required.
- The registered manager told us they worked with relatives to ensure people's healthcare needs were met.

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 asked their consent before receiving care. A person using the service told us, "By now we have a good relationship, so they know what to do when it is needed." A relative told us, "They [care staff] ask [relative] before doing anything."
- However, we noted consent forms contained some details, but were not signed by people using the service or where appropriate their legal representative.
- Due to language difficulties, some staff members could not discuss how consent to care issues were relevant to their work. A staff member told us, "We have to help them [people who use the service] with decisions sometimes, to make sure they are safe." Another staff member said, "If someone can do things for themselves, then they should."
- The provider had a consent to care and treatment policy, this included Gillick competency and Fraser guidelines related to consent for young people under the age of 16. Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were treated well by staff who treated them with dignity and respect. A person using the service told us, "They know what to do without me looking over their shoulders."
- A relative told us, "They treat relative with dignity." Another relative said, "I like the fact I have the same carers consistently they are very considerate, however a couple of carers their English is on the weaker side." A third relative told us, "Staff are caring and kind to relative."
- Records showed staff completed training in equalities, inclusion, and diversity. Staff were not able to confirm they had received training but were able to give examples of how they ensured people were treated with dignity and respect. One staff member told us, "I've got to know the person I am caring for really well. I try to look after her like I would want to be cared for." Another staff member said, "The person tells me what they want. I fit into their routine." A third staff member told us, "The manager tells us that we need to make sure people know we are guests in their home".
- The registered manager told us, "We have to treat everybody equally and look after them according to their needs."
- People were encouraged to maintain their independence and staff respected their privacy.

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

- People and relatives were involved in planning their care. However, people were not always aware of the review of their care plan. One person told us, "I am not aware of any reviews." A relative told us, "They do consult with me and my husband about our relative." Another relative told us, "I spoke to relative about what is going on, they know what is going on."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff who understood their needs. A person using the service told us, "The hospital is [making a referral] ...but at the moment I am getting the right care." One relative told us, "They understand they have been with relative for a while." Another relative said, "They understand my relative's condition so know what support is needed."
- People were supported to maintain relationships that were important to them. People were also provided with support to undertake activities in the community, such as going for walks.
- Staff provided examples of how they met people's needs. "People's needs change all the time. We can look at the care plan and record changes if we need to. The manager is very understanding, and I can go to him if the person needs more [care]."
- The registered manager told us, "We try to meet all types of needs, cultural, religious we try to match all those things. If service user had [attention deficit hyperactivity disorder] (ADHD) or a learning disability (LD), we always train our staff."
- Daily logs required details about people's choices, such as clothing. Some logs did not detail duration of visits. This meant we could not be certain that people received care in line with their plan of care.

### Meeting people's communication needs

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

- The registered manager was aware of the accessible information standards and importance of adapting communication according to people's needs.
- Care plans recorded people's communication needs, including hearing and speech capabilities. A staff member told us, "The manager will try to match up staff who can speak the same language as the client." Another staff member told us, "I think looking after the same person helps. I've learned their ways and know what they want even if they can't tell me".

### Improving care quality in response to complaints or concerns

- A complaints policy was in place and provided guidance on how to report a complaint.
- People knew how to raise concerns and complaints. A person using the service told us, "I have the main number if needed."

- We received mixed messages from relatives about who to report complaints and concerns to. One relative told us, "I am not sure who to complain to, just Ashton Care?" Another relative told us, "Yes, I know to complain to the manager." A third relative said, "We know he is the director of company..."
- Staff understood their responsibility to report any concerns or complaints received from people they cared for. A staff member told us, ""It's up to the manager in the end. I would pass it on to them". Another staff member said, "It depends on what the complaint is. If it's something I can help with, I will".
- At the time of our inspection there were no records of complaints. The registered manager told us the service had not received any complaints in the past 12 months.

#### End of life care and support

- The provider had an end-of-life care policy that detailed information around support they would provide to people on end-of-life care, staff's role in pain management and providing emotional support.
- People's end of life wishes were respected and discussed with their family members. This was confirmed by a relative who explained that their loved one had been made comfortable and staff given more time to provide care.

# 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 changed to 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

- Systems and processes were not always effective to monitor the quality and performance of the service. Records relating to people using the service and staff were not always accurate or up to date. Recruitment records were not always accurate and up to date, gaps found during our visit had not been identified prior to our visit. In addition to this the provider was using the name of another registered service run by them in some of their right to work recruitment documentation. This led to an inaccurate and inconsistent approach in their record keeping. Daily logs required more details about people's choices, such as clothing chosen. Some logs did not detail duration of visits or care provided. This meant we could not be certain that people received care in line with their plan of care. Risks to people were not always fully recorded.

We found no evidence that people had come to harm. However, people were put at risk of harm because systems were not robust and records about care were not complete and contemporaneous. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager carried out spot checks and telephone monitoring. Records confirmed this.
- The registered manager informed us they would be introducing a client-based call monitoring software to monitor staff visits and punctuality.

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

- Although the registered manager knew the importance of being transparent and honest in line with duty of candour, notifications were not always submitted in line with CQC requirements.
- During our inspection we were informed by a healthcare professional of a safeguarding concern raised with them by the registered manager in March 2023 prior to our visit. The registered manager was not aware this was a reportable incident, as the person receiving personal care was not yet funded by the local authority for this activity. This was submitted in retrospect.

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

- The registered manager encouraged staff to report any concern, including them if not taking appropriate action, they told us, "We train our staff, we breakdown everything. I've told all staff if they see I am not doing anything then you take action against me, so that I am aware."

- Relatives told us the service was managed well, some felt communication needed to improve. A person using the service told us, "As far as I am concerned yes, I do not have any complaints." A relative told us, "Yes they run the service well."
- Staff told us they liked working for the service and said the registered manager was supportive and approachable. One staff member told us, "He [registered manager] is very knowledgeable and will always listen if you want to speak about something". Another staff member told us, "I feel quite well supported. The manager is a good leader and a good person".

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

- The registered manager sought feedback from people, those who were important to them and staff by way of spot checks and meetings.
- A person using the service told us, "They run a nice service; the manager called me while I was in hospital." A relative told us, "We are invited to give views usually asked over the phone." They also told us they would recommend the service.
- None of the staff we spoke with were able to confirm that they had completed staff surveys; however, they did feel that the manager would listen to any concerns or ideas for improvement that they might have. One staff member told us, "The manager is the best person. He always listens to me, and I know it is confidential."
- Peoples diverse needs were met by the service. The registered manager explained they aimed to meet people's individual needs, they treated people equally and provided care according to their needs.
- The registered manager told us they were creating mobile application groups which included family members and staff providing care to individual people. This enabled the service to improve communication between staff and people using the service and monitor visits.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they worked alongside healthcare professionals and family members to ensure people received effective care.
- The registered manager told us they kept up to date with national guidance and best practice to ensure people received high quality support.

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 maintain effective systems for monitoring the service and an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17</p>