

Ashbourne Quality Care Ltd

# Ashbourne Quality Care Ltd

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ashbourne Quality Care Ltd is a domiciliary care provider. It provides personal care to people living 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 our inspection, 28 people were receiving a personal care service.

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

Improvements had been made since the last inspection. There was sufficient evidence to demonstrate audits and actions were being completed. However, these were not fully embedded to provide us with the assurances they were robust enough, or sustainable. We have made a recommendation about reviewing the auditing process of incidents and accidents to ensure clear outcomes are recorded and any lessons learned are documented.

There were enough staff to effectively meet the current packages of care for people's needs. People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments had been completed, to assess and reduce any risks associated with the required support.

People were supported by a regular team of care staff, people said they usually received their calls on time. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support when required, to liaise with healthcare professionals to ensure they remained well.

People had developed caring relationships with staff, and people told us they treated them with respect. People were appreciative and spoke fondly of staff who provided their care.

The provider had developed good working relationships with other health and social care professionals to support the needs of people using the service.

There were systems in place to support and drive improvements. People were involved in their care and were asked for feedback to support the development of the service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashbourne Quality Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 February 2020) and there were multiple 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. The overall rating has changed from Requires Improvement to Good. This is based at the findings on this inspection.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

### 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Ashbourne Quality 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 Care Act 2014.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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. Inspection activity started on 02 July 2021 and ended on 14 July 2021. We visited the office location on 5 July 2021.

#### 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included parts of five people's care records and three 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 also reviewed.

After the inspection

We contacted eight people using the service, or their relatives to provide views on the care the person using the service had received. The inspector spoke with or contacted six care staff. We contacted two social care professionals who had knowledge of the service.

We continued to seek clarification from the provider to validate evidence found. We looked at further training data and reviewed 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection in January 2020, we found that care and treatment was not provided in a safe way. Risks to the health and safety of service users had not been fully assessed to ensure the registered person mitigated such risks. This was a breach of Regulation 12 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 12.

- Risk assessments and care plans were in place for people and had been updated regularly using an electronic system. Overall, these contained enough detail to guide staff on how to manage people's risks safely. However, one record did not state consistently what support was required at each call. Despite this, staff we spoke with knew people well and were able to tell us exactly how they would support people safely. The records were updated immediately after our visit.
- People received safe support with their medicine when this was included as part of their planned care. We saw risk assessments in place to support this practice. Medicine records were completed by staff for each administration, these were audited by the registered manager. However, concerns were raised in respect of the auditing process. Further information regarding this is found in the Well led domain of this report.
- Staff had received medicines training and completed quarterly assessments for competency in administration, these were spot checked, and discussions were completed in supervision sessions to ensure staff fully understood their responsibilities.
- Staff told us the electronic system was useful as they can easily alert supervisors if they want something checking or actioning, such as ordering repeat medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in January 2020, we found the provider had failed to protect people from abuse and improper treatment, as systems and processes had not been established and operated effectively. 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.

- People told us they felt the personal care they received was safe and they were protected from the risk of

abuse. One relative praised how staff had supported their relative saying, "It takes a massive teamwork support in keeping [name] safe at home".

- Staff knew how to recognise potential abuse and could explain the processes to follow if they had any concerns. Staff told us, and records confirmed they had completed training in safeguarding.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with appropriately.

#### Staffing and recruitment

- There was enough staff to support people's needs. People told us staff were punctual and stayed their allotted time.
- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. However, one staff file we looked at did not contain a full history of references. We discussed this with the registered manager who assured us they would complete this fully for all new care staff in the future. Staff we spoke with confirmed this approach had been taken as part of their recruitment process.
- Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- Out of hours arrangements were in place should staff need additional support. Staff told us they could contact anytime for advice and they appreciated this.

#### Preventing and controlling infection

- People were protected from the risk of infections.
- Staff had received training in how to prevent and control infection. Staff we spoke with told us what personal protective equipment (PPE) they were wearing in line with guidance. Staff carried out regular COVID-19 tests to help prevent the spread of infection. PPE such as masks and gloves was readily available. We saw staff had access to a plentiful supply of equipment for use and they were issued with a company uniform.
- The provider had infection control policies and procedures in place in line with current government guidance for care at home services.

#### Learning lessons when things go wrong

- Contingency plans were in place to ensure that the service continued to run in adverse weather conditions, or during any periods of staff shortages. There was a system in place which identified people whose care needs were time critical, this ensured calls to them were prioritised.

# 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.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink or prepare meals if this was part of their agreed care. Care plans were clear about people's preferences and any dietary requirements.
- One person shared with us they felt really encouraged and supported by the staff to complete their daily activities, stating, "I feel really appreciative of staff and have got to know them well - often they'll encourage me to do things for my own good and we have a bit of banter about that!".
- Staff were aware of the importance of keeping healthy and maintaining a balanced diet. Some people required additional support with specific dietary needs and required records to be kept, to ensure they could report back to health professionals if there were concerns in this area.

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

- People confirmed their needs were assessed prior to their services commencing. Some people had been directly involved in their care planning; other people relied upon relatives. They were involved to help give individual preferences when developing their support plan. One relative said, "I have seen the care plan and it is accurate and reflects [name's] care needs. They have been a godsend, simply brilliant, we couldn't do without them".
- The assessment considered all aspects of people's care and support needs and was used to develop a person-centered plan, to promote people's independence wherever possible.

Staff working with other agencies to provide consistent, effective, timely care; Staff support: induction, training, skills and experience

- People told us they were supported by a range of health professionals to maintain their wellbeing. We saw contact details for relevant professionals recorded in people's care plans.
- New staff completed an induction and shadowing period which included completing the care certificate at the start of their employment. This is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff.
- Staff received in house face to face training, as well as accessing external resources if required, for more specialist courses. Staff spoke positively of the training and support they received, one staff member said, "We recently had personalised training which really helped to cover the needs of people we support". Several staff told us they also had opportunities for access to additional training if required.

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's consent for their care was sought and recorded in their care plan. People gave us examples of how they were given choices, such as checking what they wanted that day, and how staff were always willing to support with additional tasks.
- Where concerns were raised, the registered manager knew further assessments would be needed to establish the persons level of capacity and understanding, and to decide whether a best interest decision was required.

# 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

- Meaningful and positive relationships had been developed. People told us they had regular care staff.
- People told us they were supported by kind and caring staff. One relative told us how pleased they were, "They are amazing, they treat [name] just like they are their own mum".
- Staff told us they felt they had established friendly and positive relationships with people and commented on the importance of treating people with dignity and explained the different ways they could promote choice, independence and control.
- Staff confirmed information was always in place prior to calls starting. Records seen included information about people's preferences, including their preferred name and any important details. We saw policies in place promoting equality and diversity throughout the service.

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

- People and their relatives confirmed they were involved in their care by making their own decisions whenever possible. People said they were encouraged to discuss their care provision and any changes they felt may be required.
- Staff were motivated and keen to support people to the best of their ability, treating them with dignity and respect. Staff gave us examples of how they offered people choices to ensure they felt involved in their care.
- Records demonstrated regular reviews were held with people, and those who were important to them, with further input from other professionals if required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and relatives were complimentary about the staff and told us they felt their privacy and dignity was always respected. One person told us, "Staff always make me feel at ease, it was difficult at first having people to provide such intimate care".
- People were encouraged to be independent where possible. Most people we spoke with, told us they did not feel rushed, one person said, "Before they finish, they always ask if there is anything more, they can do to do to help me".
- The provider was aware of their responsibilities in line with the General Data Protection Regulation (GDPR) and ensured records were stored in line with this guidance. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# 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 now 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 personalised care and support. People's care had been reviewed when their needs had changed and shared with the appropriate funding authorities detailing any additional support and time to be allocated to their care package.
- Staff we spoke with all told us they enjoyed their job, a number of them expressed how the provider often goes above and beyond, in supporting people at short notice, to change their call time if possible, or increase a care package so they still receive the care and any medicines required to support them.
- We saw care plans were sufficiently detailed, giving members of staff relevant up to date information for the people that used the service. People had told us their information was reviewed and updated if their needs changed, and that staff checked that care was being given the way they wanted it to be.
- The provider had systems in place to ensure people's individual needs were met and an alert system to inform managers if calls were not attended within the allotted time.

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.

- Care plans included information about people's specific communication requirements and any adjustments the staff needed to make.
- Information was available in a range of formats and methods if required, to support people with their understanding. This enabled people to be informed and involved in their care, ensuring there was no discrimination due to any disability, or sensory impairment.

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

- When included as part of their overall care package, people were supported to access community and social activities with the support of staff. Where possible, impacted by recent restrictions in place, staff supported people to maintain their level of independence and involvement in the community.

Improving care quality in response to complaints or concerns

- Complaints information was available. All the people we spoke to were aware of the complaints procedure and how to make a complaint if required. Some people told us they would have no hesitation in

raising a complaint if they needed to – but had no concerns to report currently.

#### End of life care and support

- End of life support was available when required. Some people had received end of life care in their own homes, however at the time of the inspection no one was receiving this level of support. We saw how the provider supported people, by documenting their expressed wishes for the future. Where people had made decisions, this had been recorded and staff provided with guidance.
- Staff received end of life training and told us they felt very supported by the management.

# 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 Inadequate. At this inspection this key question has improved 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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At the last inspection we issued a WN Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems and processes had not been established or operated effectively to ensure the registered person assessed, monitored and improved the quality of the service provided.

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

- Systems were in place to monitor, assess and improve the quality and safety of the service being provided, but needed further development to provide us with the assurance of being sustained. We found that some of the auditing around accidents and incidents was still not sufficiently robust. For example, the auditing of medicine errors and care records did not demonstrate a clear follow up of actions required, any outcomes or lessons learned. We have made a recommendation the provider reviews this area.
- The provider used an external company to produce their policies with standardised electronic links against recognised national guidance and legal requirements for people's care. Local additional procedures were incorporated into these for staff to follow. However, the contact details contained in the safeguarding policy was incorrect, this was amended by the end of the inspection.
- The provider was aware of the responsibility of reporting significant events to us and of raising concerns with outside agencies as required.
- There was a clear structure in place for staff to escalate concerns, an on-call provision made sure there was always support available out of office hours.
- The registered manager and staff worked in partnership with a range of health and social care professionals, this helped to achieve good outcomes for people.

We recommend the provider consider reviewing their auditing process of incidents and accidents to ensure clear outcomes are recorded and any lessons learned are documented.

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

- People and relatives were engaged with the service. They were encouraged to give feedback which was seen to be very positive.
- Staff told us they were well supported in their roles and told us they felt valued by the provider and were encouraged to develop themselves through training.
- The provider had systems in place to monitor staff performance through supervision, appraisals and spot checks.