

Ashbourne Group Limited

# Ashbourne Healthcare Services

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ashbourne Healthcare Services is a domiciliary care agency. At the time of the inspection, the service was providing support to 37 people of which 30 people were receiving support with personal care tasks.

Not everyone using the service received support with tasks related to personal care and eating. CQC only inspects services where people receive this type of care and support. We also consider any wider social care provided.

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

People told us they felt safe and trusted the staff providing care and support.

Care plans were person centred and comprehensive, reviewed and updated when changes to people's health occurred.

Risks to people's health, safety and well-being were assessed and planned for and people's complex care needs were appropriately met.

Staff supported people to be as independent as they wished and respected the choices people made in relation to all aspects of their care.

Staff supported people to take their medicines safely where this formed part of an agreed package of care.

Staff were mindful of people's privacy and endeavoured to maintain people's dignity and respect their boundaries.

Staff completed training in food hygiene and supported people to eat and drink according to their needs and preferences.

The service worked in partnership with other professionals to optimise people's health and well-being.

Safe recruitment processes were being followed to ensure staff were suitable for their roles.

The provider had quality assurance systems in place to identify shortfalls and drive forward service improvements.

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 and update:

The last rating for this service was good (report published 26 April 2017).

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Ashbourne Healthcare Services

## **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

This inspection was carried out by one inspector. Following the inspection, an Expert by Experience contacted people using the service for their feedback. 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

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

The service manager was registered with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons are legally responsible for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 August 2019 and ended on 20 August 2019. We visited the office location

on 14 August 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we hold about the service such as notifications of events and registration information. We used this information to plan our inspection.

#### During the inspection

We spoke with the registered manager for the service and a deputy manager. We reviewed a range of records. This included six people's care records and related documentation. We looked at records for five members of staff in relation to recruitment, training, supervision and appraisal. We reviewed policies and procedures and other records relating to the management of the service.

#### After the inspection

An Expert by Experience spoke with three people, four relatives, an advocate and a representative of a person using the service. We spoke with four members of care staff. We contacted three healthcare professionals involved with people using the service and heard back from one of them.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and trusted the staff who visited them in their homes.
- The provider had appropriate safeguarding policies, procedures and systems in place.
- Staff received training and guidance on how to recognise abuse and were clear about the need to report any concerns they may have about people's welfare to managers and other relevant agencies.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing continued to be assessed, managed and reviewed appropriately.
- Where fire risks within the home environment were identified the provider made appropriate referrals to London Fire Brigade teams to arrange follow up home safety visits.
- People's money was managed safely where appointments were in place or where staff completed shopping tasks for people using the service. Staff completed financial transaction records and returned them to the office for auditing purposes.

Using medicines safely

- People's medicines were managed safely. People told us they received the appropriate support to manage their medicines safely and as prescribed.
- The provider had medicines policies and procedures in place which ensured staff had clear guidance on how to safely administer and record medicines.
- Medicines administration records (MAR) were in use and staff were completing these appropriately and returning them to the office for auditing purposes.

Preventing and controlling infection

- People told us, "Staff are very clean. They wash their hands immediately", "[Staff] use gloves, aprons, shoe covers and uniforms" and "Their hygiene is excellent."
- Staff were following prevention of infection procedures and using personal protective equipment (PPE) such as aprons and disposable gloves when supporting people with their personal care.

Staffing and recruitment

- There were enough staff to meet people's needs.
- We reviewed recruitment records during the inspection and these demonstrated that safe recruitment processes were being followed.

- The provider requested a minimum of two references for prospective employees and carried out identity checks to ensure that staff had the right to work in the UK.
- Disclosure and Barring Service (DBS) checks were made before any offers of employment were confirmed. The DBS helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report and record any accidents, incidents, events, complaints and concerns.
- The provider reviewed this data to ensure all necessary steps were taken to minimise any repeat occurrences and learn from mistakes. This included carrying out investigations, arranging staff supervision sessions and facilitating discussions at team meetings.



# 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 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

- People received effective care and support. People had a comprehensive assessment of their needs carried out and care plans provided information to guide staff and support good practice.
- People using the service and relatives told us they were involved in reviews of their care. One person told us, "[A manager] came to see me and went through everything, assessments, finances, insurance etc. They gave me documents to read in my own time and gave me a care plan."
- Staff monitored people's needs and provided flexible support, for example, when people needed to attend medical appointments or when a medical emergency occurred.
- Staff respected people's individual rights and diverse needs and provided support that was caring and non-judgemental.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People's care records included contact details for GPs, family members and health and social care professionals.
- Staff told us they worked closely with other health professionals to support people's needs. We saw evidence of this collaboration in people's care records.
- Staff contacted people and their relatives for advice and to provide updates as needed and when appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of MCA. The provider had policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests. Staff promoted people's independence and respected their right to make their own choices.
- Staff completed mental health legislation training and understood the principles of the MCA. Staff told us they routinely sought consent when providing people with care and support.

Staff support: induction, training, skills and experience

- Staff continued to receive appropriate training relevant to their role. There was a comprehensive induction in place for new staff which was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet.
- Mandatory training included safeguarding, health and safety, basic life support and fire safety.
- Staff told us they felt supported and received regular supervisions. Yearly appraisals had been scheduled to discuss staff roles and responsibilities and identify any further training needs.

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

- Staff completed food hygiene training and continued to support people with food shopping and meal preparation where this formed part of an agreed package of care.
- One person told us, "[Staff] do the shopping and give me fresh food." Another person commented, "I have plenty of fruit and food beside me. The carer will do the shopping at Sainsbury's and pack it away."
- Where there were risks or concerns relating to people's nutritional intake, staff sought guidance from relevant healthcare professionals to manage these.

# 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 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 well supported. A relative told us the care their family member received was caring and supportive. They told us, "In the morning staff run a bath and help [my family member] in and out. They help [them] with [their] dentures and teeth, cream and prompt [them]. They clean and prepare the commode. Help [them] to brush, fix and pin [their] hair. When [they] are bathed, washed and dressed, they bring [them] downstairs and prepare, supervise and clear up breakfast and [supervise] medications."
- Other comments included, "[Staff] are lovely", "[Staff] are very good" and "[Staff] are very careful. Really good."
- People's beliefs and practices were recorded in their care plans where appropriate. Staff had a good understanding of equality and diversity issues and respected people's cultural and spiritual needs. A member of staff told us, "[People using the service] have a right to be treated with respect."

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

- People and their relatives told us they felt included in how the care and support was planned and delivered and had opportunities to have their opinions heard.
- Staff told us it was important for them to support people with choices. Records showed that staff supported people with choices for different aspects of their care.
- The service provided people with information about support and advocacy services if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they maintained people's privacy and dignity. This included shutting doors and closing curtains, asking people if they were comfortable and being mindful of people's individual needs, preferences and daily routines. A healthcare professional told us they were very happy with the quality of care people received from the service and staff.
- People were supported to maintain their independence and encouraged to do the things they wanted and needed to do. A relative told us, "The carers are very generous and courteous. They suggest things like [looking at] old photographs and are receptive to ideas."

# 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 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

- People and their relatives were involved in the care planning and received personalised care that was responsive to their needs.
- People's care plans were reviewed and updated as and when needed. One person told us, "[The care plan] has been updated very recently. They update it a few times a year."
- Staff told us they had all the information they needed to provide effective and responsive care to people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records showed people's communication needs had been assessed and were known to staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. We saw records that demonstrating that complaints were managed appropriately.
- People we spoke with felt comfortable reporting any concerns they may have and were confident their concerns would be dealt with satisfactorily.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and understood the importance of people's religious beliefs and preferences in these matters.
- The provider had good links with healthcare professionals and specialist services where this input was required.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Managers and staff understood their roles and responsibilities.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager was aware of the legal requirement to notify local authority safeguarding teams and CQC of important events as required.
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The service had supervision and appraisal processes in place to support staff learning and development.

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

- The registered manager was intent on providing a high-quality service. He recognised the value in offering consistent support to people using the service which resulted in good outcomes.
- Staff felt supported by the registered manager and told us, "You can talk to [the registered manager] about anything, he's always very pleasant", "He talks to me straight and he's a very, very nice person" and "[The registered manager] is approachable and helpful."
- People provided positive feedback about the management team and the staff that supported them.
- Staff were complimentary about their colleagues and said they worked well as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service completed regular customer quality surveys. The results from these then fed into the service improvement action plan.
- The service had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders.
- The service had links to the local community and had developed good working partnerships with health and social care professionals. A healthcare professional we spoke with told us the service was "well organised, responsive and reliable."
- Learning and development was important to the registered manager. They attended regular internal

meetings and used online guidance and publications to guide effective working practices.