Access Care Management 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

The inspection took place on 10, 11 and 20 April 2017 and was announced. This was to ensure people and staff were available to speak with us.

Access Care Management Limited (to be referred to as Access Care throughout this report) is a family run care agency which provides personal care and support to people who live in their own homes across the country. The agency provides live in care workers (to be referred to as care staff throughout this report) to people via an introductory and client matching service. This is where people wishing to receive care are provided with care staff profiles which detail the staff's skills and experience to allow them to identify the member of care staff who may be able to best meet their specific needs. Access Care offer two distinct services, people can privately employ care staff directly which does not fall within the regulation of the Care Quality Commission (CQC). However, a number of people are introduced and the care is managed by the agency to ensure it meets people's needs. This is care which is regulated by the Care Quality Commission (CQC).

People who receive the service include those living with Alzheimer's, people living with chronic illnesses such as Multiple Sclerosis and those living with brain injuries. At the time of the inspection the agency were providing personal care to 19 people who lived in their own homes across the country.

At our previous inspection completed on 21 and 23 July 2015 we found a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). The provider had not always ensured care staff had provided full employment histories prior to registering with the agency. This meant the provider could not assure themselves that any gaps in their employment history could be reasonable explained and were not due to reasons which would make them unsuitable to deliver care. At this inspection we found that the requirements of the HSCA were now being met with full employment histories obtained from potential care staff and any gaps in this history had been sought and reasonably explained.

Access Care has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage a service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the agency is run.

People using the agency told us they felt safe. Safeguarding training and procedures were in place and care staff were able to identify and recognise signs of abuse. Care staff understood and followed guidance to recognise and address safeguarding concerns. The agency had systems in place to notify the appropriate authorities where concerns were identified and investigate these thoroughly.

People's safety was promoted because risks that may cause them harm in their own homes had been identified and guidance provided to care staff on how to manage these appropriately. People were assisted

by care staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Access Care did not directly employ care staff. Care staff were self-employed and had to register with the agency in order to be introduced to people. The registered manager ensured that care staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care staff who knew them well. The agency's registration process ensured that people were protected from the employment of unsuitable care staff.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse situations which could affect service delivery and to protect the loss of people's information if a fire or flood affected the main office.

People received their medicines safely. Care staff were trained to administer medicines and were required to update this training every two years in order to remain registered to deliver care. Care staff completed medicine administration records (MARs) fully which identified people had been receiving their medicines as prescribed.

Where required people were supported by care staff to eat and drink enough to maintain a healthy balanced diet. People told us they enjoyed the meals which were prepared for them and care records documented their likes and dislikes to support care staff with meal preparation.

People were supported by care staff to make their own decisions. Whilst not all care staff we spoke with were knowledgeable about all the principles of the Mental Capacity Act 2005 (MCA) all demonstrated how they offered people choice and supported people with their decision making processes. Mental capacity assessments were undertaken by office staff and the registered manager for people who lacked capacity to make decisions. MCA assessments and associated best interest decisions were completed in conjunction with people who had the appropriate power of attorney to support people when they were no longer able to make key decisions about their life.

People's health needs were met as the care staff and the registered manager had a detailed knowledge of the people they were supporting. Care staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Care staff had taken time to develop close relationships with the people they were supporting. This was supported by care plans which were personalised to each individual. Care plans contained personalised information to assist care staff to provide care in a manner which respected person's individual needs and wishes. Relatives were involved at the care planning stage and during regular reviews. Relatives told us, and records showed, they were actively encouraged to be involved at the care planning stage, during regular reviews and when their relative's health needs changed.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. Care staff sought to support people to participate in a range of activities to enrich their daily lives which included attending gym classes, shopping and attending further education classes.

People and relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way.

People, relatives and all staff were encouraged to provide feedback on the quality of the service during care plan reviews and through regular telephone contact with office staff.

The provider's values included providing highly individualised care in people's home to enhance people's ability to live independently. All staff were able to discuss the provider's values and demonstrated they knew how to deliver high quality care in a way which promoted people's dignity, provided respect and enhanced people's independence skills. People and a relative told us these standards were evidenced in the way care was delivered.

People and relatives told us Access Care had a confident registered manager and all staff told us they felt supported by them. The registered manager provided strong positive leadership and fulfilled their legal requirements by informing the Care Quality Commission (CQC) of notifiable incidents which occurred at the agency. Notifiable incidents are those where significant events happened. This allowed the CQC to monitor that appropriate action was taken to keep people safe.

The provider's quality monitoring processes involved weekly contact with people receiving a service to ensure care provided was meeting their needs. Audits were also conducted on paperwork upon its return to the office to ensure that all care was required at the time it was needed.

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 agency was safe.

People were safeguarded from the risk of abuse. People had confidence in their care staffs ability to provide care and felt safe and secure when receiving support.

Risks to people's health and wellbeing had been identified, recorded and detailed guidance provided for care staff regarding how to manage these risks safely for people.

Care staff received the appropriate training and had the required knowledge to care for people in a safe and consistent manner. There was a safe and robust registration process in place to ensure care staff suitability to deliver care in people's homes.

Contingency plans were in place to cover unforeseen events such as a fire or power loss at the office.

Medicines were safely stored and administered by care staff who had received appropriate training.

Is the service effective?

Good

The agency was effective.

The provider ensured that care staff had the relevant training and on-going support to be able to proactively meet people's needs and wishes.

Whilst not all care staff could clearly describe the principles of the Mental Capacity Act (MCA) we saw people were assisted by care staff who demonstrated they offered choices in ways which could be understood and responded to. People were supported to make their own decisions and where they lacked the capacity to do so care staff ensured the legal requirements of the MCA were met.

People were supported to have sufficient to eat, drink and maintain their nutritional and hydration needs.

Care staff understood and recognised people's changing health

needs and promptly sought healthcare advice and support for people whenever required.

Is the service caring?

Good

The agency was caring.

People told us care staff were patient and caring in their approach and supported them in a kind and sensitive manner. Care staff had developed relaxed, companionable and friendly relationships with the people they supported.

Where possible people were involved in creating and reviewing their own personal care plans to ensure they met their individual needs and preferences. Where people were unable or unwilling to do so relatives and those with the appropriate Power of Attorney were involved in this process to ensure people's needs and preferences were expressed, documented and care provided accordingly.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

Is the service responsive?

Good

The agency was responsive.

People received care which was based on their needs and preferences. Changes in people's needs were quickly recognised and action taken to ensure the appropriate care continued to be delivered by care staff.

People were assisted by care staff who encouraged and supported people to participate in activities to allow them to lead full, active and meaningful lives.

People's views and opinions were regularly and routinely sought and listened to. Processes were in place to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Good

The agency was well led.

The registered manager promoted a culture which was based on the provider's values of people receiving highly individualised care which promoted people's independence. People told us care staff demonstrated these values during their working

practices.

The registered manager provided strong leadership fulfilling the legal requirements of their role. Care staff were aware of their role and felt supported by the registered manager and all office based staff. Care staff told us they were able to raise concerns if they wished and felt the manager provided good leadership.

The registered manager and provider sought feedback from people and their relatives and regularly monitored the quality of the service provided. This enabled them to continuously find ways to improve the service people received.

Access Care Management Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This inspection took place on 10, 11 and 20 April 2017 and was announced. The registered manager was given 48 hours' notice of the inspection as we needed to be sure that the people and care staff would be available to be spoken with. This inspection was conducted by two Adult Social Care Inspectors.

Before the inspection we looked at the previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the agency, what the agency does well, and what improvements they plan to make. We reviewed this information as part of our inspection.

During the inspection we visited one person in their home, spoke with two further people on the telephone, two relatives and office staff including the Managing Director, a Recruitment Consultant, a Client Relation Consultant and the Registered Manager.

We reviewed a range of records about people's care which included care records for seven people, daily care notes detailing the care provided to three of these people and four people's medicine administration records. We viewed five care staff recruitment files which included training and registration information. We reviewed computer systems used to document, monitor and record correspondence between office staff, people and care staff as well as other documents created whilst managing the agency. These included the provider's policies, procedures, complaints and compliments.

Following the inspection we spoke with three members of care staff.

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Good

Is the service safe?

Our findings

At our previous inspection we found the provider had not always requested full employment histories from care staff prior to registering them with the agency to deliver care. This had been a breach of Regulation 19 (Fit and proper persons) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection we received an action plan from the agency detailing the steps they would take to ensure any gaps in potential care staff employment histories were reasonably explained. We saw at this inspection the action had been taken and the regulation was now being met.

People we spoke to with said that they felt safe with the care staff who supported them as they were regular, familiar and recognisable faces. This had allowed trust to be developed between people receiving care, their relatives and care staff. One person told us, "Yes, I do (feel safe) very safe…it's always the same ones (care staff)". A relative told us "The staff are very understanding and I know they are on top of things with my relative, nothing gets missed". One person said, "If you mean do I trust the staff then yes, absolutely". A relative agreed with this statement and told us, "It's really important that I can trust the carers, they are wonderful I must say and I know my relative feels very safe with them".

The risk of abuse to people were minimised because care staff had a comprehensive understanding and ability to recognise signs of potential abuse. This included being able to identify changes in the behaviour and mannerisms of people unable to verbally communicate if they were being subjected to any abuse. A safeguarding policy was available which care staff were required to read and this information was also made available to care staff in their 'Care worker Guide' which was given to each member of care staff as a reference tool. Safeguarding training was a mandatory requirement prior to becoming registered with the agency and care staff were responsible for refreshing this training every two years in order to maintain their working registration.

Care staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One member of care staff provided an example where they had concerns regarding potential financial abuse by a member of a person's family. This was reported to the office staff and appropriate action taken to ensure the person remained safe. One safeguarding concern had been investigated by the agency since the last inspection. Documentation showed the registered manager had understood her responsibilities in relation to this. The allegation had been investigated thoroughly and discussed with the local authority safeguarding team before being closed with no action required as necessary by the agency. People were being cared for by care staff who knew how to recognise the signs of abuse, what action they should take if identified and had support to do this.

Assessments were undertaken to assess any risks to people who received care and to the care staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people using the agency had restricted mobility which required the use of physical support aides to enable people to move around their home safely. These included equipment such as standing aides and ceiling hoists. Risk assessments provided detailed guidance for care staff detailing the

type of slings people would require when using such equipment and how to ensure people remained safe during their use. They also included details of when equipment was last serviced to ensure it remained suitable for use. People and their relatives were involved in these assessment processes. This ensured that the care provided and any risks of people experiencing harm were managed safely but also people's freedom was supported and respected. One person told us, "I don't feel restricted at all, it's the other way around really, there are lots of things I wouldn't be able to do without their (care staff) help". Step by step guidance was provided for care staff so they had the most up to date detailed information required to enable them to keep people safe.

There were robust contingency plans in place in the event of an untoward event such as a fire or power loss in the main office. People's personal records were electronically and securely stored in both the main office and an external site. This meant that in the event of an adverse situation the registered manager and office staff were able to access this information remotely. People's care plans and risk assessments were also printed and available for care staff in people's homes. This minimised the risk of loss of information should any untoward event effect the main office. These processes ensured that people's information was readily available if required.

Care staff were not directly employed by the agency, they were self-employed care staff who were required to register with the agency before they would be available to deliver care. The registration process in place was robust and ensured people were supported by care staff with the appropriate experience and who were evidenced as being of suitable character. Care staff had undergone a number of detailed checks as part of their registration process. This included completing a detailed application form and providing evidence of good conduct from previous employers in the health and social care environment. Care staff were also required to produce documentation which evidenced they had been subject to a Disclosure and Barring Service (DBS) check. The DBS helps agencies make safer recruitment and registration decisions and helps prevent the employment of care staff who may be unsuitable to work with people who use care services. People were kept safe as they were supported by care staff who had been assessed as suitable for their role.

There were sufficient numbers of care staff deployed in order to keep people safe. The agency worked on the principle of having three members of care staff available for each person receiving care. This meant that in the event of a member of care staff wanting to take leave from the agency or a person wished to change their care staff for whatever reason these requests were easily accommodated. There were sufficient plans in place and numbers of care staff available to ensure people continued to receive safe care.

Not all the people using the agency required support when managing their medicines. However, people who received this support were happy with how their medicines were managed. One person told us, "They (care staff) to help me with my medicines, I think I'd be in a bit of a muddle otherwise". A relative told us, "The carers always make sure the medicines are available for my daughter, she can take them herself but they manage the process of getting them". Although care staff were delivering care in people's homes there were systems in place to ensure that medicines were being stored administered and reviewed appropriately. Care staff were able to describe how they supported people with their medicines. Records and discussions with care staff evidenced they had received regular training in medicines management and were competent to continue in that role. Medicines administration records (MARS) were completed by care staff and sent to the office on a monthly basis for auditing and archiving. These were viewed and showed that medicines were being administered as prescribed and documented appropriately. People received the right medicines at the right time by the right route from care staff who had been assessed as competent to complete that role.

Good

Is the service effective?

Our findings

People and relatives we spoke with were positive about care staffs ability to meet the requirements of their role. Relatives and people said they felt care staff were well trained and had sufficient knowledge and skills to deliver care. One person told us, "The staff seem really well trained as far as I can tell. They certainly know what they're doing" and a relative said, ""My mum is always telling me how good all the staff are and how they never forget a thing. That can't be coincidence; it must be training".

People were supported by care staff who had the knowledge and skills required to meet their needs. The registered manager ensured that people's requirements were met by care staff who had the correct competencies, knowledge, qualifications, skills and experience. As well as providing documentary evidence of their skills and competencies to register with the agency, new care staff had to attend an introductory day held at the provider's office. This day included being interviewed by the registered manager and managing director to ensure new care staff had the right attitudes and behaviours to meet people's needs.

People were matched by the agency with care staff who had the experience, similar interests and knowledge to best meet people's needs effectively. The provider created personal profiles on each member of care staff a selection of which were sent to people when they were due to receive care. This enabled people to choose the member or members of staff they wished to support them. These profiles listed care staffs likes and dislikes, such as their hobbies including knitting and walking for example, their ability to drive a vehicle as well as the specific training and experience they had gained from working with people with particular care needs. This information included care staff experience with using manual handling aids such as hoists and whether or not they had received training and were experienced in delivering specialist care such as managing people's oxygen or catheter needs. These profiles also included a section titled 'What others have said about me' where previous clients who had received care from that member of care staff had provided their feedback. These profiles provided detailed information to enable people to select the right members of care staff in order to meet their particular needs.

Care staff were required to complete a number of mandatory training subjects before they were considered as suitable for registering with the agency. This training included, practical training in manual handling, first aid, safeguarding and medication. Additional training was offered by the agency to take place on a two yearly basis. The training programme offered by the provider included courses which were relevant to the needs of the people who were receiving care. This additional care training included, neurological conditions awareness including stroke and Parkinson's care, brain injury care awareness and end of life care. Other training available to care staff included, food safety, health and safety, fire awareness, infection control, confidentiality and managing challenging behaviour. When care staff sought this training from external training providers office staff verified these training certificates to ensure they were legitimately recognised courses conducted by a recognised education provider or facility. Care staff were provided with the guidance and information they needed to enable them to undertake their duties safely and effectively.

People were assisted by care staff who felt supported in their role. There were documented processes in place to ensure care staff received weekly or fortnightly support calls offering regular supervision. The

registered manager told us, we saw and care staff told us they were spoken to on a regular basis by office staff to ensure they were meeting the needs of the people they were supporting and that their own personal needs were being met. This level of regular contact provided care staff with the opportunity to express if they were unhappy or required additional support with any matter. Care staff told us they felt supported by the registered manager and office staff as a result of having this regular contact. People and care staff were also provided with an out of office hour's telephone number which meant they could speak to the office staff or registered manager whenever they required support or assistance. One member of staff told us, "(Office staff) will ask, 'Are you ok, are your needs being met…they (provider) have an out of hours number and I have used that before…if they can't guide me on something they'll tell me where I can go, they won't leave me" Another member of staff confirmed office and managerial staff were always available if required, they told us, "Yes even in the night time we can talk we have a special phone line and bank holidays and night time we can always talk with people". The agency used a number of ways to offer support to care staff who were located across the country by informing them when there were changes in policy, legislation or training courses available. This included maintaining a social media page on the internet and providing care staff with a monthly newsletter. These methods were used to ensure care staff had the most up to date information and training opportunities available to enable them to complete their role effectively.

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 agency was working within the principles of the MCA. MCA assessments were completed for people when concerns were identified regarding people's ability to make decisions relating to their care. For example, we saw that concerns had been raised that one person may not have been able to consent to their care. The agency had worked with the person's Power of Attorney (POA) to ensure the care to be delivered was in the person's best interests. A person who has a POA has a legal authority to represent or act on another's behalf when they may be no longer able to make key life decisions for themselves. Whilst not all the care staff we spoke with could readily identify all the principles of the MCA, all were able to demonstrate the actions they would take in offering people choice in a way they could understand. This included providing people with the additional time and support required to assist them with this decision making process.

People were supported by care staff who sought their consent when delivering care. People told us their consent was always sought prior to care delivery. This was confirmed by a relative who said, "My relative finds it hard to communicate but there's no way the carers would do something they didn't want to".

People were happy with the support they had to eat and drink. One person told us about their care staff preparing their food, "He's been nice, he's quite good. If I don't like something I don't eat it and we do the shopping together and I buy what food I like". People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care plans detailed people's personal food preferences enabling care staff to prepare meals that were enjoyed. For example, one persons' care plan stated they liked a particular meal time routine which we could see was followed. Where people had identified nutritional needs such as the need for a pureed diet professional healthcare advice sought, documented and followed by care staff.

Care staff recognised the importance of offering people sufficient food and fluid to meet people's health and wellbeing needs and we could see this advice was made clear in people's care plans. Where care staff were

not directly involved in providing people's food and drink as this was managed by an external provider or a family member for example, advice was provided to care staff to inform the registered manager if they noticed people were not eating or drinking sufficient to meet their needs or eating or drinking too much unhealthy food or drinks. If required, action would then be sought to provide guidance to encourage people to make healthier eating and drinking decisions. People were supported by care staff who were provided with appropriate and individualised guidance relating to people's eating and drinking needs and ensured these were followed.

Care staff were available to identify and assist in arranging access to healthcare professionals for people when required. A number of people receiving care from the agency were able to manage their own healthcare needs with the help of friends and family. Care staff however were able to identify when people needed additional assistance and acted proactively to ensure this need was met. For example, a member of care staff noted that a person's mobility had deteriorated where it was no longer safe for them to mobilise independently. Care staff sought guidance and support from the office staff and social services to ensure that appropriate manual handling equipment was installed so this person's needs were met effectively. People were supported to seek healthcare advice and support whenever required.

Good

Is the service caring?

Our findings

People experienced comfortable, reassuring and trusting relationships with care staff. Relatives and people told us support was delivered by caring staff. One person we spoke with said, "I just can't fault the carers. They are so caring and kind. Nothing is too much", another person told us, "I can only speak for myself but the care I get is outstanding. It's ten out of ten". This was confirmed by relatives we spoke with, one told us, "The attitude of the carers is fantastic", another said, "I would give them (care staff) nine out of ten. I think they are really caring but not in a smothering kind of way".

Positive and caring relationships had been developed between care staff and people receiving support. People's personal preferences regarding the type of care staff they wished to be matched with were taken into consideration and included whether or not people preferred male or female care staff. After selecting the care staff to support them people were offered the opportunity to meet the new care staff during an extended handover process with the current member of staff. This was to ensure people were able to quickly identify whether or not they felt the member of care staff was able to meet their needs and if they were happy for that member of care staff to live in their home. People were able to change their care staff when required without delay which was easily accommodated by having a large number of care staff registered with the provider and available to deliver care, this meant that if required a change of care staff could occur the same day.

People's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included brief information about what was important to them such as their previous employment, how people wished to be addressed and what help they required to support them. All staff spoken with during the inspection were knowledgeable about people's personal histories and preferences and were able to tell us about people's interests, previous working lives and hobbies. The registered manager and managing director were planning to develop people's care plans immediately following the inspection which would include more personal history information including details such as family support networks available to people and how these relationships were to be maintained. People were supported by care staff who were caring in their approach and had taken the time to get to know them as individuals.

People who were distressed or upset were supported by care staff who could recognise and respond appropriately to their needs. Care staff knew how to comfort people who were in distress. A member of care staff described how they would offer compliments and reassurance to one of the people they supported as they enjoyed receiving praise which ensured this person's mood would improve and they would feel happier within themselves. Another member of care staff identified that one of the people they supported had dementia and when they become upset they would not be able to engage them in conversation in order to make them feel better. As a result the member of care staff would take them for a walk in their wheelchair into the surrounding village which placed the person at ease. Being within this highly familiar environment provided reassurance and the person would start talking about where they lived, this had always reassured the person and improved their mood alleviating their distress. Care staff ensured people's emotional wellbeing was supported as well as their physical needs.

People were supported to express their views and to be involved in making decisions about their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or the support they required that day.

People were treated with respect and had their privacy and dignity maintained at all times. Records detailed the actions to be taken by care staff when supporting people with their personal care and in order to maintain people's dignity. These were known by care staff and people told us this guidance was being followed. People and relatives told us they and their family members were treated with respect by care staff. Care staff offered examples where they would support people with their bathing needs but ensure they were not left exposed therefore providing care in respectful and dignified manner. People were respected by care staff who routine practices protecting people's dignity.

Good

Is the service responsive?

Our findings

People we spoke with told us the care staff took the time to get to know them and treated them as individuals. People were actively involved in creating their care plans, relatives and those with a PoA were also able to contribute to the assessment and planning of the care provided. One person told us, "I remember when the staff first came, they did a thorough assessment. Yes, I did feel involved in the process. I still am; the staff are always checking to see how I am", relatives we spoke with confirmed this view. One relative said, "I was there when the initial assessment was done with my father. I was very impressed. Everything was covered in detail. I really got the impression they wanted to provide the best care and I know the paperwork is constantly reviewed". Another relative told us, "Yes, I was involved in sorting out the care from the start because my relative can't communicate well. They (staff) were really professional and found out what was needed very quickly".

People's care needs had been fully assessed and documented by senior members of staff before people started receiving care. These assessments were undertaken in people's homes to identify their support need and care plans were then developed outlining how these needs were to be met. These care plans were reviewed as often as people requested or when people's needs changed. Records showed that the care people received was discussed weekly with people to ensure it was still meeting their needs. When senior members of staff visited people in their own homes to conduct a full review relatives and those with a PoA were encouraged to be involved in these processes. People were receiving the care which was reviewed regularly to ensure that it remained suitable to meet their needs.

People's independence was supported wherever possible; this included allowing extra time for people to complete personal care tasks without assistance. Care staff told us they understood the aims of the agency which were to support people to live independently in their own homes. One member of care staff told us, "Our job is to make (person) feel independent and the boss, nobody is ruling her, she can be independent in her house, she should feel she is the main person in her house". Care staff provided examples of how they supported people to remain as independent as possible; this included encouraging people to become involved in their personal care tasks, whilst ensuring they remained safe. Relatives confirmed care staffs willingness to support people's independence. One relative told us, "I always have the impression that they work with her (relative) rather than do things for her so much".

Care staff realised the importance of encouraging people to participate in activities to remain active and involved in meaningful tasks that minimised their risk of social isolation. Care plans contained information regarding activities people previously enjoyed and their likes and dislikes. Care staff were able to discuss and evidence they followed this guidance to support people appropriately. Care plans also detailed the importance of some family relationships to people and how care staff were able to support them in maintaining these relationships. For example, one person receiving care had family who lived oversees who always called on a certain day of the week. Care staff were aware of this need for this relationship to be maintained and ensured the calls continued regularly. Care staff actively supported people to participate in external activities and education to ensure they led interesting and meaningful lives. One person was supported to go coach driving on a weekly basis as well as supported to attend weekly social groups in their

local area. Another person liked going out for trips with their family members and were supported by their member of care staff to enable them to do this.

The provider delivered care to people living across the country and to ensure that people receiving care, their relatives and care staff felt connected and supported by each other the agency made use of social media. This included posting details of events such as a large Tea Party to celebrate the Queen's 90th birthday which encouraged people, their family and care staff to come together to enjoy tea and cake as well as socialise and make new friendships. To reach people who were unable to travel competitions were often held on social media such as Halloween pumpkin carving competitions and decorated Christmas tree competitions. People were encouraged by care staff to participate in these events and if agreed photos were shared on the provider's social media page. This enabled care staff to frequently interact with other care staff as well as encourage people who may not be regular uses of social media to form connections and friendships with other people living in other areas of the country.

The managing director was keen to promote the use of social media as a way of ensuring people and the local community were able to communicate. This involved inviting people from the local community to a training session on how to utilise the internet including sending and receiving emails, social media and using the internet to hold telephone conversations with loved ones. This was used as a way to encourage people to interact with people they may not necessarily see or meet with on a regular basis. The provider ensured that people's risk of social isolation was minimised wherever possible and care staff encouraged people to participate in activities which allowed them to live full and interesting lives.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to any member of care staff or the registered manager to address any concerns and felt confident issues would be resolved as a result. One person told us "I did need to talk to them about something a while ago. Not a complaint really, just to clarify something I suppose. They were very good, listened and then acted. I was impressed".

The provider's complaints procedure had been made available in people's care plans stored in their homes and listed how people could complain. It included contact information for the provider, local authority adult services departments and the Care Quality Commission. The client guide also contained detailed information regarding the timescales people could expect when waiting to receive an initial response to their complaint as well as when they should expect to receive the overall results of the completed investigation.

The provider documented complaints in a complaints folder which was kept securely in the office. Three complaints to the provider had been raised since the last inspection. We saw the complaints had been made, documented, investigated and responded to within the provider's timescales. Two of the complaints were unsubstantiated and the third had been resolved with actions learned to prevent future recurrence.

Good

Is the service well-led?

Our findings

A person told us regarding the management of the agency, "It's very good", another person told us, "I think it's (agency) excellently run. Outstanding in fact. I really can't fault them at all".

The provider and registered manager aimed to achieve a positive and open culture within the service and actively sought feedback from people receiving care and care staff. Care staff felt they were able to communicate openly and honestly with the office staff, each other and the registered manager and felt supported as a result. One member of care staff told us, "(can speak with office and the registered manager) All the time, never had any problems or any trouble, they're all really nice". Another member of care staff said, "Yes (feel supported) even in the night time we can talk we have a special phone line and bank holidays and night time we can always talk with people."

The provider's aims of the agency were to provide highly person centred care packages to enhance people's independence. These aims were understood by care staff who were able to clearly identify the purpose of their role and their responsibilities to deliver this particular type of care. All staff we spoke with were able to clearly identify their role of placing people at the heart of care delivery, allowing people the time and space to complete tasks for themselves. Care staff spoke positively about their role in providing care which allowed people to retain their independence as much as possible. People were supported by care staff who were aware of their role and demonstrated the providers and registered manager's values in the care they delivered.

People and relatives told us they were able to contact the office and speak with all staff or the registered manager whenever required. People confirmed that communication with the office was easy and action was taken when they requested a change to any aspect of their care. One person told us, "If I need to change the arrangements or consult with Access, they are very good, very flexible", another person said, "Yes it's very easy (communication)…it's very friendly and relaxed, you don't feel as though you're talking to a business really". The registered manager told us that she and office staff were always available to be spoken with by care staff, people and relatives. People had a Client Care Guide in their homes which provided them with all the contact details of the office staff, managerial staff and an out of office hours number for people to contact in the event of an emergency of if they wished to seek additional support and or guidance. This was also made available to care staff in their Care Worker Guide which were provided in both paper form and on a memory stick which could be viewed on appropriate electronic devices so this information was always readily available to them.

The agency had looked at innovative ways of communicating with care staff who worked in the community to make sure they were informed of changes, knew about best practice and could share views and information. For example, due to the location of care staff across the country the agency was unable to hold face to face care staff meetings however use of their social media website allowed people to share and discuss matters which were responded to. Care staff also received information and advice via this social media page. This page contained information of available training dates and courses available, testimonials

of good work completed and photographs of people with their care staff. Access Care provided care to people across the country and we could see that this was an interactive tool which was updated regularly by office staff and discussed at daily office staff meetings to ensure its use was continually monitored and promoted. This was a useful way of offering support for people, care staff and relatives to remind them there were people always available to offer guidance and support.

We could see that people were engaging with the social media page leaving positive comments on photographs which showed people and their members of care staff such as, "It's so nice, we can see and feel very close friendly relationship, sweet". They also shared details of events people would find interesting to engage discussion such as birthdays of famous people. This prompted people to share their memories and experiences of meeting with these people and was used as a way to engage people in conversation with people they may never meet, promoting a sense of community. The agency also produced client and care staff newsletters providing people with advice and guidance such as ensuring people were drinking enough during the warmer weather for example.

The registered manager monitored the quality of the service provided by the agency by ensuring either they or office staff spoke with every person who received a service on a weekly basis. These conversations were to ensure people were happy with the care they received, if there were any issues they wished to raise and if they were being appropriately supported by their member of care staff. Records showed that these conversations were documented on a Client Communication Log so the information contained within was available to all office staff when speaking with care staff. People felt valued by receiving these calls allowing them to provide their feedback, one person told us, "Yes, I think my opinion is important to them".

In order to ensure high quality care was being delivered the registered manager ensured care records returned to the office on a monthly basis were audited by office staff to ensure they were appropriately completed. Records showed that care documentation including medicines records was correctly and fully completed. Systems were also in place for monitoring accidents and incidents to ensure they were recorded and outcomes clearly defined, to prevent or minimise re-occurrence.

The agency also sought feedback from by people by the use of an online questionnaire which people and family were able to complete anonymously if preferred. This allowed people to submit their levels of satisfaction on a service in a number of key areas. These included: if people were being treated with dignity, the overall standard of an agency, quality of the care staff and management. The provider and registered manager regularly reviewed the comments submitted and identified areas where the quality of the service provided could be improved. For example, as a direct result of feedback received quarterly newsletters were now being produced monthly to meet people needs. The provider was also offering family and friends who were interested in receiving free training the opportunity to attend the provider's offices and undertaken training. This included practical training in the safe moving and handling of people and first aid.

The registered manager was able to evidence that they knew what was required of their role. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the agency. We use this information to monitor the agency and ensure they respond appropriately to keep people safe. The registered manager had submitted notifications to the CQC in an appropriate and timely manner in line with CQC guidance and regulations. All care staff spoke positively of the registered manager's ability to do their role and felt they provided strong leadership.

The provider had links with other health and social care professionals and used this professional relationship to further support people's needs. Some people had expressed concerns regarding the future funding of their care. As part of this live in care group the agency had been working with other providers to

produce a leaflet for people providing guidance and direction for people who wished to find out their options regarding their care funding. This was a leaflet which was produced by the agencies for people receiving live in care services and provided 'non-profit' advice, this meant that the agencies were not gaining financially from the independent advice they were providing.

People and relatives we spoke with spoke positively of the quality of the care provided. One person told us, "I would recommend them (Access) to anyone, they're all wonderful". A number of written compliments had been received by the service which demonstrated they felt high quality care was provided by care staff and was evidenced in their behaviours and attitudes. A selection of these were viewed. One person had written to the agency, 'I can honestly say that they (care staff) have made a real difference to my friend in their time with her. They are highly intelligent and work well with the medical team that support my friend'. Another relative had shared their views 'I can't express how happy I am to have AC (Access Care) looking after mum. I know she's well cared for and in the hands of professional kind people who become friends and part of our family. They give 100% I can relax knowing mum's in good hands thank you'. All staff were aware of the principles of high quality care and ensured these were delivered.