

Access 2 Care Nottingham Ltd

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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

About the service: Access 2 Care Nottingham Limited provides personal care in people's homes to adults of all ages with a range of care needs. The service currently has 63 people registered to use the service, living in and around Nottinghamshire and Nottingham city centre.

People's experience of using this service:

People felt safe and the provider assessed risks to the health and wellbeing of people who used the service and staff. Where risks were identified action was taken to reduce the risk where possible.

Recruitment processes were in place to make sure, that people were protected from staff being employed who were not suitable.

Medicines were handled safely by staff who had been assessed as competent to do so.

People received effective and timely care from staff who were well trained and supervised.

People felt the service they received helped them to maintain their independence where possible.

People said that staff were caring and respected their privacy and dignity.

People received care that was planned with them to meet their individual needs and preferences.

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

People knew how to complain and knew the process to follow if they had concerns.

People's right to confidentiality was protected and their diversity needs were identified and incorporated into their care plans where applicable.

Rating at last inspection: The service was previously inspected in January 2016 and was rated as Good.

Why we inspected: This was a planned comprehensive inspection in line with our inspection programme.

Follow up: We will continue to monitor all information we receive about this service. This informs our ongoing assessment of their risk profile and ensures we are able to schedule the next inspection accordingly.

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

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 was Safe

Is the service effective?

Good ●

The service was Effective

Is the service caring?

Good ●

The service was Caring

Is the service responsive?

Good ●

The service was Responsive

Is the service well-led?

Good ●

The service was Well-Led

Access 2 Care Nottingham Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This was an announced comprehensive inspection, which took place on 15 May 2019 and was undertaken by two inspectors 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.

Service and service type:

Access 2 Care Nottingham Limited is a domiciliary care agency, who provide personal care and support for people living in their own homes.

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 visit because we visited the office location of the service and needed to be sure that the registered manager would be available.

What we did:

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. The provider completed and returned the PIR and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as

notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke with six people who used the service, and eight relatives of people who used the service to ask about their experiences of their care. Following the inspection, we spoke with a health professional who has worked with the service previously.

We spoke with the registered manager, office manager, trainer/senior care worker, a senior care worker and four care staff.

We looked at the care records of seven people to see whether they reflected the care given and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and arrangements for managing complaints.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I am aware of the whistle blowing policy and how to report concerns. Everything would be reported to the manager or the local safeguarding team." We saw that staff were trained in safeguarding adults and information relating to safeguarding awareness was available within the office.

Assessing risk, safety monitoring and management

- Risk assessments were individualised, person centred and regularly reviewed. They covered the potential health risks present for people and the environments they were receiving support in, including the home and community. People and the staff we spoke with were happy with the content and positive they promoted safe support. One person we spoke with told us "They are all good staff and I feel safe. They know what to do. I walk with a walker and they steady me. If there are any dry spots on my skin they sort it for me." Another person told us, "Generally they are a very nice team and I have never felt unsafe with anybody. They know what they are doing."

Staffing and recruitment

- Most people we spoke with reported that the care staff were generally arriving at the times they were expecting them. People told us they had several different care staff visiting them and for the majority of people they told us this was not a problem. Most people told us the care staff would stay for the allocated time and only one person reported a visit not happening when they were expecting it. One person told us, "They are nearly always on time and will let me know if they are going to be late and have never missed a call." When we checked with the provider's call monitoring records, we found this to be accurate. Any missed calls had been recorded and reviewed appropriately.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Using medicines safely

- Staff had guidance about people's medicines, this included their preference in how they preferred to take their medicines. A monthly medicine audit was completed to review how medicines were stored, administered and managed in people's homes and staff had access to a medicine policy that informed their practice. These ensured that any errors were picked up and themes were identified to improve practice.
- Where needed, staff supported people with medicines. One person told us, "They [staff] only have to occasionally give me my medication, there has been no problem."

A member of staff told us, "I had medicine administration training. Yes, I administer medicines and record them. I feel confident doing this."

- Staff training included specific conditions that medication was required for. Staff had a good knowledge of what to look for if, for example someone with diabetes had high or low blood sugar levels. Staff had their competency regularly checked. Staff understood time critical and as required (PRN) medication and had a good knowledge about this when we discussed it with them.

Preventing and controlling infection

- Staff had completed training in health and safety and infection control and were up to date with guidance on keeping people safe. Observations and spot checks by the registered manager took place, to ensure staff followed infection control practices. Staff and the people we spoke with told us they had the appropriate personal protective equipment available to support people's safely, such as gloves, aprons and hand gel as appropriate. One relative told us, "They all wear gloves and aprons and wear a uniform, they look professional."

Learning lessons when things go wrong

- Staff understood how to record and report incidents and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems and discuss any learning points and actions. We saw evidence that actions had been taken to address areas requiring improvement within the service.

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

Good: ☐ 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

- We saw that pre-assessments of people's needs were completed by the registered manager and care co-ordinator before care was first delivered, to ensure each person's needs could be met. People's diverse needs were identified, to ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.
- There were detailed assessments of people's personal needs, likes and dislikes and preferences in their care plans. There was very clear instruction as to what people preferred for their daily routines, in order for staff to be able to provide effective person-centred care for people.

Staff support: induction, training, skills and experience

- Staff were skilled and experienced, and people received the care they required. Staff went through an induction training package when starting employment, and continued training took place to refresh knowledge and keep up to date. The registered manager said, "We carry out a comprehensive induction, which includes mandatory training, shadowing, followed by sign off from myself." We saw that staff completed the Care Certificate, which covers the basic standards required for care. Records we saw confirmed that all staff training was up to date.
- We had mixed feedback in relation to manual handling techniques used by staff. Although we saw from records that all staff were trained in manual handling techniques. One relative we spoke with told us, "They seem very confident using the hoist with her. There have been no problems. They do generally talk to her as they are doing it which helps keep her comfortable." However, another relative told us, "I sometimes have to help the staff with the hoisting and positioning my relative with their pillows. They all know how to use the hoist but it's the other details specific to my relative, such as making sure [Name] is sat right back in the chair as they get backache. I have to take more responsibility than I want to now. They will ask me for example 'How can we roll [Name]'?"
- One staff member told us, "I have had extra training from the office manager in catheter care, and the implications for people with catheters of infection risks, and the support required. It was really interesting and helpful."

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

- Staff supported people to eat and drink sufficient amounts, where required. One relative told us, "At lunchtime they get a ready meal prepared and they always stay until they have finished and clear up. Later in the day they leave a crumpet or a slice of toast and always leave drinks." One person told us, "If my legs aren't too bad I can get my breakfast started and they will assist me to finish it and they stay and clear up. They always leave me with a flask."

- Staff told us that they knew people's preferences, and needs with food were documented within their care plan. We saw that staff had been trained in food hygiene and showed a good awareness of people's needs in relation to specific dietary requirements and culturally appropriate food.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as therapy teams and doctors. For example, we saw information documented in people's care plans between the service and a health professional, to assess new equipment for a person's care. Detailed information regarding people's health requirements and changes in people's conditions was documented in people's daily records by staff.

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

- We saw that the provider was liaising with health professionals when required. One staff member told us "It is really important that we communicate with each other, and with those people who are involved with our service users to give continuity of care."
- We saw evidence in people's care plans of timely referrals to GP's, speech therapists and occupational therapy services where appropriate.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that some people could make day to day decisions on their own.

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

Good: ☐ 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

- Positive and caring relationships were developed between staff and people. Most people we spoke with felt that staff were kind and caring. One relative told us, "We are quite happy with them They all seem caring and lovely. My relative is quite independent and they encourage this. She showers herself and they are mainly just supervising her just in case. I came in today and the carer was reading to her from a magazine. The staff are kind. They always leave her a cup of tea which she can put in the microwave. They will go to the shops and get her dinner and put the washing on or help her with her mail. Just daily domestic things which really helps."
- One relative we spoke with told us, "When my relative had a medical emergency and was on the floor at home, she pressed the red button and the paramedics came, but the carers also came and were superb and stayed with her and sorted everything out. Nothing was too much trouble and they rang me and her son and kept me in touch with things. I know they do lots of training as the carers have talked to [Name] about the training they have done."
- One relative told us, "They go above and beyond, they are fantastic, it's just like having an extended family. [Name] is very happy with them all. They are also considerate to me. I have a health condition and have asked that they don't send anybody with a sniffle or cough and they never have."
- People's cultural and diversity needs had been assessed and were detailed in their care plans. This included people's needs in relation to their culture, religion and gender. Staff had received training in equality and diversity and understood their responsibility to respect diversity. People were confident the service could provide them with staff who knew them and were able to meet their individual needs.

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

- People felt involved in their own care as much as they were able to be, and staff listened to what they said and were led by their wishes. One person said, "Yes, I say clearly what I want and don't want." All the staff we spoke with felt they were given the time they required to provide the care people needed, and to get to know them and chat in the process. One member of staff told us they used the time helping a person to prepare their lunch to have an extra discussion about their care and support needs, whilst that person sat on a 'perching stool' alongside them in the kitchen. The person found this approach supported their independence, as they enjoyed being involved in this task.
- One person told us "They help me with a shower and to dress and make the bed and sort the commode. I choose what I wear. They also find time to sit and chat with me and then they fill in the book. They always ask me whether I have any aches and pains."
- We saw that information about local advocacy services was available for those who required it.

Respecting and promoting people's privacy, dignity and independence

- Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. One staff member said, "I always make sure the door is shut, giving people their privacy, and ensuring some independence for people."
- People we spoke with confirmed that staff were respectful of their dignity. One person told us "They are very good, and I like them all. They will sit and chat with me as well as doing what they are supposed to do. They help me wash and dress and occasionally help with breakfast when I don't feel up to doing it. They always check how I am before they start helping me to wash and they keep me warm. I have always felt comfortable with all the carers. They never talk about other people they visit, that is good. I am extremely happy." Staff we spoke with all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us their needs were met. We saw that people had a care plan developed on the basis of their assessment of needs. The plans included guidance for staff to help them understand how people liked their care to be provided. Records confirmed that people and their relatives or advocates were involved, where possible, in the development of their care plan. One person told us, "We do feel that the staff all have the right skills to help our relative and they seem to know what to do. For example, two years ago [Name] had a temporary catheter and they knew how to change the bag for him."
- Staff told us they knew people well and had a good understanding of their family history, interests and preferences, which enabled them to engage effectively and provide person centred care.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, for one person they have information in large print, or in easy read pictorial format for another.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The majority of people we spoke with said they had called the office if they had concerns and had been responded to in a timely manner. One person told us "I have the office number and can phone if I have any concerns." A relative told us, "I can always get hold of them when necessary and as I don't live locally if there is anything wrong they do communicate with me for example if [Name] is not well. She [Name] is so happy that she has even phoned them to tell them and to thank them."
- We saw the complaints records that showed they were recorded and responded to appropriately by management, to the satisfaction of the complainants. We saw one concern that was ongoing, which the registered manager assured us was in the process of being addressed.

End of life care and support

- At the time of this inspection the provider was not providing end of life care to anyone using the service.
- We spoke with a health professional who had been involved with the service previously, in supporting a person who had received palliative care, and they were very positive in their feedback about the staff. They told us, "The staff were responsive, approachable and we all worked well as a team to support the person to stay at home as they wished. There was a clear plan in place for my patient, which all staff were aware of, ensuring that the person did not have unnecessary hospital admissions, and was cared for and supported at

home."

- Although we saw that people had do not resuscitate documentation (DNA/CPR) recorded in their care plans, we discussed with the registered manager that all care plans should contain more person-centred end of life care plans, which reflected people's wishes, beliefs and requirements for their palliative care needs.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care and support was personalised to meet each person's individual needs. Care plans were detailed in the specifics of each person's routines, preferences, likes and dislikes. We saw evidence that people and their family or advocates had been involved in planning their care. One person told us "They seem to do a review about every six months. It's quite useful and they always seem to listen to us. We have no concerns about that."
- People's likes and dislikes, and personal preferences were described so that staff could understand the individual needs of each person. All the staff we spoke with felt they had the time they needed to get to know how people wanted to receive care. One member of staff told us, "Family and people are involved in their care; and in the reviews. We are there to support people, we don't want to take their independence away, as it is theirs." We saw that all care plans were regularly reviewed to ensure they reflected people's current needs

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

- The service had a registered manager in post. 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
- The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgements.

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

- The registered manager sought feedback from people about the service. This included annual surveys. Records showed that people gave feedback on their experience of using the service. One person told us, "They send feedback forms out, there have been at least two, we haven't had to complain about anything. One staff member told us, "I would be happy for a member of my family to have care from here, very happy, and I don't say that very often, having worked in a lot of other places."
- The people who used the service and the staff, were able to have their voices heard and were engaged and

involved in the development of the service. The people we spoke with mostly told us that they could contact the office and speak to a member of the management team easily and were confident to do so. One person told us "We have not had any reason to phone the office recently, but it's easy to get through if I do need to and there is an out of hours on call mobile number. I have spoken to the registered manager once and she seemed very pleasant. I very much respect what they do." Another person told us, [Name] and [Name] came out to do the initial assessment and that was fine. [Name] has been out since a couple of times. She is lovely and goes through everything in the plan and then I get new paperwork."

- Staff spoke positively about the management of the service and told us it was well led. They described the registered manager and senior staff as being approachable and supportive to them. One staff member told us, "I have no concerns, I love it, and that makes all of the difference, [Manager] is very fair with all of the staff."

Continuous learning and improving care

- There were systems and processes in place to ensure that staff were trained and kept updated. Staff felt they were provided with training that helped them provide care and support to a good standard. People told us that they felt that staff were well trained to support them. One person told us "The care I receive is brilliant."

- People and their relatives and staff were invited to participate in a quality assurance questionnaire to obtain feedback about services provided.

- Staff meetings and handovers were held regularly which staff told us enabled them to raise topics of important conversation around any issues that needed to be addressed, although these were not always easy to attend around shift patterns.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals to provide coordinated and consistent care. The registered manager ensured that changes in people's needs were reported to those who commissioned care for people. We saw that these referrals were documented in people's care plans.

- One person told us, how the care staff had reacted quickly when they had a change to their medication, which had resulted in heavy bleeding. The staff alerted the district nurse promptly, who ensured that the necessary support was put in place for this person, thus preventing a decline in their condition.