Acquire Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection of Acquire Domiciliary Care Agency (DCA) on 30 March 2017. We told the provider two days before our visit that we would be coming.

Acquire Care provides personal care and live in care services to people in their own homes. At the time of our inspection 61 people were receiving a personal care service.

The service had a registered manager. 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.
Staffing rotas indicated there were sufficient staff to meet people's needs. However, the service did not always deploy staff effectively and this had a negative effect on people's wellbeing.

The registered manager understood the Mental Capacity Act (MCA) 2005. However, not all staff we spoke with understood the act and applied its principles in their work. Since our last inspection the service has made improvements in relation to its understanding and working within the principles of the MCA. However, further work was needed to fully embed this within the service. The MCA protects the rights of people who may not be able to make particular decisions themselves.

Some people and relatives we spoke with told us how language could sometimes be a barrier when people were being supported by staff whose first language was not English.

Systems that were in place to monitor the quality of service were not always effective.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. Where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not always deployed effectively.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff we spoke with understood the Mental Capacity Act 2005 and applied its principles in their work.

Staff had the training, skills and support to ensure they were able meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure they received

personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems that were in place to monitor the quality of service were not always effective.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

Acquire Care Ltd

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 functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 March 2017. It was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with seven people, five relatives, seven care staff, two care coordinators, the human resource and services manager, the senior human resource officer, one care officer, and the registered manager. We looked at 10 people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Some people we spoke with told us there were enough staff and they did not experience missed visits. Comments included; "They always turn up on time", "Near enough, they come when they should do" and "They turn up on time". Staffing rotas indicated there were sufficient staff to meet people's needs. The registered manager informed us that staffing levels were matched to the dependency of people.

However, some people and their relatives told us that the service did not always deploy staff effectively and that this had a negative effect on people's wellbeing. Comments included "The other day, they did not turn up until gone ten. Mum's visit is supposed to be nine. This meant that mum did not have her breakfast till late. I know there were problems that day. But they could have let me or mum know", "They don't tell you about any changes to the staff. They don't tell me anything. They just turn up. I don't like it, it's really unsettling. It's got to a point where we feel we just have to accept it, because that's how it is", "It has been difficult when we have had different carers just turn up. Some don't know mum or her care needs. This is difficult for me and mum. It causes anxiety, especially with mum's [medical condition]", "Mum gets anxious because they don't always come when they are supposed to. She also gets really fed up with the inconsistencies because she has to keep reminding them of what needs doing", "I never know who's coming, this can be worrying and make me nervous", "Not knowing who on earth is turning up is a problem. They don't have a rota to let you know what's happening" and "They don't let me know people are going to be late. Once no one turned up. I had to ring them to find out what was happening. This made me feel nervous and worried".

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an electronic telephone monitoring system to manage care visits. The system logs staff in and out of people's homes. However the system was not effective in that it did not support the registered manager to identify concerns in relation to staff deployment.

We spoke with the registered manager about the effective deployment of staff and they told us were possible people should be receiving care from consistent staff and in cases where this was not possible, people should be informed of who would be carrying out the care visit. They also told us "We need to have clearer guidelines on this. We need to be checking that coordinators are contacting people and communicating with them. Where this is not happening then we need to take further action".

People told us they felt safe when they knew which staff were supporting them. One person told us "I feel very safe when [staff] is here." Another person told us "I wouldn't have [staff] here if I did not feel safe". Relatives told us that people were safe. One relative told us "Yes I feel safe when mum is with them".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us if they had any concerns they would report them to the manager. Staff

comments included "I would report straight to my manager or use the on call system", "I would inform my seniors straight away" and "I would inform [the human resource and services manager]". Staff were also aware they could report externally if needed. One staff member told us "I would contact CQC (Care Quality Commission)". Another staff member said "I would contact Oxfordshire County Council".

Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was assessed as being at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that the person's walking aid was always within reach. Staff we spoke with were aware of the guidance and told us they followed it.

Where people had been assessed by district nurses as at risk of pressure ulcers, care plans and risk assessments were in place. Records contained guidance for staff from healthcare professionals on what specialist equipment people used to mitigate the risk associated with pressure ulcers. Staff we spoke with were aware of the equipment and how to support people appropriately.

Where people needed support with taking their medicines we saw that the majority of medicine records were accurately maintained and up to date. Where people had not received their medication as prescribed we saw evidence that staff had taken the appropriate action to ensure the potential risks to people were mitigated. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. A relative we spoke with told us "No concerns when it comes to medication".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. One new member of staff we spoke with told us "I had to wait for my DBS before I could start".

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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. The management team were knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us "We assume capacity until proven otherwise".

Records confirmed and staff told us they had received training in the MCA. Some staff were able to tell us about the MCA. One staff member told us "We must never assume capacity". Another said "Everyone is allowed to make eccentric decisions it doesn't mean they lack capacity. Any options considered must be the least restrictive option and in the person s best interest"

However, not all staff could tell us about the MCA or explain how they assessed whether people were able to make decisions and the importance of protecting people's rights. One staff member told us "No, I have never heard of it. Sorry". Another staff member said "I have had the training but I can't remember what it is about". At a previous inspection on 5 March 2015 we recommended that the 'provider considers their responsibilities relating to the Mental Capacity Act and codes of practice'. Since our last inspection the service has made improvements in relation to its understanding and working within the principles of the MCA. However, further work was needed to fully embed this within the service. We spoke with the registered manager about this and they told us that "Additional regular refresher training will be put in place".

Some people and relatives we spoke with told us how language could sometimes be a barrier when people were being supported by staff whose first language was not English. Comments included, "Language is sometimes a barrier", "My care is complicated enough without having to explain to someone who really struggles with (English)", "There are language barriers" and "We have problems communicating with the carers". A staff member we spoke with told us "Language is a barrier and we are not supporting (staff) enough with this. Following our inspection we contacted the registered manager with these concerns. The registered manager sent us evidence that this was being addressed and that English courses had been sourced for staff whose first language was not English. However this was not fully embedded within the service. For example following our inspection we contacted staff members for further feedback on the service. During a conversation with one member of staff we had to end the call due their level of understanding of English.

We spoke with the registered manager about how they would ensure that staff had access to appropriate and effective training to support them where English was not their first language. They told us they would "Incorporate a more rigorous process for the testing of English skills. As well as a continuous monitoring system".

Newly appointed care staff went through an induction period. This included training for their role,

shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. The induction program for new staff was matched to the care certificate. One staff member told us "The induction was really good, I didn't think it could have been better".

Staff told us that the training supported them in their roles. Comments included "The training is good", [Trainer] is really good", "The training is good. We get to discuss things" and "The training and trainer is brilliant".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us "I have had so many opportunities, I am doing my NVQ level three. They have helped me progress and grow as a person". Another staff member told us "I have just finished my (NVQ) level five". The registered manager told us "It's not just about coming to work and doing a job. We want staff to think there are opportunities at Acquire Care".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Staff were able to raise issues and make suggestions at supervision meetings. One staff member we spoke with told us "We talk about the clients and how things are going". Another staff member said "I like supervision they allow you to discuss areas of support. It's nice to have feedback on how you are doing". Staff we spoke with told us they felt supported. One staff member told us "I feel supported and have a good relationship with my supervisors and the office staff". Another staff member said "I am really supported by [the human resource and services manager] and [registered manager]. They are both very approachable".

Staff were also supported through spot checks to monitor their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and feedback provided to staff to allow them to learn and improve their practice. A staff member told us "We have regular checks and we discuss areas for improvement". A person we spoke with said "They come out and do checks on staff".

Most people did not need support with eating and drinking. However, where people needed support with preparing meals these needs were met. People either bought their own food or families or staff went shopping for them. A relative we spoke with told us "I leave ready food in the fridge. I have no concerns with mum being supported appropriately". People had stipulated what nutritional support they needed. For example, one person had stated that they needed staff to support them with cutting up their food. This person's daily record's confirmed that staff followed this request.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included: "The care is very fine indeed", "The carers are lovely", "They do very well for us", "They look after me well", "They provide the best care they can", "My care is superb. One thousand percent" and "It's going really well". Relatives told us: "Mum's current carer is very good. She treats mum with dignity and respect", "They are good they treat mum with care", "Mum adores her regular carer" and "[Person] is heavily reliant on the carers and we have no concerns that staff are supporting her appropriately".

People told us staff were friendly, polite and respectful when providing support. One person said "They are polite and talk nicely to us. They have never been rude". Another person said "[Staff] listens to what you say. She takes her time and is patient".
People told us they were treated with dignity and respect . Comments included "They treat me with dignity and respect", "They always give me a choice and don't rush things", "They treat me with dignity", "If there are others in the room then they ask them to leave", "They put a towel over me so I don't get embarrassed", "They put you at ease" and "I don't feel nervous when they support me".

Staff were enthusiastic about supporting people. One staff member told us "Coming into care is the best thing that I ever did. I really enjoy it".

We asked staff how they promoted people's dignity and respect. One staff member told us "We must always cover people up". Another staff member said "Make sure people are covered up. If you are washing one part of the body then you should use a towel to cover the other part".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said "I always tell people what I'm doing, it keeps people safe". Another staff member said "There is nothing worse than someone just doing something and not telling you what's happening. It can be frightening". People we spoke with told us "They let me know what they are going to do", "They always tell me what's going on" and "They always give me a choice".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. Comments included: "You need to get people to do as much as they can within their own needs. The sooner you start taking over, the sooner people lose the ability to do things", "Independence is important as it effects your pride. Why would anyone want to take that away" and "Even if it takes a little longer. People have a right to do what they can for themselves". One person we spoke with told us
"They give me opportunities to be as independent as I can. Like washing myself".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's

homes in a location of their choice.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included people's personal care preferences and important people in their lives. Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about how a person liked specific things to be carried out during personal care. The information shared with us by the staff member matched the information within the person's care records.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us "We go through (care plan) now and again. In fact someone came to see me the other day".

The service was responsive to peoples changing needs. For example, following a change in a person's mobility needs. The service liaised and worked closely with the person's social worker and occupational therapist to ensure that the person had the appropriate equipment in place to support them. The impact of this was that the person quality of life improved because they had access to appropriate equipment that matched their care needs.

During our inspection one person telephoned the office because they felt anxious. The staff member who took the call spoke to them and reassured them they were alright. The staff member told the person "I will see if a care coordinator is available to give you a call and we will see if there is anyone in the area that can come around and see you. Give me ten minutes". Within ten minutes a care coordinator had returned the call and also informed the person that a staff member was going to visit them to make sure they were alright. This demonstrated that the service was responsive to peoples changing needs. People told us the service was responsive. One person said "They tell me if there are any concerns or changes". Another person told us, "They go out of their way to sort problems out".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had developed a checklist for staff which gave specific guidance on how they wished to be supported with their care needs. Staff we spoke with were aware of this checklist and followed the guidance.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people and a copy was kept within people's care records. Records showed there had been no complaints since our last inspection. One person we spoke with told us "Never had to complain. If I had to then I would phone the office. I am sure I would be listened to as they are all terribly nice".

The home sought people's views and opinions through quarterly satisfaction surveys. We noted that the responses to the recent survey were positive. The registered manager had implemented a 'Niggles folder'. We spoke with the registered manager about this and they told us "We decided that things that weren't being raised officially as complaints needed to be recorded and addressed. We saw evidence of how the registered manager had acted upon a recent concern from a relative surrounding a person's furniture. We spoke with the registered manager about this and they told us "It's how I would of wanted to be treated".

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us there were systems in place to assess the quality of the service. They told us that audits were conducted which included people's care records and the overall day to day management of the service. We were shown one recent audit that had been carried out on staff files. The audit had identified shortfalls in a staff members employment references. The senior human resource officer had taken appropriate action to address this shortfall.

However, the system was not always effective. For example, there were no records of the findings from audits carried out in relation to people's care records. During our inspection we found that one person's MAR charts had not been correctly filled out. The registered manager was unaware of this and had to carryout out further enquiries to assure themselves that this person had received their medication as prescribed.

Following our inspection we highlighted that there had been four incidents over a two week period were people did not receive there medicines as prescribed. These incidents had been recorded by the service. However the monitoring systems had not identified these incidents collectively and identified patterns and trends which would have supported the registered manager in further developing staff competencies and the day to day governance of the service. An effective quality monitoring system could have identified these concerns and as well as the concerns in relation to staff deployment, MCA and language barriers.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about this who recognised this was an oversight. They gave us their reassurances that this would be addressed. They told us "We have changed the process to pick things up immediately. We have acted immediately on this".

Staff spoke positively about the registered manager. Comments included "[Registered manager] is very helpful. You can go to him with any problems", "[Registered manager] is lovely. He is always nice and polite" and "We get full support from [Registered manager]".

The registered manager told us the visions and values of the service were "To provide good quality person centred care" and "Are we meeting the client's needs and going the extra mile".

Accidents and incidents were recorded and investigated. The manager used information from the investigations to improve the service. For example, following an incident were a person had suffered from a fall in the winter months. The registered manager took action and ensured that people who were at risk of falls had the appropriate equipment in place that would allow staff to support them in clearing areas affected by snow from outside of their own homes. This demonstrated that the registered manager was continually looking to improve the quality of people's care.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One member of staff told us, "I had to use it once in a previous job and I wouldn't have any problems using it again".

The service worked in partnership with visiting agencies and had links with other care agencies, G.P's, district nurses and local authority commissioners of the service. The registered manager was part of a group of other care agencies that shared good practice. The registered manager told us "Acquire Care is part of (care group). (This) was setup to share good practice with live-in care. It also promotes live-in care as a viable alternative to residential care. The aim is to deliver a uniform standard of high quality care". We also noted that the human resource and services manager was in the process of developing a "women in care group". They told us "This about bringing senior women together".