

## ASHER EXCELLENT LTD

## Bell Green

**Inspection report**

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Bell Green, also known as Asher Excellent Limited, is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults and older adults, and people living with dementia. At the time of our inspection the service was supporting 1 person.

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 not safe as the provider had failed to consistently identify and assess the risks associated with their care and support. The provider was aware of serious risks of harm and injury but had taken no action to address these or mitigate risks.

Care plans and general risk assessments failed to provide staff members with the information needed to ensure people received safe care which met their needs.

The provider had failed to put medicine administration records in place so there was no record of what medicines people had been supported with. There was no guidance in place for staff related to supporting people with other prescribed items such as creams.

The provider had failed to ensure staff were recruited in a safe way. Pre-employment checks were not fully completed on any of the staff employed.

People were not always protected from the risks of abuse because staff had no identify badge to show them before entering their homes.

Staff had not received all of the training they needed which meant that whilst they intended to have a caring approach toward people they supported, they were unable to identify unsafe caring practices.

The provider did not have effective systems and processes in place to monitor the quality of the service. Where the provider was aware of shortfalls, they had not taken any action to make improvements needed.

The provider's office was a rented shared space with other unrelated businesses and could not offer any confidentiality related to meetings of telephone conversations.

The provider's policies were not always fit for purpose, and they had not had effective oversight of these to ensure they had all the necessary policies and procedures in place for staff to refer to when needed.

People were supported to have maximum choice and control of their lives and the provider supported them in the least restrictive way possible and in their best interests. However, the provider had yet to develop policies and systems to support this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 12 September 2022, and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This included concerns we identified about risk management.

#### Enforcement

Following our inspection visit, we asked the provider to respond to the immediate concerns we found. We continued to seek their updates and assurances they had mitigate the immediate risks to people.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Bell Green

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was announced.

We gave short notice on 22 May 2023 to the registered provider. This was so they would be available to support the inspection process. We reviewed evidence on 23 and 24 May 2023 which had been shared with us electronically. We undertook a visit to the provider's office location on 26 May 2023.

Inspection activity started on 22 May 2023 and ended on 26 May 2023.

#### 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 Healthwatch. The local authority purchase packages of care when people do not purchase their own care and support. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information service to plan our inspection.

#### During the inspection

This inspection was carried out using technology using telephone calls and emails to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation. We also undertook a site visit to the provider's office.

We spoke with 1 person to gain their feedback on the service. Additionally, we gained feedback from 2 care staff and the registered provider who is also the registered manager of the service.

We reviewed a range of records. This included 1 person's care plan and general risk management record. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed 3 staff employment records.

# Is the service safe?

## Our findings

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

This is the first inspection of this registered service. This key question has been rated inadequate. This meant people were not safe or protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks of harm and injury to people had been identified but management plans were either not in place or lacked detail. This meant staff did not have the information they needed to reduce people's risks of harm and injury.
- A person had an identified 'high' risk of falls and had experienced falls in the past. The provider was aware staff supported this person to use the stairs which they (the provider) described to us as 'dangerous to this person'. There were no actions for staff to follow to reduce risks of harm to the person or themselves.
- A person had a known risk of 'blackouts' which they described to us as like a faint when they passed out. There was no risk management plan around this to tell staff how to reduce potential risks of harm and injury to the person and themselves during these 'blackouts'.
- A person had an identified risk of choking. Whilst a risk management plan directed staff to remind this person to eat slowly, there was no reference to any speech and language therapy (SALT) assessment or guidance. We discussed this with the provider who told us they had not asked the person about this. Following our concerns being shared, the provider, on this person's behalf, requested a SALT referral be made.
- The provider knew risks were taken by staff that placed them and a person at risk of harm and injury. For example, staff balanced and stood on the edge of a bath to reach a shower unit. This posed risks to staff of falling and injuring themselves and potentially also falling onto, and injuring, a person being supported with personal care.

### Using medicines safely

- Staff had not received specific training in the safe handling of medicines. The provider told us they felt the topic of medication was sufficiently covered in the care certificate. Whilst the care certificate provided introductory skills and knowledge, it did not give staff all the skills they needed.
- The provider told us that he and another staff member, made sure staff knew how to support people with their medicines. However, neither had completed a 'train the trainer' qualification to deliver the safe handling of medicines training to staff.
- One person was supported by staff to take their prescribed medicines. Whilst staff recorded 'medication given' in the person's daily notes there was no medicine administration record (MAR) in place for staff to follow the prescriber's directions or to record administration as required. The provider told us they were unaware a MAR was required.
- Staff told us they supported 1 person with their eye drops but we found no guidance in place for staff about administering eye drops.
- One person was supported by staff to have prescribed creams applied to their skin. There was no body

map or guidance in place to direct staff how and where to apply the topical medicine.

Risks were not always assessed or well managed. Medicines were not handled safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Staffing and recruitment

- Staff were not recruited in a safe way. Whilst Disclosure and Barring Service (DBS) checks had been obtained for staff, no previous employment or character references had been sought for any staff. This meant the provider had not undertaken robust recruitment checks. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff had completed application forms, but some information was missing. For example, full employment histories were not included on any staff's application form. These had not been addressed by the provider and no interview notes had been recorded.
- There was no effective care call monitoring system in place. Whilst there were sufficient staff employed to undertake agreed care calls, this did not ensure care calls always took place at the agreed times. One person told us about frequent lateness they experienced, telling us, "Staff are often late, I think this is due to the buses. I do not know if they are going to be late."
- Some care calls were rushed. A person told us, "At times it is rush, rush, rush because the staff want to get a certain bus." This was not due to staff going to another care call but due to other commitments they had. The provider had not always ensured staff stayed for the agreed time and did not rush the call.

The provider had not recruited staff in a safe way by undertaking all pre-employment checks available to them. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from risks of abuse because care staff were not issued with an identity badge before undertaking care calls alone to people. One person told us, "Staff do not have uniforms or identity badges, so I just open my door and ask who they are." This meant people were at risk of inviting callers into their home without them being able to check they were staff members of Bell Green.
- The provider had a safeguarding people from abuse policy. However, this was incomplete and did not give staff clear information to follow in the event they had concerns about abuse.
- Staff could not always clearly tell us about their safeguarding people from abuse responsibilities.
- The provider did not understand their responsibilities to notify external agencies including the local authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse and serious injury. Whilst we found no evidence of notifiable incidents, the provider was unable to tell us when these would be legally required or how to complete these.

#### Preventing and controlling infection

- The provider had an infection control and prevention policy. However, this was incomplete and contained information relevant to a care home and not their service. For example, daily cleaning routines were referred to as being the shift leader's responsibility.
- The provider had no information available for staff to refer to about infection control and prevention when working in people's own homes and moving from 1 person's home to another.
- Staff had access to stocks of personal protective equipment (PPE) and used these when supporting people with personal care.



### Learning lessons when things go wrong

- The provider told us there had been no accidents or incidents, but if any were to occur learning would be taken from them. There was a system in place to record any accidents or incidents but there was no analysis process in place for when needed.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's outcomes were not always good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There was no record of staff being given an induction into their role. However, the provider told us all staff completed the care certificate before undertaking care calls to people and before being employed by them. The care certificate is an identified set of standards for health and social care workers giving them introductory skills and knowledge.
- Staff had not received all the training they needed. Whilst the care certificate is a part of training and development for new staff, it does not provide all the knowledge, skills and experience staff need. For example, staff had not received training in moving and handling. This placed people at risk of harm.
- Staff did not always know how to contact the emergency services. Whilst there had been no need to contact any emergency service to date, we asked staff about this as part of their feedback to us. A staff member referred to "calling 911" when they should have referred to 999 for a UK emergency number. The provider had not checked staff's knowledge, and this meant potential delays may occur in the event of contacting emergency services.
- Staff felt supported by the provider. A staff member told us, "My manager always explains when I don't understand something or when something happens to go wrong, they are always present and available to respond."

Staff work with other agencies to provide consistent, effective, timely care;

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

- Staff had not identified when help and support from other healthcare agencies was required. For example, we identified 1 person who may have benefitted from professional healthcare guidance. When we discussed this with the provider, they asked us for guidance on how this process worked, which we shared with them.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.

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

- People were supported with their nutritional and hydration needs where this was an agreed part of their care and support. One person told us, "Staff take their time in supporting me with meals, I enjoy cooking with them."

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people were not always supported and treated with dignity and respect; or involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Overall, people gave positive feedback about the caring approach of staff and the provider. One person told us, "I like the staff because they are calm and reassuring to me." However, this person added, "What I do not like is the rush, rush approach, telling me they have to go and get their bus."
- Overall, staff gave feedback to us which demonstrated their intention was to be caring. However, they did not always achieve this in practice. Staff themselves did not always recognise unsafe caring practices because the provider had not ensured they had the skills, knowledge or experience to do so. For example, staff had not recognised they might fall onto a person and injure them or themselves; when they balanced at height to operate a shower unit.
- Staff did not realise their approach in rushing the care call due to having to catch a bus had a negative impact on people.
- The provider had no equality and diversity policy for people they supported or for staff. There was no record of any questions being asked at a person's initial assessment to ensure protected characteristics under the Equality Act were met.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. One person told us, "Staff help me in the shower, they are respectful of me."
- Staff demonstrated an understanding of why people's independence was important. One person told us, "Staff help me make my meals and I like that."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was not always well planned. One person told us the provider had met with them to discuss what support they wanted. However, no record of the initial assessment was recorded or included in the plan of care.
- Daily notes recorded some care calls to 1 person were undertaken by 1 staff member and other care calls by 2 care calls. We asked the provider why this was, and they told us the person only required 1 staff member but sometimes 2 staff went. There was no recorded rationale for this.
- People were positive about care being personalised. One person told us, "The staff support me with what I need, and I am happy with that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- One person felt, overall, staff communication toward them was good, but they had initially needed to tell staff not to talk to them as if they were a child. The provider told us they had also noted this issue on a staff skills spot check. However, no action had yet been taken, such as providing further training for the staff member.
- People's communication needs had been assessed and was documented in their plan of care. However, there was no guidance to inform staff how sensory loss may impact on a person's communication abilities or safety.

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 plans of care did not give staff information about their hobbies and interests. However, 1 person told us they were able to chat with staff when supported by them and felt this aided positive relationships being developed.

Improving care quality in response to complaints or concerns

- People had no current complaints about the services they received and were aware of who to contact if they needed to raise a concern.
- Feedback processes were in place giving people opportunities to share what they thought of the service.

- The provider told us no complaints had been received but would be used for learning if they were.

# 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.

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant the service was not well managed or well-led. Leaders and the culture did not promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have effective quality assurance systems and processes in place.
- There were no quality checks on staff employment documents. Concerns we identified to the provider were known about but they had not been recognised as a concern by them. For example, there were no reference checks for any of the staff employed and no full employment history for staff. This posed potential risks of abuse to people because staff's good character had not been checked.
- Additionally, supporting information on staff application forms was incomplete, and on 1 staff file the rehabilitation of offender's section was not completed. The provider had failed to identify the potential risks to people in not undertaking full employment checks and having systems in place to assure themselves that all pre-employment were completed as required by them.
- Actions from the provider's spot checks on staff to monitor their work did not take place. During spot checks on 2 staff members, the provider had recorded staff were not wearing identity badges because these had not been issued. The provider had failed to recognise the potential risks they placed on people in not issuing staff with identity badges. We discussed our concerns with the provider about the lack of staff identity badges and they told us they had not had time to do these.
- Care plan audits did not take place. This meant opportunities were missed to identify where improvements were needed in risk management and in the information made available to staff. The provider had not assured themselves that staff had all the information they needed to provide safe and effective care.
- The provider's oversight had failed to identify the need for medicine administration records to be in place. This meant the provider had not ensured staff had the information they needed to safely administer medicines to people and no record of what medicines had been administered to people was kept. This placed people at risk of receiving medicines they were not prescribed.
- The provider's policies were not always fit for purpose. For example, the medication policy was for a care home setting and gave staff no information, guidance or direction related to the safe handling and administration of medicines in people's own homes. The provider told us they had not had oversight of their policies but had purchased these from a specialist company.
- The provider had not assessed staff training needs to ensure they had the skills to provide a safe service. For example, the staff training record showed no staff had completed any moving and handling training. This posed risks of harm and injury to people and staff.
- The provider shared their statement of purpose with us and told us this was also the service user guide. The intended purpose of this document was to inform people about the services offered. The provider's

statement of purpose was not accurate or clear. For example, one of the provider's aims was to 'provide a safe and secure environment for people with challenging and complex conditions.' This had no relevance to the regulated activity the provider was registered for which was to provide personal care in people's own homes.

- The provider's statement of purpose provided members of the public with an office address for the service. The provider's desk was in a shared office space with other businesses, and offered no confidential space for staff interviews, meetings or any telephone conversations.
- We discussed confidentiality with the provider who told us they could always use their family home for meetings if needed. The provider told us they hoped to move to a 'more convenient office address soon.' There was minimal designated space for confidential records. There was no designated secure storage for care plans, hand-written care notes or any other confidential information related to their business.
- There was no care call monitoring system in place. We asked the provider how they ensured care calls took place at the agreed times and they told us they sometimes drove staff to a person's house. This had not prevented late care calls and was not an effective system as the provider was not always available to drive staff to care calls.
- The provider told us they offered an on-call system to support staff. However, we found this system would not always be effective because the provider had another full-time job elsewhere. When we asked how they would be able to support staff when they were working elsewhere, they told another care staff member would be able to assist. However, they told us their wife also had a full-time daytime job elsewhere. This meant support available to staff was limited.

Systems and processes had not been established or operated effectively to ensure a safe and quality service was provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The provider was able to explain to us what was meant by duty of candour and the importance of being honest and open. However, they lacked an understanding as to when they would need to send a statutory notification to us about specific incidents or safeguarding concerns. This meant they may not always be aware of when they needed to share information with us and other external agencies. This also meant they may not always act on their duty of candour. The provider assured us they would inform themselves more about this so they could be transparent and act on their duty of candour whenever needed.

Continuous learning and improving care; Working in partnership with others

- The provider had not developed systems to work in partnership with other healthcare professionals. Following our feedback about concerns related to identified risks and guidance from us, the provider had taken immediate action to contact a person's GP, on their behalf, to request healthcare professional referrals for support.

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

- People were asked for their feedback on the service received. One person told us, "The manager comes and visits me and asks me about how things are, they really go the extra mile for me." This person added, "I am happy with the service and the care staff I have."
- The provider had a system in place for gaining feedback from people in the form of a survey. A recent survey gave positive feedback on the care and support received.
- Staff felt supported by the manager through working alongside them or in having online meetings.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not effectively ensured fit and proper persons were employed. The provider had not ensured persons employed were of good character or had the qualifications, competence, skills and experience necessary for the work to be performed by them.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not consistently assessed the risks to the health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The provider had not ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. The provider had not ensured the proper and safe management of medicines.</p>

### The enforcement action we took:

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Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not effectively assessed, monitored or improved the quality and safety of the services provided in the carrying on of the regulated activity. The provider had not effectively assessed, monitored or mitigated the risks related to the health, safety and welfare of service users and others who may be at risks which have arisen from the carrying on of the regulated activity.</p>

### The enforcement action we took:

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