

Axcelence 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

About the service

Axcelence Care is a supported living service providing personal care to people with learning disabilities or mental health needs. At the time of the inspection, 15 people were using the service. People lived across four supported living services in a residential area. Within the four services people had ensuite bedrooms, communal spaces and large gardens to access.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems had been established to safeguard people from the risk of abuse. Individual risks had been assessed, and people were protected from the risk of harm related to their individual support needs and the service had systems in place to prevent the spread of infection. Medicines were being managed in a safe manner. There were enough staff working at the service and pre-employment checks were carried out on prospective staff. The service recorded accidents and incidents to provide safe care and support.

Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. Staff were provided with ongoing support through supervisions and appraisals and received an induction to enable them to provide effective care and support. People's nutritional needs were met, and people were supported to choose their meals and go shopping for ingredients. People received care and support from relevant healthcare professionals. 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.

People were treated in a caring manner by staff and the staff understood what life was like for people living in the service. People and their relatives were involved in the planning and reviewing of their care. Staff understood how to support people in a way that respected their dignity, privacy and promoted their independence.

People received person-centred care that met their needs. People were supported to engage in their local community and participate in activities of their choice. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident complaints would be listened to and acted on. People's end of life wishes were discussed and documented.

People engaged with the registered manager and the service was managed well. There were processes in place to manage and monitor the quality of the service provided. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered and received feedback well to improve the service.

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

Rating at last inspection (and update)

At the last inspection the service was rated good (Published 2 October 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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

Axcelence Care is a supported living service. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity took place on 4 March 2020 . We visited the office location and all four services.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 nine people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from the risk of abuse and all staff had received training in safeguarding people from abuse. One relative confirmed, "I don't worry about him." They were aware of the procedures and could identify different types of abuse, including neglect. One staff member told us about a safeguarding alert they were due to raise because a person was being denied access to a specific type of support that would keep them safe and well.
- The provider knew how to take action and report incidents to local safeguarding teams for them to be investigated, should there be a concern about a person's safety.

Assessing risk, safety monitoring and management

- People's risks were properly assessed to ensure people were supported in a safe manner. Risk assessments were in place for individual support needs including medicines, supporting people to access the community, oral healthcare, finances and mobility. For some people, there were specific risk assessments in place related to importance of keeping to a routine. Risk assessments were regularly reviewed and updated to reflect people's changing needs.
- One person used specialist equipment to support them with personal care and feeding; we saw all staff had completed specialist training and signed the risk assessment to say they had read it. Staff worked in a person-centred way with this person to support their understanding of this equipment. Staff told us the risk assessments provided them with enough information about the person to help keep them safe.

Staffing and recruitment

- Observations and records confirmed there were enough staff in each service to provide care and support to people. Staff told us staffing levels in the service were suitable for them to be able to do their jobs well.
- There were safe recruitment procedures in place. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. New staff also completed application forms, provided references and proof of their identity.

Using medicines safely

- Systems were in place to ensure people were supported to receive their medicines in a safe way.
- Medicine administration record (MAR) charts were in place and had all relevant details including how people prefer to take their medicines and whether they are able to swallow their medicines due to other health conditions. Staff signed to say medicines had been administered at the appropriate times; these were audited by the team leaders and the registered manager. We found all people whose MAR were checked had

received their medicines as prescribed.

- The services were recently audited by an external pharmacy; no issues were identified.

Preventing and controlling infection

- The service had procedures to prevent and control infections and to ensure people and staff were protected. Observations confirmed staff wore personal protective equipment where necessary and had access to cleaning products.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents within each service. We saw that there had been a small number of incidents since the last inspection. Action was taken following incidents to ensure people were safe, for example where one person's behaviour became a risk to themselves and others, the team leader had implemented de-escalation techniques.
- We could not always see an analysis of these accidents or incidents to ensure lessons could be learnt. Following the inspection, the registered manager sent us a new form that would be completed each month at each service to look at lessons learnt. This would minimise the risk of re-occurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were assessed before they began using the service. Assessments covered different areas of people's lives where they may need support. They included information about their health and welfare, their personal safety and risks, their social history and networks and a variety of other topics that provided insight into their needs and preferences.
- We also saw records from the local authority that provided more information about the person from other relevant health and social care professionals and enabled the service to understand the person better.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and knowledge to effectively meet their needs.
- New staff received an induction, which included learning about the policies and procedures of the service and reviewing people's individual care plans and risk assessments.
- Staff told us, and records confirmed all staff were up to date with relevant training including safeguarding, infection control, moving and handling and first aid. One staff member said, "We can access a lot [of training], it's good, we know people's needs." Records also showed that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervisions and an annual appraisal. This meant they were supported to be up to date with best practice guidance and felt able to provide effective care and support to people.

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

- People's nutritional needs were being met. They had enough to eat and drink and were supported with a healthy diet.
- Care plans advised staff if people needed support with meals or if they had any specialist diets and they discussed people's preferences and how to support them to have a choice. One person had a healthy eating plan in place to help reduce their weight and staff said this person had, "come such a long way."
- We observed staff supporting people during lunch before an afternoon of exercise. A variety of healthy foods were available, and people were encouraged to eat and to ask if they wanted more food or drink.
- Daily records confirmed people spent time with staff preparing the menu, going shopping and had the choice to amend their food choices to meet their needs and preferences.

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

- Staff worked with other agencies to the benefit of people using the service. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. We saw evidence of one person having had an occupational therapy assessment to look at adaptations within the service to ensure they could maintain their independence.
- Within people's care plans they each had a 'Hospital Passport.' This is a document that explains people's care and support needs and can be transferred between the service and hospital to ensure consistent care. People were also accessing their annual health assessment to ensure they were healthy and well.
- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stay well and told us they worked well with others.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care or support, staff asked them for their consent and acted in accordance with their wishes. Staff knocked on people's doors and people had a choice about whether they wanted to be involved in activities or conversations. Staff confirmed they would always ask for people's consent before providing care and support.
- Where appropriate, people had consented to receiving personal care and for the service to share information with others.
- The service was working in line with people's best interests, where people could not give consent. For example, supporting people with regards to dressing appropriately for the weather outside, supporting people with their nutrition and their personal care. However, these decisions were not recorded through Mental Capacity Assessments and Best Interest Meetings. Following the inspection, the registered manager emailed us to advise they had liaised with the local authority and would be using their toolkit to complete Mental Capacity Assessments by the end of April 2020.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us staff were caring. One person said, "I love living with [other people], it was such a laugh last night, [staff] are my second family," and another person was observed to interact with a staff member in a friendly and welcoming way after they had been out for the day.
- Staff were aware of people's protected characteristics such as race, disability, gender and sexual orientation. The registered manager told us about how they supported people living across different services who were in a relationship. One staff member said, "People deserve a good quality of life."
- Care plans included people's needs relating to equality and diversity and staff understood how to promote equality and diversity. This showed people would be protected from potential discrimination.

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

- People were consulted and involved in their care and support. One person said, "You're good, you update me." We saw in people's care plan reviews there had been opportunities for them to decide who would be invited for their reviews and who could contribute towards its content. We also saw people's care plans contained details about their, "Circle of contacts", including who they love and who they get support from.
- Staff told us relatives were involved in all elements of care planning where appropriate. Two relatives we spoke to confirmed the service was good and they always felt included in how their loved one was. Another two people were seen discussing Mother's Day with staff and ideas of what to do; they were planning to buy their mothers flowers and cards. One staff member confirmed, "We have a good relationship with parents."

Respecting and promoting people's privacy, dignity and independence

- The service worked to ensure people's privacy and dignity was respected. Staff knew how to protect confidential information of people they supported the service had relevant policies and procedures on confidentiality and ensured people's belongings and personal records were locked away.
- We saw that people were treated with respect and their dignity was promoted. One person was discussing a recent shopping trip they had been on for personal care items and new clothing; staff praised their choices and independence and spoke about the benefits of these purchases for the person's wellbeing.
- The service supported people to be as independent as possible. Staff told us, and observations confirmed, people were supported to maintain their independence. For example, people were encouraged to make their own lunch and wash up where possible and pack their own bags before going out for the day. In other circumstances we saw people were supported to maintain the cleanliness and tidiness of their bedrooms in

line with their personal preferences.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were in place for people using the service and were reviewed regularly to ensure changes were reflected. They were detailed and contained information related to personal care, sleep routine, communication and activities and interests. One person's care plan said, "I do like to chat, so please spend time listening to me and how I am feeling, or what I am planning. It makes me feel good when people spend time with me."
- Daily records were maintained so it was possible to monitor that care was provided in line with people's assessed needs.
- Staff told us, and records confirmed, people were supported to participate in activities of their choice. During our inspection we saw people were supported to go swimming, shopping and to the cinema as well as attend day centres. We observed conversations between people, staff and the registered manager about upcoming holidays that had been planned for people.
- Across the four different services we saw that people were friends and often visited each other; together they attended events and had opportunities to build positive relationships.
- The registered manager told us that staff were mindful of people's support needs and preferences when supporting them to access the local community. For example, considering transport routes and times of day. This showed the service worked to ensure people avoided social isolation and were supported to follow their interests.

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 service was able to provide information to people about their care in an accessible format. We saw support care plans had information about people's communication needs including if they wore glasses, had hearing related impairments and how they preferred to be communicated with. People's care plans were produced in both picture and written format. Staff had a good understanding on how to communicate with people and responded to people's needs in a person-centred way.
- Information was available regarding the running of the service in accessible formats. For example, there were visual aids available to support people with their meal choices. We also saw that each person had

communication passports for making choices and decisions.

Improving care quality in response to complaints or concerns

- The service had a policy and procedures for dealing with any concerns or complaints. The service had not received any complaints since our last inspection. The registered manager told us the complaints process would be followed should a complaint arise and said, "We will always hold our hands up and apologise if things go wrong." Two relatives we spoke to assured us if they had anything to discuss about the quality of care, they would feel able to do so.

End of life care and support

- Records confirmed staff had received end of life training, and had started facilitating discussions with people about their preferences and choices in relation to end of life care. The registered manager told us all people's end of life care would be discussed and documented by the end of April 2020. For example, we saw people had funeral plans in place that looked at their religion, personal items that were important to them, where they would like to be at the end of their life and if these plans could be shared with others. One person's plan said, "I would like someone to write a poem about me that tells everyone all the things I liked."
- A team leader told us, "People participated in the activity really well, they got engaged in the conversation." This showed that the service would be able to provide appropriate end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Observations confirmed people felt comfortable and safe around the registered manager and enjoyed spending time with them. People were seen to smile and hug the registered manager when they arrived at the four services and spoke openly to them about how they were and what they had been up to.
- The services gathered feedback from people, relatives, staff and health and social care professionals. We also saw feedback forms had been put out in communal areas for people or their loved ones to pick up and complete themselves at any time. The feedback we reviewed was entirely positive. Compliments included, "Thank you for the love and care you all give me. You are very kind to me," and, "It's been very kind of you all to help me." One health and social care professional said, "[Staff] gives [person] clear communication."
- Team meetings were held across all four services, and staff told us they felt well supported by the registered manager.
- Records also confirmed there were resident meetings too where people discussed things including healthy living, holidays, room decorations and birthday celebrations.

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; continuous learning and improving care

- The registered manager was aware of their legal responsibilities and of their duty to notify CQC of significant events. All notifications to CQC had been submitted in a timely manner and evidence of ensuring people were safe was recorded.
- The registered manager was open and receptive throughout the inspection. They showed they were keen to improve the service where possible and took guidance well. Following the inspection, we received evidence that changes had been implemented following our feedback.

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

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns.
- The registered manager had systems in place to monitor their provision of care and support and sought to continuously improve. These included audits of care plans, MAR's, daily notes and health and safety checks.

Staff received ongoing support through regular supervisions and the registered manager completed observations to monitor the delivery of care and ensure people were safe and well looked after.

- The registered manager told us management completed unannounced visits to each of the services to monitor the standard of service being provided. However, the outcomes of the visits were not recorded. The purpose of the unannounced visits was to ensure the service was running well outside of working hours and to enable the registered manager to have oversight of the culture in each of the services. Following the inspection, the registered manager told us a spot check book had been purchased and they were planning to theme these unannounced visits, such as to look at medicines or the environment. We will review these at our next inspection.

Working in partnership with others

- The provider worked with health and social care professionals and external agencies to review people's ongoing support and to ensure their needs were being met.
- Professionals and local authority commissioners also visited each service. We noted that the provider had taken action to ensure recommendations they made were followed up, which had helped improve the service.