Ashwood Home Care Limited

Ashwood Care

Inspection report

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22 August 2019

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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
Ashwood Care is a domiciliary care service providing personal care to 137 people living in their own houses and flats in the community and specialist housing at the time of the inspection. It provides a service to older adults, younger adults and people with dementia, mental health conditions, sensory impairments and physical disabilities.

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
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.

People were supported by a small group of regular staff which provided continuity and familiarity and people's comments confirmed this approach. Staff had developed relationships with people and knew them well; people received person-centred care as a result.

Staff supported some people to access other healthcare professionals when required. Staff supported a small number of people to manage their medicines safely.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

Systems were in place to recruit staff safely; there were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community.

People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions and annual appraisals; this was confirmed by staff we spoke with.

People's care plans were person-centred, and outcome focussed and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

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 01 October 2018) and there were two breaches of regulations.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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below

Ashwood 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
The inspection was carried out by one inspector on the first two days of the inspection, and by a second inspector on the third day of the 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 August 2019 and ended on 22 August 2019. We visited the office location on 20 and 21 August 2019 to see the manager and office staff; to review care records and policies and procedures and to speak to care staff. We visited three people who used the service and their relatives on 20 and 21 August 2019 to seek their feedback and opinions of the service provided and spoke to people who used the service and their relatives by telephone on 22 August 2019.

What we did before the inspection
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 the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with 11 people who used the service and nine relatives about their experience of the care provided. We spoke with the registered manager, the operations manager, the training manager and six members of care staff.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at 11 people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision.

Good

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.

At our last inspection poor practice was noted in regard to the recording of some people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

●We checked people's medication administration records, (MAR's) and these were completed correctly One person told us, "They [staff] give me my tablets on time, all the time, every morning and evening, they are very good." A relative said, "Staff help with [my relative's] medicines and we've had no issues here, and they sign the MAR always; they listen to our views about administering medicines."

●The service was not responsible for ordering, or receiving medicines into people's own homes, but where the service was responsible for helping, medicines were administered, stored and disposed of safely.

●Staff involved in handling medicines had received appropriate training around medicines and observations of practice to ensure they were competent.

●The provider understood potential risks associated with medicines and risk assessments were completed. Management audited records of all medicines administered by members of staff.

● Where applicable, people had medication care plans in place which showed the service had liaised with relevant healthcare professionals as necessary.

Systems and processes to safeguard people from the risk of abuse

●Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service. Care staff said they would report any issues to the registered manager or local authority.

● Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety. The service had a safeguarding policy, easily accessible to staff.

● People we spoke with and their relatives each confirmed they felt safe, happy, and satisfied with the care they received. One person said, "The carers are nice, and they do help me. I am happy with them, I have no complaints." A relative told us, "[My relative is safe when carers are looking after her, the agency have been coming in a long time."

Assessing risk, safety monitoring and management.

●The provider audit process included a system to ensure such checks were completed, therefore any safety

issues had been identified.
●Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and risk assessments outlined measures to help reduce the likelihood of people being harmed.
●Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
●We found no evidence of any serious injuries having occurred.
●The service had a system for recording and monitoring accidents and incidents. Staff had recorded the actions they had taken in response to any incidents to prevent these reoccurring.

Staffing and recruitment
●Safe recruitment procedures were in place including checks with the Disclosure and Barring Service to ensure potential they were of suitable character to work with vulnerable people.
●There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker. There were enough staff employed to meet people's needs and no-one we spoke with told us they had any missed visits.

Preventing and controlling infection
●People we spoke with told us care staff had supplies of gloves and aprons that they used as required. A relative told us, "Carers always wear gloves and aprons when helping [my relative.]" A person said, "Two carers visit at a time; the first thing they do is put their aprons and gloves on before starting the care."
●The provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
●The provider asked people using the service for their feedback in relation to staff practice regarding good hygiene and infection prevention and control.

Learning lessons when things go wrong
●Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents.
●The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager told us they would this to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.
●An incidents file was kept which included a log of any incidents, the document reference number, details of the investigating officer and the date of resolution, however we saw no accidents had occurred.

Good

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

- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. Care plans were written to support the principles of 'Five Ways to Wellbeing,' (connect, be active, take notice, keep learning, give); evidence suggests these are steps that can be taken to improve mental wellbeing.
- People's needs were comprehensively assessed and formally reviewed after an initial six week period and then every six months, or as and when required, if a change occurred.
- People's preferences, likes and dislikes were acknowledged and recorded in their care plan information. People were involved in their care planning and the people we spoke with, and their relatives confirmed this. One relative told us, "[My relative] is able to communicate her needs and wishes and she speaks to staff about this. Carers ask her questions all the time and give her choices, whether she wants to get dressed now or what she wants to wear, for example."
- All the people we spoke with told us care staff sought their permission and explained their tasks or the assistance they intended to provide before undertaking their care duties. Everyone we spoke with reported and commented on the reliability and kindness of their carers. One person said, "The staff come in and talk to me about how things are going and the care they help me with."

Staff support: induction, training, skills and experience

- Staff received adequate training, support and induction to enable them to meet people's needs. The provider assessed staff competence during induction and as part of routine spot-checks and observations. New staff attended a five day induction and training programme and completed the Skills for Care self-assessment tool as part of this process to identify any areas for development. The Care Certificate 15 standards were covered as part of the process of induction and orientation into the company, and there afterwards.
- A large staff training room was in place with lots of useful information for staff to read. A dedicated and very experienced trainer was employed by the service and staff were encouraged to discuss their training needs and develop themselves as individuals. Specialist training was provided by other relevant professionals.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member said, "I feel I get enough training and that I can suggest any training I need, and we discuss this at team meetings as well. I've done training in PEG in the past [which is an endoscopic medical procedure to provide a means of food intake] and also done catheter care training. I support someone with cerebral palsy and so I've had specific training in this."
- People using the service told us they felt staff were capable and competent in the caring role. A relative

said, "Ashwood carers are brilliant with [my relative], and they stick to the same staff each time which works well for [my relative]. [My relative] likes all the staff and would certainly will me if they were concerned. If any changes are needed staff respond to this immediately and there's always some at the end of the phone including weekends; they [staff] always tell us who is coming in advance."
●Records of audits and spot-checks we saw demonstrated the provider had considered staff competence, learning and support needs.

Supporting people to eat and drink enough to maintain a balanced diet
●Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals. One person told us, "The carers always ask me what I want to eat and check the fridge to see what I have in and then I choose what I want."
●Detailed records were kept of the support provided to people each day in relation to eating and drinking and the food preferences of each person, for example one person's food information stated, 'I like two toast and coffee with two sugars for breakfast.'

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
●Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
●Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes and continuity in their care. For example, staff liaised with other healthcare professionals and services such as doctors and dieticians.
●Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.
●All the people we spoke with confirmed they received a good standard of care which had a beneficial effect on their health and general wellbeing. One person said, "I'm happy with them [staff] and yes I would recommend the company." A second person told us, "The carers are all good; I've never had a bad one yet. I would recommend them, and this is the best one [company] I've had, they are great."

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.

●People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
●Staff gained people's consent before providing care and support and people were supported to make their own decisions and choices.
●Written consent was also recorded in people's care file information. A staff member told us, "Consent is recorded in care plans and I also ask people first before I do anything; you must always have their

permission before doing anything." A second staff member told us, "I always ask before I do anything and it's the person's choice or not to agree so you must always ask. I let people do what they can for themselves and encourage independence by including people in everything I do."

Good

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 were supported by regular staff members, which provided continuity and familiarity for people who used the service. A relative told us, "It's the same staff all the time; they follow my advice and guidance and read the care book first to see what they need to do. Staff talk to [my relative] all the time and always include her when she not tired."
- Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence. A relative said, "The carers are very good; they are caring and have formed a good relationship with [my relative]." A person said, "The carers arrive on time every day and I do have the same ones. The carers know me well and I like them, I would recommend them."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. One staff member said, "I love my clients and love working with them." A second staff member told us, "Always treat people how you would want to be treated yourself."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One person said, "I'm happy with everything at the moment." A second person told us, "No problems with the carers, they come on time and know me well."

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

- People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- People's communication needs were identified in their care planning information. People were involved in developing their care, and where relevant, relatives were also involved. One person told us, "I've been with Ashwood for many years and always feel part of the care planning process and I'm always involved in this." A relative said, "I feel staff do what they can to keep [my relative] independent and be as involved as possible in things."

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing the best possible care for people; they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care. A person told us, "The carers do respect my privacy; they come into my house and shout 'it's only me' [person name] and let me know which one [staff] is here." A second person said, "The staff are always saying, 'come on [person name], you can do this,' and they do encourage

me to keep my independence."

●The registered manager had a 'dignity champion certificate of commitment' and a dignity tree was on display in the training office; staff had posted comments on this such as 'Support people with the same respect you would want for yourself and your family,' and, 'Engage with family members and carers as partners,' and 'Dignity to me is to always let the client pick and choose as well as letting them do things on their own with a bit of help.'

Good

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 good. At this inspection this key question has remained the same. 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's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes which enabled staff to provide person-centred care and support in line with people's preferences.
- People had a document called 'how to support me well on a daily basis' in their care files which identified the types and level of support they needed and how this was to be provided, which were signed and agreed by people or their relatives, where appropriate.
- People's care was regularly reviewed to ensure they received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning.
- Staff confirmed people could choose the gender staff who supported them.
- People were supported to follow their interests. One person told us, "The carers give me choice and always ask me what I want to do." A relative told us, "[My relative goes to [venue name] on three days and on one day to [venue name]; they also go out daily with staff support."

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 service met the requirements of the AIS. Any particular communication needs were identified as part of the process of initial assessment.
- People's communication needs were recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- Communication plans identified the preferred way a person communicated information, if they had a hearing or speech impairment and if any assistive technology was in place.
- The registered manager was aware of the AIS and provided adapted information for people; for example, information about the service was available in an easy to read format and in pictorial format.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in large print and pictorial format to make it accessible for people. People were given a 'client information guide' when they started using the service which included clear details on how to make a

complaint. ●People told us they knew how to raise any concerns.
●One relative told us, "We got a guide to the service at the beginning and this had information on complaints, but we've never had to make any, and I feel confident someone would listen to me if I did. [My relative] likes the staff and would tell us if not." A person told us, "I've not needed to make any complaints, but would know how to if I needed to." A second person (and their relative) told us, "We don't have any complaints; the carers are good; we know how to complain if needed."
●Complaints and concerns were also audited regularly by the registered manager.

End of life care and support
●People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this. People's medical histories were identified in their care plans and if there was an authorisation not to attempt resuscitation.
●The registered manager said they would liaise with relevant professionals to ensure people got the care they needed. Staff had received training in end of life care from Wigan and Leigh Hospice.
●At the time of our inspection no-one using the service was receiving end of life care. The service had received thank you cards form relatives previously supported at the end of life.

Good

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 now 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.

At our last inspection audits which were carried out regularly had not identified the concerns we found during the inspection in relation to medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Robust quality assurance systems were now in place in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The manager completed a range of audits and checks on a regular basis;
- The manager was aware of their regulatory requirements, for example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.
- There was a clear line of staff responsibility within the service and a team structure was identified, available to all staff and posted in the staff training room; staff understood their roles and who they were responsible to.
- Regular 'locality' meetings were held for each staff team who worked in a particular geographical area. Each locality area had a team structure identified, the ethos of that team based on communication, the health and wellbeing of people supported, continuity of care and inclusion. One staff member said, "Local meetings are more useful than large team meetings as this is more bespoke, and we're able to ring each other up to discuss things all the time."

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

- It was clear from our observations, the registered manager and staff worked as a close-knit team; our observations demonstrated the manager was visible to people using the service and staff. One staff member said, "I feel happy working for Ashwood as we get good feedback from the manager who is very accessible and approachable and will support you personally." A second staff member told us, "I feel supported in my role, there's always someone at the end of the phone and they always answer."
- It was clear from our discussions the registered manager valued people and was committed to providing a

person-centred service. They had developed a positive culture within the service which was open and transparent. A relative told us, "We deal with [registered manager name] a lot and she is lovely; she will try and accommodate anything we want and will help what she can. I feel [my relative] is safe when in staff hands at all times." A person told us, "The carers arrive on time and they are good at what they do. I have no problems with them and I'm quite happy with the care I receive."

●People were provided with regular information bulletins about what was going on in their local area to help them choose any activities of interest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

●The service involved people and their relatives in discussions about their care and this was recorded in their care file information.

●People told us they felt listened to and their views were acted on. One person told us, "I am satisfied with them [the service] and pleased with them; everything is fine and working well. I do have reviews and a lady did come down to see how things were going. I have had no problems and I would call the office if I did feel the need to complain."

●The service gained feedback from people and their relatives to drive improvement through the care planning process and via questionnaires. We looked at the results of the most recent service evaluation questionnaires sent to people and their relatives and saw responses were positive. One person told us, "Yes I have given feedback; they [the service] always ask how things are going and they look after me well." Another person said, "Reviews take place regularly; the company has been out a few times and reviewed the care with my sister present." Positive comments were seen in recent surveys.

●The registered manager worked closely with other agencies and professionals to achieve good outcomes for people.

●People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them.

●The management team had regular contact with members of staff each day and week. Staff said they felt well supported and respected. One staff member said, "I get supervisions' regularly with the locality coordinator or trainer and [registered manager name]. If there are any problems we can talk to the manager."

●Staff were provided with monthly update bulletins which provided information relevant to their job roles.