

Ask Care Limited

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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

This announced inspection took place on 29 March 2018. At our last inspection in February 2016 we made a recommendation relating to staff training. During this inspection we found enough improvement had been made to make the rating for effective "Good".

This service is a domiciliary care agency. It provides personal care to over 350 people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children mainly in the London boroughs of Redbridge, Newham and Havering.

Not everyone using ASK Care receives regulated activity; CQC only inspects the services provided to people receiving '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 there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. We found medicines were managed safely. Staff were aware of the processes in place to ensure people were protected from harm.

Staff had attended relevant training and received annual appraisals and regular supervision as required. They were aware of the Mental Capacity Act 2005 and how they applied it in practice to ensure no unnecessary restrictions were placed on people.

Care plans were person centred and reviewed regularly to ensure they reflected people's views, values and preferences. Where required people were supported to be comfortable during the last day of their lives.

There were robust recruitment practices in place. There were enough staff employed to ensure people received care safely.

People were supported to maintain a balanced diet that met their individual preferences.

People told us they were treated with dignity and respect by staff that were polite and caring. They told us they could make complaints and that the service responded and tried to resolve any issues raised.

There were effective quality assurance systems in place to ensure the quality of care delivered was monitored and improved. People and staff thought the service was well run with the exception of a few people who thought the communication from office staff could be improved.

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 remains Good.

Is the service effective?

Good ●

The service was effective. We found staff underwent a robust induction and were supported by means of regular training, spot checks supervision and annual appraisals.

Staff were aware of the mental capacity act and how to apply it in their role to ensure people's choices were respected.

People were supported to maintain a balanced diet that met their needs when it was part of their care plan.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be in.

This inspection was completed by an 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.

Prior to the inspection we reviewed information from previous reports and notifications we had received about incidents that had happened. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners, the safeguarding teams and the Healthwatch for the three London boroughs where the service is provided.

We reviewed 14 care records and 10 staff files. We spoke with the registered manager, the managing director, a field supervisor, a care coordinator and three care staff. We spoke with three relatives and 20 people over the telephone. We reviewed policies and quality assurance audits and feedback from people using the service.

Is the service safe?

Our findings

People told us they felt safe and trusted staff who supported them. One person said, "They always leave the door secure. They also have an ID which helps especially if they haven't been before." Another person said "Yes I am quite safe."

There continued to be appropriate arrangements in place to ensure people were protected from, abuse. Staff were aware of the steps to take should they identify any abuse and were able to explain the reporting process. We reviewed the safeguarding policy and found it to contain appropriate guidelines. We reviewed safeguarding incidents and found appropriate measures were in place to learn from the incidents and minimise the risks of the same events recurring. Procedures had been followed where there had been allegations of abuse.

Staff were aware of the risk assessments in place to ensure people remained safe. These were reviewed every six months or when people's condition changed. They included risks associated with mobility, choking, the home environment and falls.

The service continued to manage medicines safely. Staff had completed competency checks and attended medicine management training. Medicine administration records were completed where people were supported to take medicines. We saw medicines risk assessments in place to ensure staff were aware of the individual's needs. Staff were aware of the procedures to follow should an error occur or should a person refuse their medicine.

People thought there was enough staff to support them, although some people thought some staff were better than others. One person said, "There is always someone around although sometimes I prefer to see the same face." Another person said, "Yes they have never missed a visit. Someone always comes roughly on time give or take a few minutes here and there."

We reviewed missed and late visits reports and we found these were monitored on a daily basis to ensure people received their care. Accident and incidents were also reviewed to ensure any patterns identified were cascaded to all staff in the form of text messages or meetings.

There continued to be robust recruitment systems in place which ensured that only staff that had undergone the necessary checks and were deemed suitable were employed. Staff told us they had undergone an interview process, proof of identity check and reference check.

People told us staff used the equipment where required to enable them to transfer. One person said, "They are good and talk to me whilst helping me get on the chair." Staff told us they had been trained where required to use equipment such as hoists and we confirmed this within the records we reviewed. They were aware of how and where to report any faulty equipment.

People told us staff always washed their hands and wore clean clothing. Staff had attended infection

control training and told us they had access to personal protective clothing (PPE). On the day of our visit we saw several staff coming to collect PPE as required. We also found staff had attended food hygiene training especially where they assisted people with meal preparations. There were procedures in place to ensure infection control guidelines were followed.

Is the service effective?

Our findings

At our previous inspection we made a recommendation about training as it was not always refreshed in a timely manner. At this inspection we found improvements had been made and there was a training plan in place for all training that was due to lapse. Training included but was not limited to first aid, Mental Capacity Act and food hygiene. Records showed staff undertook a comprehensive induction programme which included shadowing experienced staff and completing the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Staff received regular supervision to ensure they were confident in their role and were aware of how to support people effectively. Staff told us supervisions and spot checks were frequent and helpful. One staff said, "It's good that they come to check. Then I get to know if I am doing a great job and also show them any changes I have helped make in peoples life." We saw evidence that annual appraisals were completed and staff got the opportunity to request further training and professional development.

Before people started to use the service comprehensive assessments were completed. These included people's expectations and detailed preferences about how they wanted to be supported with individualised goals such as wanting to have a bath or shower at least three times a week. These were completed in liaison with the person and their relatives to ensure a support plan could be put in place to meet their needs.

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. We saw capacity assessments in place for specific decisions and these were reviewed every year. Staff had attended MCA training and were aware of how this applied in practice. One staff member told us, "Capacity sometimes depends on the decision. One can decide on what to wear and eat but can sometimes be unable to make bigger decisions." People told us before care was delivered, staff asked for their consent.

People were supported to have a balanced diet where it was part of their support plan. One person told us, "They make my breakfast, lunch and supper. I just tell them what I want." Staff were aware of culturally specific dietary preferences and told us they respected people's wishes. One staff said, "We make them what they want for breakfast and make it how they want it not how I like it." We saw evidence that risk assessments for nutrition were completed and referrals were made when people were identified as at risk of malnutrition.

People told us they were supported to attend their hospital appointments. One person said, "Staff remind me of appointments and come early to ensure I am ready to go on time." Another person said, "They help me at times chase up my medicine at the chemist." People were enabled to access health care services

when required. We also saw evidence that other health care professionals such as occupational therapists and district nurses were contacted to enable people to access equipment and health care support they required.

Is the service caring?

Our findings

People told us staff were caring and polite. One person told us, "[Staff] are very good to me. Very caring and considerate." Another person said, "No complaints, very satisfied with the care and conduct of staff so far." We saw instances where the service had gone the extra mile to ensure people were satisfied with their care. For example, during the recent snow we noted the service made telephone calls to ensure people were safe. Where people did not have any access to food due to the severe weather conditions they sent supplies of basics such as bread free of charge. We also saw an instance where a person had locked themselves out of the house and the provider had paid to ensure a locksmith came out and installed a new lock on the door after letting the person in.

Staff told us and care plans confirmed that people's religious and cultural preferences were noted and followed when people's care was delivered. For example, some care plans clearly stated, "Prefers female only carers for religious reasons." One person told us, "I requested for females only and they understand and honoured my wish." We also saw that where possible people were matched with staff who spoke their language or understood their religious or culture specific preferences.

People were treated with dignity and respect and their wishes were respected. One person said, "Yes, they are respectful of my choices." Another said, "Yes, they don't expose me unnecessarily and talk to me whilst they assist me." Staff told us of instances where they respected people's privacy especially during personal care. This included waiting outside till people called them in and this was also noted in the care records we reviewed.

People were supported to be as independent as they could be. One person told us, "They help me with my feet and back and let me do my face and hands." Staff told us they left things within people's reach and encouraged people to do what they could do for themselves. One staff member told us, "I encourage [person] to brush their teeth as they are still quite good with their hands."

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person told us, "I know when they are supposed to come and call the office or tell [staff] if I need to change the time they visit." We saw feedback from people that stated that the service had been flexible to meet their needs at short notice. A care plan also showed evidence that a person who was withdrawn at the time they started to use the service was now going out more and now paying more attention to their personal hygiene needs since receiving regular support from staff.

Care plans were person centred and reflected people's wishes, preferences and cultural specific needs. They were reviewed when people's needs changed and known by staff who supported people. People and their relatives were involved in six monthly care plan reviews in order to ensure care delivered was meeting people's needs. We saw evidence of package increases or decreases to meet people's needs. For example one package had reduced to twice a day as the person's condition had improved.

People told us they were able to make complaints and 11 out of 16 thought their complaints were resolved. One person said, "If anything is wrong I tell the staff and call the office. So far all concerns have been resolved." We reviewed the complaints made since our last inspection and found they were logged, investigated and responded to within the timescales outlined within the service's policy. The five unresolved complaints were still in the process of being remedied and involved visit times, staff being asked to complete tasks outside of the package. The complaints process was known by staff and followed through.

People were supported to have a pain free and comfortable experience towards the end of their life. We saw care plans mentioned where people had been willing to discuss end of life preferences. Staff told us they were aware of people cultural specific wishes in relation to processes and procedures after death. We also saw thank you notes from relatives thanking service for care and support offered during people's last days.

Is the service well-led?

Our findings

People and their relatives were happy with the way in which the service was run with the exception of three people who thought visit times could be improved and office communication. One person said, "It's ok for a big service but the owners know me by name which makes it personal." We informed the service of the feedback about visit times and communication breakdown with office staff which had already been noted within survey results and was being addressed.

Staff were aware of their roles and responsibilities including the reporting structures. They told us that the on call team was always available out of hours to offer advice and support. The field supervisors and care coordinators were aware of their remits and told us they always communicated to ensure the service was run effectively.

There was a registered manager in place who ensured the Care Quality Commission received all notifications relating to any incidents at the service in line with their legal obligation to do so. Staff told us the registered manager was very supportive and listened and was flexible to their individual needs. They had several social functions for staff including trips to the beach and an annual barbeques to keep staff motivated and recognise them for their hard work. We saw a carer of the month award given to staff who had gone out of their way to help people. We saw instances where the service had supported staff with car loans. This enabled staff to afford reliable cars that helped them to deliver timely visits. Another initiative was paying a core set of staff who drove during public holidays in order to ensure there was transport available for staff that did not drive so that they could get to people.

The provider was also involved in the community. They worked very closely with the local job centre and volunteered to help people within their community including an initiative they ran within their premises to empower women to be more confident. They had won the mayors award for best business contribution to the community and had attained the city and guilds approved training centre award.

People and their relatives told us they had the opportunity to comment on how the service was run. One person told us, "Yes they listen and make changes to my visit plan and care needs when needed." We saw annual satisfaction surveys were completed and action followed up to ensure their views were listened to.

There were effective systems in place to ensure the quality of care delivered was monitored and improved this included spot checks, medicine and record audits and telephone monitoring to ensure people were receiving support that met their individual needs.