

Ashrey Care Limited

Ashrey Care

Inspection report

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Tel: 02089591114

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Ashrey Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to eight people, two of which received personal care.

People's experience of using this service:

Relatives told us they were satisfied with the level of care and services provided to people and spoke positively about care support staff and management. They said they were confident that people were treated with respect and dignity and were safe when cared for by care support staff.

Systems were in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training. Staff knew how to recognise and report any concerns or allegations of abuse. Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

The registered manager confirmed the service did not currently administer medicines to people. We therefore did not look at how the service managed medicines during this inspection.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

Feedback from relatives indicated that staff were punctual and there were no issues in relation to this. There was evidence that people received care from the same staff and there was consistency in the level of care they received.

The registered manager and care support staff had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Staff had received induction to the agency as well as training to ensure they had skills to support people. Staff received supervision and appraisals of their skills from the management team to help them to support people effectively.

Feedback from relatives indicated that positive relationships had developed between people using the service and staff. Relatives told us that staff had a good understanding of and were aware of the importance of treating people with respect and dignity and always did this. The registered manager and care support staff were aware of the importance of ensuring people were given a choice and promoting their independence.

People who used service received care that was responsive to their needs and their daily routines were

reflected in their care plan. Care plans included information about people's interests and preferences and staff knew people's needs well. People had individualised care plans which had sufficient information about people and how to support them.

The service had clear procedures for receiving, handling and responding to comments and complaints. Relatives told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They told us that the registered manager was approachable and they would not hesitate to raise concerns directly with her.

The registered manager held regular meetings with the care support staff. Care support staff told us they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. They spoke positively about communication within the service.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service through a satisfaction survey. The service also undertook checks and audits of the quality of the service.

Rating at last inspection: Unrated. The report was published on 26 May 2017. We were previously unable to rate the service as the service was only providing care to one person and therefore there was insufficient evidence for us to rate the service.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

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 ●

Ashrey 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Ashrey Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to eight people, two of which received personal care. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The home 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:

This was a comprehensive inspection, which took place on 9 April 2019 and was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

What we did:

Before the inspection we looked at information we held about the service. This information included any

statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in October 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this to plan our inspection.

During the inspection we spoke with the registered manager. Following the inspection, we spoke with two care support staff. The two people who received care from the service had limited communication and therefore we spoke with their relatives.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of two people using the service, two staff employment records and quality monitoring records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Relatives we spoke with told us they were confident that people were safe when being cared for by care support staff. One relative said, "She is safe. They are taking good care of [my relative]." Another relative told us, "She is 100% safe. I am not worried."
- Risks to people's safety were assessed. Risk assessments were comprehensive and detailed and covered areas such as the environment, bathing, water temperatures, transfers and diabetes. These were person centred and included information about the level of risk and clear details of how to minimise the risks as well as the possible signs for staff to look out for. We saw documented evidence that these were reviewed regularly to ensure they accurately reflected people's current needs.
- Care support staff we spoke with were aware they needed to report any concerns to do with people's safety to the registered manager. They told us that they would not hesitate to do this and were confident that the registered manager would take appropriate action.
- There was a safeguarding policy and procedure in place to help protect people and help minimise the risks of abuse to people. The registered manager and care support staff had received training in safeguarding people and training records confirmed this. Staff were able to describe the process for identifying and reporting concerns.
- The service had a whistleblowing policy and contact numbers to report issues were available. The registered manager and care support staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.
- Relatives told us there were no issues with regards to care support staff's punctuality and attendance. One relative said, "Punctuality is not an issue at all." Another relative told us, "They arrive on time. There are no issues with timings or punctuality."
- The registered manager explained that as the service provided care to a small number of people, there was not an electronic system in place for monitoring timekeeping. Instead, care support staff completed timesheets and we saw documented evidence of this.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults. The registered manager confirmed that they ensured all necessary checks were carried out before staff were able to provide care to people.
- We discussed staffing levels with the registered manager. She explained that at the time of the inspection

the service provided personal care to two people and she personally provided some of the care along with the two care support staff employed. The registered manager explained that at present there were sufficient numbers of staff but that she was looking to recruit another care support staff.

- Consistency was an important aspect of the care provided by the service. The registered manager told us, "Clients really appreciate the consistency. They know exactly who is going to be coming". The rota indicated that people receive care from the same members of staff and this was confirmed by relatives. One relative said, "There is consistency. [My relative] is familiar with the carers."

Using medicines safely

- We spoke with the registered manager about medicines management and she confirmed that the service did not currently administer medicines to people. As a result of this we did not look at how the service managed medicines as part of this inspection.

Preventing and controlling infection

- The service had an infection control policy which included guidance on the management of infectious diseases.
- Protective clothing, including disposable gloves, were available to staff and they confirmed this. Staff used these when carrying out tasks that included assisting people with personal care and this was confirmed by relatives we spoke with.
- Relatives told us that care support staff observed hygienic practices when providing care to people.

Learning lessons when things go wrong

- The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

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

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 relatives told us that people received the care and support from staff that they needed and wanted. One relative told us, "Carers go out of their way. If [my relative] needs more time, they always give it. They are patient." When asked about the care, one relative said, "It is perfect. I am happy with the care."
- People's needs were assessed at the start of their care package and further assessments were carried out yearly or more regularly if people's needs had changed.
- Relatives told us that people had been involved and consulted with during the assessment process. People's care needs and personal preferences had been discussed with them before they started receiving care from the agency. Information gathered during the assessment meeting was used to formulate individual plans of care for people.
- Care records included detailed information and guidance for staff to ensure they were able to deliver the care and support people required. People's individual needs, including their daily routines, cultural, religious and preferences were included in their support plans.
- Care support plans included details of people's individual needs, their goals and action required by staff to help support meeting people's needs.
- Staff completed notes for each visit, recording the care and support provided to help the service track and review people's progress.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Relatives we spoke with confirmed this. One relative told us, "They are experienced at what they do. I am 100% confident in their skills."
- Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely. The Care Certificate standards were incorporated in the induction programme for newly employed staff. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff told us, and records showed they had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Training included infection control, food hygiene, safeguarding, health and safety, moving and handling and the Mental Capacity Act 2005 (MCA).
- Care support staff told us that were well supported by the registered manager. They received regular supervision sessions and a yearly appraisal of their development and performance.

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

- We spoke with the registered manager about how the service monitored people's health and nutrition. She explained that the service did not currently prepare food for people as part of their care package. However, she said that if she had concerns about a person's weight, she would contact all relevant stakeholders, including the GP, social services and next of kin. She explained that she too provided care to people and therefore regularly saw people and was therefore able to monitor their health and nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and care support staff engaged with people, their families, and with other agencies to meet the health and care needs of people. Records showed that the agency had contact with community healthcare and social care professionals about people's needs.

Supporting people to live healthier lives, access healthcare services and support

- There was detailed information in people's care files to inform staff about people's health, behaviour and general wellbeing. Guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed. The actions for staff to take were person centred and clearly described how to provide effective support.
- Records showed that people using the service had seen a range of health and social care professionals such as GPs, dentists and community nurses.

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.

- Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that care support plans we looked at had been signed by people or their representatives to indicate that the care had been agreed to.
- Staff we spoke with had knowledge of the MCA and training records confirmed that the staff had received training in this area. Staff told us that they always asked for people's permission before supporting them with personal care and other tasks.

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

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

- Relatives told us people were treated well and with respect and dignity. One relative said, "They are very caring when providing care. They take time. No rushing." Another relative told us, "They are very good with [my relative's] privacy. They are so respectful."
- People's protective characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and care support staff were matched according to their individual preferences as well as language requirements. One care support staff said, "Communication is not an issue. I can speak the same language as the person. It makes a difference."
- The agency encouraged people and their relatives to be open about their personal needs in relation to religion, cultural background or sexuality. For cultural reasons, one person required care support staff to take their shoes off when in their home and another person required assistance with their bathing to meet cultural requirements. We also noted that one person needed help with putting their religious clothing on in accordance with their customs. The registered manager confirmed that care support staff ensured that they respected people's wishes and acted accordingly.

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

- The registered manager and care support staff were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The agency had policies and systems in the service that supported this practice.
- People's care plans contained information about people's preferred ways of communication and how staff should support them to help express their views and make their needs known.
- Relatives we spoke with told us that people had been consulted with about their care arrangements and had agreed care arrangements with the registered manager that were at suitable times.
- Staff were knowledgeable about people's preferences. People's care records contained profiles which recorded key information about their care. This included their likes and dislikes, interests, culture and language.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. One relative said, "I have never seen [my relative] so happy. It has made such a difference. They really respect her wishes. They make such an effort."
- The registered manager and care support staff were aware of the importance of ensuring people were

given a choice and promoting their independence. They were aware of the importance of respecting people's privacy and maintaining their dignity.

- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Care and support plans detailed people's individual needs and included clear guidance about how they wished to be supported by care support staff.
- We looked at care support plans for two people and found that these included a detailed care needs assessment, a comprehensive support plan and risk assessments. The care needs assessment provided information about people's medical background, details of medical diagnoses, social history and preferences. Care support plans were included information about what tasks people wanted the care support staff to undertake, the time of visits and people's individual needs and how these were to be met. Care support plans were individualised and specific to each person and their needs. They also included information about people's preferences, likes and dislikes. They also included information about the person, what was important to them and their overall goals.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.
- Following each visit, staff recorded care provided to people in daily care notes. These reflected personal care given, observations of people's wellbeing as well as any changes to their needs.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. Care support plans, the service user guide and some policies were presented in an easy read and pictorial format so that they were accessible to all people. The registered manager also explained that the service had access to an interpreter if this was required.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make a complaint. They were confident that any issues to do with people's care and other aspects of the service would be taken seriously by the registered manager and addressed. There had been no complaints recorded since our previous inspection. Care support staff knew that they needed to report to the registered manager any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.
- The service had a formal complaints procedure in place which was available in easy read format. The policy was detailed in the service user guide so that people had access to it. Relatives we spoke with told us they did not have any complaints about the care they received or about the staff who supported them.
- The registered manager explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people felt able to speak with her. This was confirmed by relatives and care support staff we spoke with.

End of life care and support

- At the time of the inspection, the service was not providing end of life care to people.

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

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

- The registered manager was aware of her regulatory responsibilities and was committed to providing a safe, caring, effective and responsive service to people. The registered manager was clear about her role and had the skills, knowledge and experience to lead the service. Care support staff we spoke with had knowledge and understanding about their roles and responsibilities.
- Care support staff spoke positively about the registered manager and working for the agency. One care support staff told us, "Communication is very good. I am kept updated and staff see each other regularly so there is always contact. Whenever I ring [the registered manager] she is always available. She is a good manager and helpful. I can talk to her openly." Another member of staff told us, "Communication is very important. We have. It is super here."
- We observed that the service was well organised and staff were provided with information on what was expected from them and this was detailed in their job descriptions.
- The registered manager held regular meetings with care support staff and we saw documented evidence of this. The registered manager told us, "There is ongoing communication between me and staff." Care support staff told us that they received up to date information and were able to openly share information and concerns at these meetings.
- There was a communication log in place which enabled staff to record important information and messages for other staff. The registered manager explained that this ensured people received continuity of care by ensuring staff had up to date information.
- The registered manager explained that the aim of the service was to provide a personalised service that met people's individual needs and therefore wanted to keep the service at a size that would enable her to do this.

Continuous learning and improving care

- The registered manager spoke of the learning and improvements that the service had made since the last inspection. Our previous inspection found that the service had policies and procedures in place but that some of these policies did not specifically relate to the service. During this recent inspection, we found that the registered manager had addressed this and had reviewed their policies and procedures and ensured that these now related to the service.
- The registered manager had systems in place to monitor the service provision and take action if required standards were not met. These included a variety of audits such as care support plans, staff competency

assessments and policies and procedures.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's relatives told us that they were listened to. They spoke highly of the management of the service and told us that they were kept well informed about people's need. One relative said, "It is a well organised agency. I have no concerns." Another relative told us, "The service is working so well."
- Relatives gave us positive feedback about the agency. They felt staff were caring and understood people's needs and were responsive to requests made by people.
- The registered manager ensured that care support staff had information and up to date guidance they needed to provide people with the appropriate level of care. Care support staff confirmed that they received the information that they needed to deliver personalised care.
- The registered manager knew the importance of being open, honest and transparent in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong. The registered manager knew when she needed to report notifiable incidents.
- Care documentation and documentation relating to the management of the service was well maintained, up to date and comprehensive. Documentation requested during the inspection was readily available.

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

- Records we looked at showed the agency asked people and relatives for their feedback through service users' satisfaction surveys. The most recent survey was carried out in January 2019 and the feedback obtained was positive and no concerns were raised. The registered manager explained that because she provided care to people she was able to have regular conversations with people and their relatives about their care.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation. Staff said they were frequently asked about their feedback about the service and the registered manager was responsive to suggestions.