

ACS (North) Ltd

Acacia Homecare (Stockport)

Inspection report

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15 July 2019

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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

Acacia Homecare (Stockport) is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 35 people. The service covers Manchester, Stockport and surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they were very happy with the care and support provided and would recommend the service. Staff treated people with dignity and respected their privacy.

People had been involved in writing their own individualised care plans which ensured they received person-centred care. Care documentation was detailed and outcome-focussed. They included information on people's family, history, skills and interests.

Staff were highly trained and supported by management to provide a high quality, personalised service to people. The provider had ensured they followed safe recruitment processes.

People told us they felt safe. Staff had a good understanding of how to safeguard people from abuse. Comprehensive risk assessments were in place to guide staff to safely care for people.

Staff demonstrated a very good understanding of independence, consent and choice.

The service used an electronic hand-held, system to ensure people's care need records were always up to date.

The registered manager was passionate about involving people in the community they lived.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

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 ●

Acacia Homecare (Stockport)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs, such as dementia, sensory impairment, learning disability, mental health and physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 10 July 2019 and ended on 15 July 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager and three carers.

We reviewed a range of records. This included three people's care records and multiple 'active care' records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a safeguarding policy and procedure in place. Staff had received up-to-date training and were knowledgeable about identifying signs of abuse; and what appropriate action to take if they had any concerns.
- The registered manager had links with local authority safeguarding teams and was aware of their regulatory requirements around protecting people from abuse. Staff told us they felt confident the registered manager would act quickly if they reported any concerns. Staff were aware of whistle-blowing procedures.
- People we spoke with told us they felt very safe. One person told us, "Staff know what they are doing; they seem to be well trained."

Assessing risk, safety monitoring and management

- Individual risks to people using the service had been identified, assessed and risk management plans were in place.
- Risk assessments were very detailed and reflected current care needs. Each staff member was issued a handheld device, which enabled them access people's care records remotely and update people's risk assessments in real-time. For example, one person, who lived with diabetes, had a comprehensive check list and clear actions were documented on what symptoms to look for and what immediate action to take.
- Staff had received several training programmes on how to keep themselves and people safe, such as advanced first aid and fire safety.

Staffing and recruitment

- The provider followed safe recruitment practices when employing suitable staff to care for people who may be vulnerable. Checks had been carried out on staff before they started working for the service.
- The service employed enough trained staff to meet people's needs. Rotas were planned in advance and the registered manager used technology to precisely plan travel routes for staff to ensure call schedules were well-managed. One person told us, "They are very good and reliable; they always come on time."
- The service was advertising for new staff at the time of our inspection. However, the registered manager told us they were looking for special people who would go the extra mile for people.

Using medicines safely

- People's medicine requirements were managed safely.
- People received assistance with their medication from trained staff. Staff regularly had their medication

competencies checked by being observed and monitored by the management team. Medicine administration was also audited by the registered manager.

- The hand-held system used by staff sent live information to the office indicating what medicine had been administered and when to each person. This system described individual procedures for each person on what their preferences and requirements were to safely administer their medicines.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received up to date training in infection prevention and control.

- Staff were supplied with sufficient personal protective equipment (PPE). Each new staff member was supplied with a safe starter pack. This pack contained disposable gloves, aprons, CPR mask, first aid kit, panic alarm, circuit breaker and antiseptic hand gel.

- People we spoke with told us staff always used appropriate PPE when providing care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded, managed and actions taken to mitigate any future risks.

- The management team met regularly to review and analyse any incidents. This analysis included the reason for the incident and what actions they could take to help prevent a reoccurrence. The registered manager told us certain incidents would prompt a review of the care plans and a referral to professionals. For example, one person had fallen from their chair; the service liaised with a social worker and safeguarding teams and the person was assessed for equipment in their home to help keep them safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The registered manager visited people to carry out an initial consultation, which was a detailed pre-assessment of their care and support needs. This was to ensure the service could fully and appropriately meet the needs of the person requiring care and support.
- The pre-assessment then formed the starting point for care plans and risk assessments that would be flexible to accommodate people's changing needs and preferences.
- Staff were aware of people's current care and support needs in line with people's choices and preferences through access to care plans and also through forming relationships with people. One relative we spoke with told us they were happy they could be involved in caring for their loved one. They told us, "The manager has always been very accommodating; fitting in with what [name] needs and what I want."

Staff support: induction, training, skills and experience

- People were supported by a highly trained staff team. The registered manager encouraged staff to develop through further training.
- Staff underwent a detailed induction and shadowing period before they were signed off as competent to provide care to people using the service. Staff received regular competency checks, supervision and appraisal. Staff told us they thought the training was very good and they felt very supported by the management team. One staff member told us, "when I met [registered manager] I realised how genuinely she cared for people and her staff. I have got so much more confident now as I really feel supported; even for the slightest thing they are always there at the end of the phone and it is never a problem."
- Alongside a comprehensive, mandatory training package, staff who cared for someone with a particular condition would undergo specific training to meet individual needs. For example, some staff had undertaken training on specialised feeding and stroke awareness.

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

- People's dietary needs had been assessed prior to service commencement and where necessary, people had eating and drinking risk assessments and care plans in place.
- Assessments included people's dietary requirements, food allergies and people's preferences around food choices and where they like to eat their meals. One person's care plan detailed, "I like to have Weetabix in a glass bowl with cold milk and a sprinkle of sugar."

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

- Management and care staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- One person told us they were happy because the service agreed to jointly provide care for them with another care organisation after their previous agency had refused, "They are happy and flexible to share."
- In each person's care plan we found a document 'key professionals involved in my care'. This directed staff who to contact and informed them of other important people involved with the person.
- The service regularly worked with other healthcare professionals to ensure people's wider care needs are met. We saw evidence in care plans and the registered manager gave us examples of how they had liaised with other agencies. For example, the registered manager had liaised frequently with the wheelchair service to get one person assessed. This person was not able to go out before they had a wheelchair and now staff supported them to attend bingo every week and took them shopping.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- The registered manager demonstrated their knowledge and experience of working within the MCA and associated legal safeguards around consent.
- Pre-assessment documentation addressed the need to ensure people who were making decisions about others had the legal capacity to do so and could demonstrate this. For example, evidencing power of attorney for health and welfare documentation.
- Staff had undergone training in the MCA and clearly demonstrated their awareness of the need to gain consent before providing care and support. Staff were provided with a quick reference guide outlining the principles of the MCA. One staff member told us, "I always ask consent for absolutely everything. I am aware of the MCA and I never assume someone does not have capacity and always ask and involve people when delivering care."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

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 and their relatives were very complimentary around the caring nature of staff and how they felt respected. One person told us, "I am very pleased and yes, I am treated with dignity and respect. The ladies are very good." Another person told us, "They are always kind and respectful. I am very fortunate that I have the same three carers."
- An equal opportunities policy was in place and staff had up-to-date training on this and dignity in care. Policies and procedures were also in place around gender-related care and culturally based services. The registered manager demonstrated a good understanding of the protected characteristics covered in the Equality Act 2010.
- Staff we spoke with clearly demonstrated how they respectfully cared for people. One staff member told us, "I appreciate this job so much. If the care was being delivered to me I would expect the carers to treat me with dignity and respect. It's a human thing to do; it's the right thing to do."

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

- People had been involved in decisions about their own care and support delivery. It was evident throughout the inspection that the service provided person-centred care. Individual care plans were written with full involvement of people and those close to them. These were very detailed around people's choices and preferences; they included information such as 'my likes/ dislikes', 'how I usually am' and 'how to support me if I am worried or upset'.
- Each person had been involved in deciding their care package and people had a copy of their agreed schedule of care. This meant people knew what service they expect to receive each day, the name of the staff member who would be visiting and for how long.
- Staff told us they were sensitive to people's changing needs. One staff member told us, "We follow the care plan but keep an eye out for any changes and ensuring the care is how they want it or need it."

Respecting and promoting people's privacy, dignity and independence

- Treating people with dignity, respect and care was the ethos throughout the service. The registered manager checked regularly with people around how they were spoken to and treated by staff in order to maintain high standards.
- Care documentation was written considering people's need to maintain their independence. People made their own decisions about what care they wanted. For example, one person had stated, "I dislike losing my independence and do not want people to try to do too much for me." This directed staff to be

sensitive to the person's desire to maintain their independence.

- People we spoke with all confirmed they were treated with dignity and had their privacy respected. One person was very complimentary about staff and told us, "We are delighted. Staff are very willing, capable and experienced, lovely people. One day I said I didn't feel well, and they rang to check I was okay."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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's plans of care were very person-centred and considered people's choices and preferences.
- Care plans guided staff on how to provide care and support to the person in the way they had chosen and to their own preferences. The pre-assessment consultation visit captured what was important to the person and what outcomes they would like to achieve from the care visits.
- Staff had undergone person-centred care training and one staff member told us, "I get to know people by reading the care plan and having a good chat on the initial visit and find out their preferences. For example, in what order they like things to be done."

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.

- The registered manager was aware of the Accessible Information Standard (AIS) and each person's specific communication needs were detailed in their care records. Currently, there was no-one using the service who required their information in this way.
- People received a customer guide when they started with the service. It was explained in the guide that they can accommodate a version in braille, recorded or pictorial.

Improving care quality in response to complaints or concerns

- The service had a complaints and compliments policy in place alongside written guidance on how to investigate complaints. The customer guide contained information around how to make a complaint about the service and which other organisations could help if they were not satisfied. This information was also held in care documentation held in people's homes.
- We reviewed the complaints file and found where a concern had been raised this had been fully investigated and resolved to the person's satisfaction. We also found the service had received many compliments from people and their families.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, there was an end of life policy and procedure in place and some staff members had received training in end of life care.

- Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) in place. This is where people, their families and a health professional have identified where resuscitation would likely be unsuccessful, therefore, the person is not for resuscitation. Staff were aware of who required resuscitation or not and this was recorded in peoples care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was highly experienced and believed in ensuring people were empowered to choose their own way of care delivery. This was evidenced in outcome-focussed care documentation, staff training and a person-centred ethos that was cascaded down to staff.
- People were regularly consulted on their care through a series of regular checks of the quality of service. These checks were conducted over the phone or in the person's own home. People benefitted from good continuity of care; each person had a team of three or four people to care and support them. This allowed staff and people to get to know each other well.
- People we spoke with told us the management team were very approachable and flexible. One person told us, "They are very approachable and nice in the office. I have never had a reason to complain, but I feel I could pick up the phone to them. I feel lucky to have found Acacia."

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

- The registered manager was fully aware and knowledgeable about their regulatory requirements under their registration with the CQC. They were also aware of the service's wider legal requirements, such as the health and safety of people and staff, and their obligations around data protection.
- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.
- The registered manager had clear oversight of the service through a series of regular checks and audits to monitor and maintain the quality of the service.
- Staff told us they received a high level of support and guidance from the management team to enable them to provide a good service to people. One staff member told us, "I am thrilled to bits working here. I am spoken to with such respect. They communicate with you; I can come to the office, email or ring anytime. They are absolutely supportive and approachable. They want to invest in you and want you to do well"

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

- The registered manager was committed to providing a high-quality service that was tailored to the individual needs of each person using the service.

- Personalised care was provided to people and equality characteristics were addressed in all care planning and delivery.
- The service had a robust system in place to check people were happy with the service. Feedback was sought six weeks after the service started and then every three months to ensure people were getting the service they wanted.
- Staff told us they were able to make suggestions about the service. Regular team meetings were held where feedback was actively sought from staff on how to improve the service. One team meeting took place during our inspection where a person with a disability had been invited as a guest speaker to talk about the impact of their disability. People were also involved in the recruitment and selection of staff.
- The service used effective communication systems to ensure staff were fully up to date with people's current care needs.

Working in partnership with others

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. These included building relationships with healthcare services and the local authority.
- The registered manager was passionate about forging links with people and their local community. They were involved in several projects, such as training local fire and rescue staff to be dementia friends, organising a local tea party and later life event for people who used the service. They also supported local charities and more recently staff were involved in making cakes to raise funds for charitable causes.