

Ascot Care Ltd

Ascot Care

Inspection report

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Date of inspection visit:

03 December 2019

04 December 2019

Date of publication:

24 January 2020

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

Ascot Care is a domiciliary care agency. It provides personal care to people living in their own homes in Horsham and the surrounding villages. At the time of our inspection the service was supporting 40 people.

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 using this service and what we found

Following our last inspection there have been management changes at Ascot Care. One of the registered managers left in May 2019 and a new nominated individual started in June 2019. This had led to a complete change of the office structure with more defined job roles.

There were quality assurance systems in place to monitor the quality and safety of the service. Requirements made at the previous inspection had been met. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. The service worked collaboratively with healthcare professionals. Feedback from visiting healthcare professionals was positive and included, "I would recommend Ascot Care to other individuals looking for specialist SCI [spinal cord injury] care in their catchment."

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Staff were recruited safely, with appropriate checks carried out when their employment commenced. There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient.

Staff had completed training in key areas to carry out their roles. They told us they had a good working relationship with each other and the management team. They were aware of their roles and responsibilities. Staff told us they were happy with the level of training, support and supervision available to support them in their roles.

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.

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 (published 14 December 2018) and there were

breaches of regulation. 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 safe 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 ●

Ascot Care

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

One inspector undertook this inspection.

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 included live in care. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 December and ended on 5 December 2019. We visited the office location on 3 and 4 December 2019.

What we did before the inspection

We reviewed information we had received about the service since its' registration. We reviewed notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas

of concern. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and reviewed feedback the service had received from people and their relatives. We spoke with five members of staff including the nominated individual, the registered manager, the operations manager and the office staff. We also spoke with five care workers. We reviewed written feedback from three visiting healthcare professionals.

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

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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that the registered managers did not demonstrate they had recognised or reported potential safeguarding issues. They did not consistently use incidents and complaints to identify potential abuse and did not take preventative actions including referral to the local authority. People were at risk of potential harm due to safeguarding issues not being identified. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Following our last inspection there have been management changes at Ascot Care. One of the registered managers left in May 2019 and a new nominated individual started in June 2019. This led to changes in the reporting and recording of incidents and improvements had been made to the safeguarding processes.
- Care staff were required to hand deliver any completed safeguarding forms to the office within 12 hours. This meant that the registered manager was able to discuss incidents with staff and complete referrals as appropriate.
- The nominated individual and the registered manager were clear about when to report concerns. They were clearly able to explain the processes to be followed to inform the local authority and the CQC.
- Records showed that all staff had attended training in safeguarding adults at risk. Conversations with staff demonstrated they had a good knowledge. They told us, "Any concerns are reported to the office straight away," and "They [office staff] are always available if we need to talk about anything that doesn't seem right."
- People all indicated they felt safe. They told us they were, "Happy" with their care, "Liked" the service and had, "No concerns".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed. Where risks had been identified there was a plan of action to guide staff how to make the person safe and reduce the potential impact of harm. Risk assessments included risks associated with community access.
- Accidents and incidents that took place were recorded, investigated and audited. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Any areas of learning identified were shared appropriately with staff to improve safety.
- Environmental risk assessments had been completed, which assessed the safety of people's homes.

Staffing and recruitment

- The service employed enough staff to provide all planned care visits. People told us staff, "Arrived on time".
- Rotas were well organised in advance. Staff were provided with appropriate amounts of travel time, usually 15 minutes, between consecutive care visits. Daily care records showed staff normally arrived on time to care visits. Staff told us the call times were long enough to give, "Quality care," and they had, "Enough time for a chat [with people]".
- Staff files confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included criminal records checks and obtaining references from previous employers.

Using medicines safely

- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines. Where support was necessary daily care records detailed what support, staff had provided with medicines.
- Appropriate records were completed by staff when people received support with their medicines
- Staff had received training in medicines handling, which included observation of practice, to ensure their competence.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- Staff followed good infection control practice and personal protective equipment was readily available to staff.

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 good. At this inspection this key question has remained the same.

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 had their care and support needs assessed before they received care. Information had been sought from the person and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People told us they were, "Happy" with their care.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these. This ensured staff were aware of people's diversity as it was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- There were systems in place to monitor staff performance. This included spot checks to observe staff practices as well as asking people for feedback on the care they received.
- Staff were well trained to make sure they had the skills and knowledge to effectively support people. Staff received training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, moving and handling, behaviour which may challenge and first aid. Staff also received training in relation to the specific needs of people, for example bowel care and caring for people with diabetes. Feedback from a healthcare professional included, 'I was approached to provide bowel management training for [Name's] team. She already had bowel care provided by the agency but it was felt that they would benefit from an update and consolidating new skills.'
- Feedback from a visiting healthcare professional included, 'Ascot care have worked professionally and proactively to ensure the patients care needs are maintained and that the care staff have appropriate training to effectively maintain care.'

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. For example, one person's care plan said the

person only liked a small amount of milk on their cornflakes.

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

- The service worked with other agencies to help ensure people's needs were met. The service worked closely with a bowel care specialist nurse who had provided training for staff.
- Staff recognised changes in people's health or wellbeing and this was reported to senior staff. Records showed appropriate and timely referrals had been made to health professionals for assistance.

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.

- People were supported by staff who received training in the MCA and understood the principles of The Mental Capacity Act 2005.
- Staff demonstrated a clear understanding of people's right to make their own choices. They told us, "We respect how people like things done" and, "It's their home and they make the choices".
- People's care plans contained details of their choices and preferences regarding their care. People told us they were involved in their care and said, "[I receive] care as I want".

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 good. At this inspection this key question has remained the same.

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's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination.
- Where people had expressed preferences in relation to the gender of their staff these preferences were respected.
- Rotas showed people were usually cared for by a small number of staff and new carers were always introduced by someone the person knew. Staff told us, "I always work with the same people, that way I get to know them really well", "We have a great relationship. I know their likes and dislikes" and "[Name] is a lovely lady."
- People told us they liked the staff, they were, "Kind" and "Very nice girls".

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

- Care planning documentation showed people were involved in making decisions about their care provided.
- Spot checks on staff practices were carried out by one of the care coordinators. These evidenced people's care plans were followed, and people were involved in their care.
- Staff told us people were able to express their views and gave examples of choices that people had made. For example, choosing where to go for outings.
- Feedback from visiting healthcare professionals included, '[Name]' has recently been admitted to hospital and they [Staff] have been extremely proactive in continuing to support her by being her advocate.'

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Care plans included details what support people needed with personal care. Records were kept of the care given and showed people were encouraged to do as much for themselves as possible.
- The provider recognised people's diversity, they were policies in place which highlighted the importance of treating everyone as individuals. People's care plans had an, 'All about me' document which contained details of their diverse needs, such as their cultural or religious needs. Staff demonstrated a good knowledge of people's social history and backgrounds without referring to written records.

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 requires improvement. At this inspection this key question has improved to 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

- People had their care and support needs assessed. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People's care plans were accurate and informative. They contained guidance for staff on the tasks to be completed during each visit. They had details of people's routines, interests and hobbies and outcomes for their care. This information helped staff ensure people's priorities were respected. Feedback from a visiting healthcare professional included, "The team are clearly dedicated to providing [Name] with the individualised care that she needs."
- We saw staff completed records during each care visit. This included details of the support provided and any changes in people's needs alongside a record of staff arrival and departure times.

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.

- The provider was aware of their responsibilities under the AIS.
- People's care plans contained information about the support they might need to access and understand information. This included details of any visual problems or hearing loss.
- People's assessments included specific details of their communication needs. For example, one person's care plan contained details of their fluctuating level of understanding due to dementia.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.
- The complaints log showed the provider investigated any concerns raised. They also looked at what lessons could be learned from the concerns raised. Conversation with the nominated individual demonstrated that she was focused on improving the service and keen to learn from feedback.
- People told us they were confident that the office staff would sort out any concerns, however, a person said, "I don't really have any problems."

End of life care and support

- At the time of our visit end of life care was not being provided. People's care plans included details of any specific wishes they had expressed in relation to this stage of their lives.

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 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 our last inspection we found that the registered managers did not fully understand their responsibilities in relation to compliance with the regulations of the Health and Social Care Act (2014). They failed to notify CQC of two allegations of abuse. This was a breach of regulation 18 (Notifications of other incidents) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was a clear management structure provided lines of responsibility and accountability. The nominated individual ensured they maintained their knowledge and skills in their roles.
- The nominated individual understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission.
- The nominated individual and the registered manager were clear in their understanding of the duty of candour and knew the actions to take should something go wrong.

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

At our last inspection we found that the registered manager did not have robust oversight of the service, quality assurance systems and processes did not always identify areas in need of improvement. Care records were not always reflective of people's identified risks or person-centred detail. The providers policies and procedures were not effective in supporting staff to access information. This meant people were at increased risk of receiving care that was not in line with their needs or preferences. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The new nominated individual had oversight of the service was very much involved in the day to day running of the service.
- Quality assurance systems had been implemented and monitored the quality of service being delivered and the running of the service. Audits were conducted which included peoples care plans. We saw there was a monthly plan to audit all aspects of the service.

Working in partnership with others

- Healthcare professionals gave positive feedback about how staff work in partnership with them, records confirmed this. Feedback from a visiting healthcare professional included, '[Name's] needs are complex and there are times when there have been challenges that have required joint working to resolve,' and 'It has been a successful partnership with collaborative working to provide a package of care that works in a way chosen by [Name] that meets her care needs on a daily basis'.

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

- People had opportunities to feedback their views about the service and quality of the care they received. The care coordinators carried out spot checks and made regular phone calls to people to make sure they were happy with the service. People were also asked for feedback on the service performance during care plan reviews.
- The management team met most mornings to discuss any incidents or changes in people's care.
- Records showed there were regular staff meetings which were well attended and helped identify areas that were working well and any that needed improvement. Staff told us they, "Talked about things as a team," and were "Supportive" of each other.