Acme Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Acme Care Limited is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 29 people with personal care and employed 36 care workers.

We visited the offices of Acme Care Limited on 1 December 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has 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.

People felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines. Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA). Care workers respected people's rights to make their own decisions and gained people's consent before they provided personal care.

People had consistent care workers who arrived on time and stayed the agreed length of time. There were enough suitably trained care workers to deliver care and support to people. Care workers received an induction to the service and completed a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Staff said they could raise any concerns or issues with the registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned satisfaction surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the care and support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People received care and support from consistent care workers that understood their individual needs. People were supported by care workers who they considered kind and caring and who promoted their privacy and independence.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and the service people received was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

Good

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Care workers received support and supervision to carry out their work and felt able to raise any concerns with the management team. There were systems to monitor and review the quality of service people received.

Acme 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 was planned to check whether the provider is 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR reflected the service provided.

The office visit took place on 1 December 2015 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the office visit we sent surveys to people and staff to obtain their views of the service. Surveys were returned from 14 people who used the service, one relative, six staff and two professionals involved with the service. We contacted people who used the service by telephone and spoke with 17 people. During our visit we spoke with three care workers and the registered manager who is also the provider for the service.

We reviewed four people's care plans to see how certain aspects of their care was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People who used the service said they felt safe with their care workers and knew what to do if they did not feel safe. For example, one person told us, "I would phone their office and speak to the managers."

The registered manager and care workers knew and understood their responsibilities to keep people safe and protect them from harm. Care workers completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the registered manager. One care worker told us, "If I had a concern I would record it and report it to the office. They would check it out and refer it to social services and yourselves if needed." A professional involved with the service told us, that all staff passed on relevant information including any possible safeguarding concerns.

There was a procedure to identify and safely manage risks associated with people's care. This included the completion of risk assessments to show how to minimise any risks to people's health and wellbeing. Where potential risks had been identified with people's mobility, care workers used equipment such as hoists to move people safely and checked people's skin to minimise the risk of them developing skin damage. There were some where there were risks associated with managing their behaviours or health conditions, such as epilepsy. Staff had been trained to respond appropriately to these and guidelines were in place to support and inform staff how to manage them safely.

People and staff told us there were enough care workers to meet people's individual needs. People told us care workers arrived when expected and no one we spoke with had experienced a missed visit. The registered manager confirmed there were enough care workers to allocate all the calls people required.

The provider had an out of hour's on-call system when the office was closed. One care worker told us, "I can phone at any time if I need help or advice. If they can't answer the phone straight away they always get back to you." Care workers told us this reassured them that a senior member of staff was always available if they needed advice or support.

The provider had a plan to maintain the service to people who would be priority to receive calls in the event of an emergency. For example if there was severe weather conditions which could make it difficult for care workers to get to people. The registered manager had access to a 4 x 4 vehicle that could take care workers to people's homes if there was snow and ice. This meant they could continue to maintain support to people who lived on their own and people who were reliant on care workers for all their care needs.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Care workers said they could not work unsupervised in people's homes until their disclosure and barring certificates had been returned. Records confirmed staff had DBS and reference checks completed before they started work.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. The registered manager told us three people were supported with their medicines. Information about how care workers supported these people with their medicines was clearly recorded in their care plan. Two of these people required their medicines to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing food, fluids and medicines directly into the stomach. A risk assessment had been completed and there were detailed instructions for staff about how to manage the PEG. There was also information for staff about maintaining and checking the PEG regularly. Care workers we spoke with knew how to administer medicines through the tube and said they had received training to so they could do this safely. We found the instructions in one plan for crushing and administering tablets via the PEG was incorrect. The registered manager said they would amend this and ensure care workers were made aware of the change. The following day they confirmed this care plan had been amended.

Care workers told us, and records confirmed they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by senior staff during spot checks for any missing signatures or errors. Completed MARs were also returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People thought care workers were skilled and well trained.

Care workers said they completed an induction to the service when they first started work that prepared them for their role. This included training and working alongside a more experienced staff member before they worked on their own. The induction training included the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment. A care worker told us, "During my induction I shadowed an experienced carer before I was allowed to do any care, they then watched to see if I was doing this correct." Another said, "I completed the Care Certificate, it took a while as there are so many parts to it. I think it equips you to do your job."

Care workers told us, and records confirmed they received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding adults from abuse. One care worker told us, "I completed training when I first started and have had several updates recently." Another said, "I think the training is good, we do most of this on the computer, except moving and handling. We complete a workbook and answer questions then we are tested to see if we understand it." Care workers also completed training to support people's specific needs, for example epilepsy, managing challenging behaviours, preventing skin damage and managing percutaneous endoscopic gastroscopy (PEG) feeds. The provider encouraged and supported care workers to undertake a qualification in social care to increase their knowledge and improve their practice.

Care workers told us their knowledge and learning was monitored through supervision meetings and unannounced 'observation checks' on their practice. The registered manager told us that when senior staff carried out spot checks they looked to see if care workers were worked to their procedures and training. They checked to see if care workers were dressed appropriately and had their ID badge. They also checked care plans and made sure care workers recorded what they had done accurately. They said during observations of care workers they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed senior staff observed care workers in people's homes and assessed their performance to ensure they had put their learning into practice.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act but was not fully aware of the recent changes to DoLS that impacted on people in their own home. They said they would update their knowledge about this. There was no one using the service that had their liberty restricted.

Care workers we spoke with said they had completed training in MCA and knew they could only provide care and support to people who had given their consent. One care worker told us, "It's about choice and decision making. I do work with two people who are unable to make decisions without support and they have someone to help them do this." People confirmed staff asked for their consent before they provided care. One person told us, "They always ask if it's ok with me before they do anything."

Most people told us they or their relative provided all their meals and drinks. Some people were reliant on care workers to assist with meal preparation and told us choice was given whenever possible and drinks were offered where needed. Several people said care workers always left them with a drink before they left. Where people had risks associated with eating and drinking, for example a risk of choking, care workers knew how to manage the risk to make sure people's nutritional needs were maintained. People's nutritional needs were being met by the service.

Most people we spoke with managed their own health care appointments but some said care workers helped them with this. One person told us, "They do everything for me. They are like friends; they take me to hospital appointments." Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to or would ask the family to do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GP's. People were supported to manage their health conditions and had access to health professionals when required.

Good

Is the service caring?

Our findings

People were happy with their care workers and described them as "caring and supportive" and "like friends".

People told us care workers made sure their privacy and dignity was respected. The registered manager told us that they assessed the attitude and values of prospective carer workers during the recruitment and interview process. They said this was to ensure, "They have the correct attitude about providing care and are motivated and caring." One care worker we spoke with said they upheld people's privacy and dignity by, "Being discreet when providing personal care." Another said, "I make sure I carry out all the care they need in the way they like." The registered manager told us that people had regular care workers so they could get to know and trust each other which reduced embarrassment during personal care. We looked at the call schedules for three people who used the service and three care workers. These confirmed people were allocated regular care workers where possible.

People had consistent care workers who they were able to build relationships with and who knew their likes and preferences. Care workers said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Comments included, "We always have plenty of time to do what we need to and to sit and talk with people."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. A family member told us, "The care and support they offer means they [relative] can stay at home, I couldn't manage without them." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. One care worker gave an example, they told us, "Some people need lots of encouragement and support to do things for themselves, like getting washed and dressed. We have enough time allocated to help people remain independent even if this takes much longer than if we did it for them."

People we spoke with confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Good

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that their care workers knew their likes and preferences, one person told us, "The carers respond well to [relative] they care for them and have a good understanding of their needs." A professional who used the service told us, staff had always been approachable and carried out tasks well.

The registered manager told us that care workers were introduced to people before they provided care to make sure care workers knew the person and understood what they needed to do. They also said, "It also gives people the opportunity to see if they get along with the care worker, some personalities can clash." A care worker confirmed this takes place, "We can only go into people who we have been introduced to and are familiar with." A professional involved with the service told us, "The manager always tries to maintain a consistent small staff team for each service." This enabled staff to understand and respond to people's needs, likes and preferences.

People told us they usually received their care around the times expected and the service was responsive to requests about their care. One person told us, "I only have to ask if I have an appointment or something and want to change the time, they will always change it if they can." We looked at the call schedules for the people whose care we reviewed. Calls were allocated to regular care workers and had been scheduled in line with people's care plans.

Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and to talk with people so you get to know what they need and how they like this done." Care workers also said there was detailed information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the managers so plans could be updated. Care workers told us plans were up to date and reviewed regularly so they continued to have the required information to meet people's needs.

We looked at four care records. Care plans provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. There were clear instructions for staff about how to provide the care people required for example, how to support people who were looked after in bed. There was information about repositioning the person to relieve the pressure on their skin which could lead to skin damage. There was also information about how to respond to people whose behaviours could sometimes be challenging to themselves or care workers so that this did not escalate further. Records completed by staff confirmed these instructions had been followed.

Care plans had been reviewed and updated as needed and had been signed by people or their relative which showed they had been involved in planning their care. One relative told us, "The family liaise very closely with the agency so they make the right choices about [relative's] care."

We looked at how complaints were managed by the provider. People said they would raise any concerns with the managers in the office and that, "They will sort it out". Some people said they had contacted the

office to raise minor concerns and that this had been resolved to their satisfaction. Records showed complaints received had been recorded and investigated in a timely manner.

Good

Is the service well-led?

Our findings

People told us they were happy with the service they received and knew how to contact the office if they were unhappy about anything. Comments from people included, "I would recommend Acme to anyone."

Care workers told us they felt well supported by the management team that consisted of the registered manager and two deputy managers. The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

Care workers understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Care workers were confident about reporting any concerns or poor practice to the managers. One care worker told us, "If I had any concerns I would contact the office and let them know, there is always someone available by phone."

Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. We were told, "We have regular spot checks you never know when they are coming. Sometimes when you work a double up with one of the managers they will watch how you do things and give you feedback about your practice." Records confirmed managers regularly checked care workers practice to ensure they worked in line with policies and procedures. We were told spot checks on new staff had been increased recently as the introduction of the Care Certificate in the induction procedure required more competency checks on their practice.

Care workers said they enjoyed working for the agency and that it was managed well. None of the care workers we spoke with could think of anything that could be improved. They said communication from the office worked well and that they were kept up to date about changes in peoples care and changes in policies. Comments included, "I'm happy with how it works, it works well. I love my job."

The provider and managers used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, telephone calls, care plan reviews and satisfaction surveys. We looked at a sample of returned surveys from people, the responses and comments were mainly positive about the service. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. We found the medication auditing system could be more thorough and the registered manager told us they would implement improvements straight away.