Vineyard (UK) Services Limited

Ashley House

Inspection report

Unit 7 & 8 Ashley House
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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:
•Ashley House (also known as Complete Care Solution) is a domiciliary care agency. The provider is Vineyard (UK) Services Limited.
•It provides a personal care support service to people with a mental health condition, older people, physical disability, sensory impairment and younger adults. Some of who live in supported living accommodation.
•Not everyone using Ashley House receives regulated activity; CQC only inspects the service being 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.
•At the time of the inspection, it was providing personal care support to 45 people.

People's experience of using this service:
•Relatives told us staff were reliable and met people's needs safely. People were safeguarded against the risk of harm and abuse. Staff knew how to provide safe care.
•People's medicines needs were safely met.
•Staff protected people against the risk of infection.
•The provider ensured people were supported by suitable and sufficient staff. Staff received regular supervision and they told us they felt supported.
•People's needs were assessed before they started receiving care and were supported by appropriately trained and skilled staff.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People's care plans were person-centred. Staff knew how to provide personalised care.
•Staff treated people with dignity. People were involved in the care planning process and their independence was encouraged.
•People and relatives knew how to raise concerns and they told us the service was responsive.
• People and relatives told us they were happy with the care they received and felt the service was managed well.
•The provider had effective systems and processes to ensure the quality and safety of service.

Rating at last inspection:
•The service was registered by CQC on 26 August 2011. At our last inspection the service was rated as overall Good.

Why we inspected:
•This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
•We will continue to monitor intelligence we receive about the service until we return to visit as per our

reinspection programme. If any concerning information is received we may inspect sooner.
•We made two recommendations in our inspection report, which we will follow up at our next inspection.

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?

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.

Ashley House

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 two inspectors, including a bank inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
•Ashley House (also known as Complete Care Solution) is a domiciliary care agency. It provides personal care to people living in their own homes. They also provide personal care to people living in supported living accommodation.
•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:
•Our inspection was announced.
•The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
•Our inspection process commenced on 15 February 2019 and concluded on 18 February 2019. It included visiting the service's office, telephoning people who used the service and their relatives. We visited the office location on 15 February 2019 to see the registered manager and office staff, and to review care records and policies and procedures. We telephoned people who used the service and relatives on 15 and 18 February 2019.

What we did:
•Our inspection was informed by evidence we already held about the service including any statutory

notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

•We spoke with six people who used the service and one relative.

•We spoke with the registered manager, deputy manager, senior care coordinator and three care staff.

•We reviewed three people's care records, five staff personnel files, staff training documents, and other records related to the management of the regulated activity.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
•The provider had systems and processes in place to safeguard people from the risk of harm, abuse, neglect and poor care. The provider's safeguarding policy had been updated in March 2018 and it provided guidance and information to staff on recognising and reporting any suspicions of abuse.
•People and relatives told us they felt safe with staff. One person told us, "Indeed I am safe. They are very friendly and kind and helpful. I have a few regular ones [staff]." A relative told us, "Yes we are safe. We know them [staff] all. [Staff] email me a rota giving us the times and names of the carers."
•The provider worked closely with the safeguarding authority where concerns had been raised by the service.
• Staff knew what actions to take if they felt people who used the service were at risk. They told us they were confident they would be taken seriously if they raised concerns with the management.
•Staff told us they would blow the whistle if the provider did not act on the concerns appropriately.
A staff member told us, "We been trained that if you see anything that could put a [person who used the service] at risk, you must report. I would straight away come and report it…If you don't [report] the consequences are very much great."
•This showed people were supported by staff who knew how to safeguard them from the risk of abuse.

Assessing risk, safety monitoring and management
• Risk assessments were individualised to meet the diverse needs of people who used the service, and were incorporated into care plans to reduce or prevent potential risks to individuals.
•People were protected from risks associated with their health and care provision. We saw risk assessments were designed to maximise independence whilst maintaining safety.
•For example, risks associated with activities of daily living such as bathing, showering and cooking were identified and action plans put in place to minimise the risks. The care file for a person who displayed behaviour that challenged the service contained an appropriate risk assessment. The risk assessment stated the risks involved and the guidance for staff to follow to de-escalate the behaviour.
•Risk assessments of people's homes were carried out. We saw that most were comprehensive and specific to the person's environment.
•This meant staff provided care to people in a safe manner whilst respecting their freedom and independence.

Staffing and recruitment
•Staff lived within a short distance of the people they cared for. One staff member told us they had enough time to travel between visits. A staff member told us, "Majority [visits] are within walking distance or minutes on the bus."
•People and relatives told us that staff always contacted them if they were running late. One person told us,

"They're [staff] normally on time. If they're running late, they do call me." The same person told us staff stayed for the allocated time and, "They don't leave until they know I'm happy."
• A relative told us, "They let me know if they're running late and stay the full time."
• Staff files contained the required recruitment information, such as a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks.
• However, we noted that one staff file had just one reference from previous employers, and references were not always verified. The operations manager responsible for recruitment told us their policy was to obtain at least one reference from a previous employer and a character reference.

We recommend the provider seeks guidance and advice from a reputable source, in relation to obtaining references as part of staff recruitment practices.

Using medicines safely
•Staff completed training in medicine administration and followed safe medicine management practices.
•The medicine procedure provided guidance for staff on how to administer medicines safely.
•One person told us that staff always turned up and, "They [staff] watch me take the medication and record what they do."
•Staff were assessed and observed to ensure that they were competent to continue administering medicines.
•Protocols were in place for 'as and when required medicines'. This provided details such as what the medicine was prescribed for, when this should be given and a date for review, and signed by the GP.
•Medicine administration charts were provided by the pharmacist and copies kept in people's homes. Records showed that audits were carried out by the care coordinator and action taken where any errors were identified.
•This ensured that people were provided with safe medicines support.

Preventing and controlling infection
•Systems were in place to manage and monitor infection control practices.
•Staff received training in infection control and followed good infection control practices when providing care. For example, one person's risk assessment included handling and disposal of medical waste. This included guidance for staff on safe disposal as well as appropriate infection prevention and control practice. Staff and records confirmed this.
•The registered manager told us staff were provided with the necessary personal protective equipment (PPE), such as disposable aprons, gloves and foot wear. This was confirmed by staff.
• This showed people were protected against the spread of infection.

Learning lessons when things go wrong
•There were systems in place to learn lessons when things went wrong and make improvements. •For example, the registered manager told us lessons had been learnt following an incident which involved a medicine error at one of the supported living accommodations they provided a service to. As a result, new procedures were implemented to minimise the risk of a reoccurrence. Records seen confirmed this.
•Senior staff worked together to ensure that learning outcomes were shared with their staff through staff meetings and supervisions to minimise a reoccurrence.

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

Good: 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 received effective care and support from staff who knew their personal preferences.
- Each care plan was based on a full assessment of need and demonstrated the person and/or their family member was involved in drawing up their plan.
- Care plans were reviewed annually and more frequently when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience
- Staff had the knowledge and skills they needed to carry out their roles and responsibilities. A relative told us, "Yeah, I would say [staff] are all right. If there's a new person, they always spend time showing them the ropes first."
- Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences and to effectively carry out their role. One person told us, "Yes, they seem to know what they're doing." A relative told us, "I'm confident enough to go out; I can leave her with the carers [staff]."
- One staff member told us they were encouraged by their line manager to develop a particular area of interest which would further enhance their knowledge of one person's healthcare needs.
- Staff completed an induction before working with people who used the service. A staff member told us, "You get a senior staff, someone working with [people who used the service] for a very long time. Everyone's needs are different. They [management] ensure you are really prepared before they let you go out. I can't put a time on it, they assess you and make sure you are prepared to look after a client [person who used the service] yourself."
- Staff received formal supervision and a yearly appraisal to discuss their work and how they felt about it. They told us they had regular supervision which they felt enhanced their skills. Staff comments included, "I find it very, very useful. It really means a lot to me. I am there to make sure I promote their [people who used the service.] health and wellbeing" and "We look back at our performance over the past year and identify goals that I want to achieve in the year ahead."
- This showed staff were provided ongoing support and training to enable them to do their jobs effectively.

Supporting people to eat and drink enough to maintain a balanced diet
- People's dietary needs were met where this support was provided. One person told us staff encouraged them to eat, "Yes, they encourage me but I do eat and drink enough."
- Staff knew people's likes and dislikes for food and drink. A staff member told us, "[Person who used the service] likes travelling and going to the gym and bus rides. Doesn't like when you talk harshly, speak calmly. Likes chicken soup, pancakes and Jollof rice [traditional African rice dish]."

A staff member commented, "[Person who used the service] likes eating potatoes, mixed vegetables, fish, beans. He doesn't like meat but prefers chicken nuggets. He prefers orange and blackcurrant juice."

●Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake. Records confirmed this.

●This meant people were supported effectively with their dietary needs.

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

●Staff worked as a team and with other agencies to provide care to people in a timely manner. A staff member showed us how they worked together to share information about peoples' needs using a phone application. They told us "This entails updating ourselves of where we are, between managers sharing information."

●Records and correspondence seen on people's care records showed that staff worked with the local authorities, social workers and district nurse teams to meet people's individual care needs.

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

●People received effective health care support from their GP and via GP referrals for other professional services, such as occupational therapists and speech and language therapists (SALT). Records showed recommendations from healthcare professionals were incorporated in people's plan of care. For example, in one care plan we saw guidance on diet and seating position from the SALT team.

●Records showed that people were supported to access health and care professionals and support to ensure their health needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. We checked whether the service was working within the principles of the MCA.

●People's rights to make their own decisions were protected. We saw consent for activities was obtained, including provision of support and sharing of relevant information with other professionals on a need to know basis.

●People told us that staff asked their consent before providing care. One person told us, "Yes they do and they ask my permission if I'm lying in bed; they ask if they can come in."

●Staff received training in the MCA and were clear on how it should be reflected in their day to day work with people who used the service. Staff told us they asked consent and permission from people before providing any assistance. Comments from staff included, "Everyone has capacity to make some decisions in their lives, no matter how small that might be – you just have to give them [people who used services] the time to make that decision," "I lay out a couple of different blouses for the person to choose from, or a range of their favourite snacks if they are a little undecided," and "I always ask people for their permission before I do anything – it is how I would expect to be treated."

●This showed that people were asked their consent before providing care and their choices respected.

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

●People and relatives told us staff were caring. One person told us, "Yes, they are caring and kind. They come in and they ask me how I am and ask how I'm feeling. They wish me well if I'm not feeling well and ask me if I need anything else extra to help me." A relative told us, "Yes, they [staff] are caring. They have handled [relative] with care even when she has been aggressive. They show empathy towards her and her behaviour has improved. They take her out to the [shopping centre]. Occasionally they'll have a meal there."

●The registered manager told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use their service.

●Staff completed equality and diversity awareness training and told us that they treated everyone with equality. A staff member told us, "I've had training, we have to respect everyone's preferences. I would still give [LGBT people] the support they need, I deliver the best care I can give. I can't discriminate against [LGBT], make sure I am meeting the needs of that particular client [person using the service]."

●Staff described good relationships with the people they supported and were aware of people's history, interests and what was important to them. This showed staff knew the people they supported which meant they were able to support people according to their individual interests.

●People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs.

●This showed staff treated and supported people without discrimination, and in a caring and kind way.

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

●Records showed that people were involved in the care planning and their views were sought on the support they received. A relative told us, "[Relative] can be unpredictable and [relative] has improved, we [staff and relative] work like a team. I'm very happy and give them [staff] nine out of 10."

●Care plans were drawn up with people, input from their relatives, health and social care professionals and from the staff teams' knowledge from working with people in the service.

Respecting and promoting people's privacy, dignity and independence

●Staff understood the importance of treating people with dignity and respect and maintaining people's privacy. A staff member told us when giving personal care, "I can't just leave the door open, I close the door, respecting them [people who use the service] can be taking into account their preferences and involving them in their own care."

●Staff promoted and encouraged people's independence. A staff member told us they prompted with personal care, "Let them [people who used the service] know I'm going to wash this part, some [people are] very capable, you have to get them involved and support them. They feel very empowered, they feel involved in their own care."

Good

Is the service responsive?

Our findings

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

Good: 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
•Care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care.
•Care plans were person centred, well written and focused on what people could do. They also gave guidance on how staff could help people to maintain and increase their independence.
•Staff told us that they used people's care plans to obtain information about people's needs. A staff member told us, "What I do is help with tidying up their flat, tidy bathroom, cooking, going out to do shopping with her. Have conversation, helping with hobbies and laundry. Before you work with a client [person who used the service] you will get training about who the [person] is, there is a file in the [person's] house. [Care plan] outlines all the things you are supposed to do."
•This meant people received support that was individualised and met their personal needs.
•Care plans took account of the different activities people were interested in. These were scheduled into peoples' weekly timetables and included activities in the local community such as visits to local shops, pubs, cafes and clubs.
•This meant people had access to activities that considered their individual interests and links with different communities.
•People's care needs were reviewed and any changes made to people's care and support as necessary.
•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 and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
•Staff knew people's likes and dislikes, and preference for care. One person told us, "Yes I did have a choice. I have a male carer. I asked for this and I'm happy." This showed staff were provided with sufficient information about people to enable them to provide personalised care.

Improving care quality in response to complaints or concerns
•People and their relatives told us they did not have any complaints about the service. One person told us, "I've got no complaints. I feel confident enough to make one if I had to." A relative told us, "No, we have no complaints."
•The service had an up-to-date complaints policy in place. This was also developed in an easy read pictorial version. This meant this was accessible to people who used the service.
•The registered manager told us that there had been no complaints since the last inspection.

End of life care and support
•The registered manager told us, currently no one was being supported with end of life and palliative care.

Where the service did support someone in the past they had worked with the GP to agree an end of life care plan.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted 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
•People and relatives spoke positively about the service and told us managers, including the registered manager were approachable. One person told us, "[Staff member] is approachable and friendly and listens to me," and "I think they're a good company. I have the phone number of the manager and I can phone him directly. Everyone in the office is kind on the phone." This person also told us that they felt there was nothing that could be improved, "I give them [the service] nine out of 10."
•A relative told us, "Yes, we met the manager who came here for the initial assessment for the care plan".
•The registered manager understood their role and responsibilities in duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager told us that they were open and transparent, should the need arise they would ensure all the relevant parties are informed and an apology letter sent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
•The registered manager and staff were clear about their roles and the quality standards of care the registered manager had set out for the service.
•The registered manager and senior managers carried out spot check visits to people's homes to observe the care practice delivered by staff. Records and staff confirmed this. Other audits included infection control, medicine and health and safety.
•Telephone monitoring records showed the management asked people whether staff arrived on time, wore their ID badge and uniform, completed their duties satisfactorily and stayed for the allocated time.
•Staff said their managers, [registered manager and care coordinators] were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager.
•Staff told us they enjoyed working with people who used the service. Staff said the registered manager asked what they thought about the service and took their views into account.
•Staff comments included, "The managers [registered manager and care coordinators] are always ready to listen; we discuss things and reach a mutual agreement", "The registered manager sets a good example. They get involved in care of the service user [person who used the service] and are really committed to them" and "It gives [staff] a chance to channel problems, if not we are not able to support our [people] as

effectively as it's supposed to be."
•Although we saw evidence of spot checks on staff files, recent audits were not available on the day of our inspection. The operations manager told us that these had been saved on a memory stick but was not available at the office. The registered manager told us that the service was moving towards a paperless office and electronic records.
•Following our inspection, the registered manager sent us copies of recent audits which included infection control and medicine management. Although we were assured that quality audits were being carried out, these were not always accessible.

We recommend the provider seeks guidance and advice from a reputable source, in relation to good practice in quality assurance.

Engaging and involving people who used the service., the public and staff, fully considering their equality characteristics
•Records showed that people who used the service and their relatives were asked their views about the service. A relative told us, "We get a survey for feedback every year. I think the last one was last November."
•The registered manager told us they carried out telephone monitoring, "We are really in close contact with our service users [people who used the service] and families. We develop that rapport. If someone doesn't turn up they will tell us."
•This meant the provider involved people and their representatives in shaping and developing the service.

Continuous learning and improving care
• The registered manager told us they were in the process of improving their record keeping systems and moving towards a paperless environment. Records and office staff confirmed this.

Working in partnership with others
•The provider worked in partnership with the local authorities and other healthcare professionals to improve the quality of care and people's experience of the service. This was confirmed by the local authority who told us, "I think they are a well led organisation, I have no concerns."