

Access All Care And Training Solutions Limited

# Access All Care And Training Solutions

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Access All Care And Training Solutions is a domiciliary care agency that currently provides personal care to eight people with learning disabilities and or on the autistic spectrum, seven of whom are children. For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

People's experience of using this service:

- People's relatives thought the service was exceptional and the care exemplary. One relative said, "Once they're in your lives it's never too much for them."
- The service went to great lengths to promote person centred values; In one example they supported a person to employ their own team of personal assistants and assisted in their supervision.
- Their person-centred focus led the service to ensure staff completed specific training on specialist equipment to best meet people's needs.
- Staff trained in various communication systems and technology so that people were supported to live more inclusive lives.
- The service employed an activities coordinator with specific remit to include and support people, their families and carers with personalised activities promoting their inclusion in the wider community.
- The service supported families compassionately in their times of need; providing a safety net to relatives when needed and supported them navigate health, social and educational institutions.
- Care plans were holistic and all-encompassing. They not only recorded people's needs and preferences, They also included details on how to care for people's child siblings so that families could be given respite.
- People and professionals thought the management of the service was unique and remarkable.
- The service management was led by two directors, a registered manager and a deputy manager. Staff saw these leaders as inspirational role models.
- Staff were extremely motivated and felt passionate about the service; they were able to align their personal values easily to that of the service given it's drive for equality and inclusion.
  
- Staff knew what to do if they had safeguarding concerns.
- People were risk assessed to keep them safe from harm and families were involved in these.
- There were sufficient staff and they were recruited with people in mind.
- Staff managed medicines safely.
- Staff understood the need to control and prevent infection.
- The service learned lessons when things went wrong.
  
- People were assessed before the service worked with them.
- Staff supported people with their food and being fed.
- People were actively supported to access health care professionals.
- 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.

- Relatives told us they were well treated well and that the service provided was high quality.
- People and their relatives were involved with their care and signed their consent to treatment.
- People's privacy was respected and they were treated with dignity.
  
- People's relatives told us they knew how to make complaints
- The service was not working with any one at end of life but evidenced they could.
- The provider used audits, spot checks and surveys to drive improvement in the service.
- Staff had meetings where they could be involved in the service.

Rating at last inspection: This service was previously inspected in 2016 and had been rated 'Good' overall.

Why we inspected: This was a planned inspection that was part of our inspection schedule.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. The next inspection will be planned for a future date based on our rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

# Access All Care And Training Solutions

## **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:

There were two inspectors. One inspector completed the inspection whilst another supported by speaking to people and their relatives.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to disabled children and young adults.

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 24 hours' notice of the inspection visit because the service is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 26 February 2019 and ended on the same day. We visited the office location to see the registered manager and other staff there, and to review care records and policies and procedures.

#### What we did:

Before inspection we looked at:

- The Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service during and after inspection:

During and after the inspection:

- We spoke with one person who used the service.
- We spoke with six relatives of people who used the service.
- We looked at two people's care records.
- We looked at records of safeguarding, accidents, incidents and complaints.
- Audits and quality assurance reports.
- We spoke with seven members of staff; one carer, one team leader, one activities coordinator, one deputy manager, the registered manager and two directors of the service.

# 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

- Relatives told us people were safe. One relative said, "Everyone knows the risk they care for [person] really well." Another relative said, "They appreciate the risks."
- There was a safeguarding policy and procedure in place. Staff members received training and knew what to do if they suspected abuse. One staff member said, "Keeping children safe, protecting them from harm, we have training every year for it." This meant that people were kept as safe as possible from risk of abuse.

Assessing risk, safety monitoring and management

- The service completed assessments with people to monitor risk of harm to them. A relative told us, "Risk assessments they do and everything is up to date." Risk assessments were personalised to people's needs and preferences and included areas such as medicine errors, car journeys, moving and handling, epilepsy as well as others. They identified the risk and mitigated against their occurrence.

Staffing and recruitment

- People told us they were happy with the staffing arrangements. One relative told us, "Yes I have a lot of staff working with my relative and it's 24 hours." Another relative said, "When we started the care package it was one regular carer, but they changed this as it was better for my relative to build relationships."
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles.

Using medicines safely

- People told us they get offered pain relief. One person said, "Yes (I get offered pain relief)."
- Relatives told us medicines were managed safely. One relative said, "They do it properly and are very responsible with the medication. They always look at the label and see the letters from the doctor about the medication."
- There was a medicines policy in place. Staff were trained how to administer medicines and the service completed medicines competency assessment with staff to ensure they gave the right medicine to the right person at the right time.
- Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. This meant that people's medicines were managed safely.

Preventing and controlling infection

- Staff told us about their infection prevention measures. One staff member said, "Our work provides gloves and in every house, you'll have gloves - the procedures might be different but they'll be different bins for gloves and pads and needles etc."

- Staff were trained on infection control and we saw that staff were provided with this equipment to do their job. This meant that people were kept safe from infection.

#### Learning lessons when things go wrong

- Staff told us lessons were learned when things went wrong. One staff member said, "[after an incident] We inform the manager and risk assess. We speak about how to prevent that and speak to the parents and then write it up."



# 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.

Staff support: induction, training, skills and experience

- People and relatives told us staff knew how to do their jobs. One person said, "Yes [staff are trained in all aspects of care]." One relative said, "I think they do an excellent job, they have regular training."
- All staff completed mandatory training including the Care Certificate, a recognised qualification that provides a foundation level of training for beginning work in health and social care.
- Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people. All staff shadowed experienced staff on shift to understand how to work with people correctly.
- All staff received supervision and appraisals, were competency checked in role and had ongoing spot checks completed with them to see how they did their jobs.

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. A relative said, "They properly assessed my relative before starting the package."
- Assessments covered different areas of people's lives where they needed support. This support covered people's health concerns, professional input, behavioural needs, communication needs and any other information.

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

- Relatives told us people were supported with food. One relative said, "Yes my [relative] is fed through peg they will assist with that." Another relative said, "[Relative] has multiple disabilities so has difficulties with feeding and they will cut food into small pieces and feed them."
- People's care plans contained nutrition plans that stated people's dietary needs. Interaction with nutritionists and speech and language therapists was also recorded. These records were in line with the service's nutrition policy. This meant people were supported to eat and drink healthily.

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

- Daily and communication notes demonstrated staff shared relevant information with each other and recorded interaction with other agencies. We also saw that the service interacted with families through the use of a messaging app as per their preference.

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

- People were supported with their health care needs. One relative told us, "Yes when I have an appointment with the paediatrician they always come with me as they are concerned with things about my [relative] and sometimes will question the amount the meds for my [relative]. So when they have some

seizures they will see if there's enough meds." Another relative added, "They are trained for all emergencies - so today I had to take [family member] to hospital if I forget something they always know what I forgot and they are really helpful."

- The service worked in tandem with health care professionals recording their instruction and providing information for them as and when necessary. All information was recorded in care plans and communication books. Healthcare professionals included physiotherapists, speech and language therapists, occupational therapists, GPs and psychologists. This meant people were supported to live healthier lives.

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 service was working within the principles of the MCA and found that they were.

- Whilst most people using the service were children, and therefore their families made decisions for them, the staff understood the need for consent and acting in people's best interest. One staff member told us, "You allow them to make their own decisions and we as carers ensure we are supporting them to make their own decisions and those that can't we make the best decisions based upon their safety and wellbeing."

## Is the service caring?

### Our findings

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Relatives told us the care was exemplary. One relative said, "I am so full of enthusiasm for them - I've experienced poor care before - these guys do genuinely care, these guys care about people. To me I think if they weren't in my life I just wouldn't know what to do." Another relative said, "They've had such a positive impact on our lives. Any problems I can discuss with them and they'll sort it out."
- The service sought to provide exceptional care focused on person centred outcomes. Staff had supported someone recruit and employ a team leader for their own team of personal assistants. They provided support throughout the recruitment process such as assistance in shortlisting candidates and providing interview questions. They then assisted in the supervision of the team and also provided training to them. This meant the person was supported to be involved in the recruitment of staff involved in their care. This demonstrated a purely person-centred method of matching the person with staff they worked with; the person chose the staff they wanted and were then supported to manage their own care package.
- Staff completed training specific to support people's needs. For example, staff completed training and regularly fed back on the specialist equipment provided exclusively to one person. This involved being filmed whilst moving and handling the person, taking instructions following filming and completing paperwork for the equipment manufacturer. Using this equipment, and having staff trained to use it, had improved the person's life as they were now able to taste food where previously they had only been fed via a tube directly into their stomach, often referred to as PEG feeding (Percutaneous Endoscopic Gastronomy.) This demonstrated the service's person-centred focus on meeting people's needs; employing capable staff who were motivated to be part of a continuous learning process to improve a person's life.
- The service supported families compassionately in times of need, exceeding relative's expectations. Relatives told us the service were responsive when situations arose. One relative told us, "I had an [illness] and one of the managers said I need to get to doctors and at a moment's notice they arranged everything - they took me to hospital. I had never experienced anything like it. I obviously matter too - they took me there and brought me home." Another relative told us, "They're the top people - they are like an emergency service - at the moment [director] supports me with review meetings at school." This meant that people receiving care were treated holistically, with the service seeking to support the networks around them.
- The service built trusting relationships with people's families and sought to support different aspects of family life. People's care plans contained detailed information about child siblings. These included their needs and preferences. This demonstrated the service was sensitive and caring by providing respite for the parents and looking after all the children in the family home.
- The service sought to treat all people equally. Staff told us, "You have to be respectful and non-judgemental whether or not you believe with their beliefs you be mindful of how they live."
- There were numerous policies that sought to promote people's universal rights such as the care planning policy and respect for human rights policy and procedure. The care planning policy noted, 'people are experts in their own lives.' People's care plans recorded how people wanted to be treated. This meant that people's rights were protected.

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

- Relatives told us staff listened to people. One relative said, "Yes, for sure [they listen to my relative]."
- People's views were recorded in their care plans. People's care plans contained signed consent forms. Consent forms were signed by people or their relatives to indicate their decision to agree to the provider's health care and treatment.
- People and their relatives were also able to provide input into their care during the regular care plan reviews that occurred every three months. This meant people were able to be involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to do things for themselves. One person said, "Yes [I am encouraged to do things by myself]."
- Staff told us how they promoted people's independence. One staff member told us, "I think we make sure they are in control of their decisions. We get their input to be independent. With [person] their independence is a really important thing - we don't do it for them we encourage them to be independent. "Another staff member said, "So Independence is choices. [Person] had no form of communication, we worked on -them understanding choices, so we can promote their independence."
- Relatives told us people's privacy was respected. One person said that, "Yes definitely." Another added, "Yes, I think so. "
- Staff told us they gave people privacy and treated them with dignity. One staff member said, "Giving them privacy and treating [person] as an individual. Always having their permission to do things. I will talk through everything I am doing with them, protecting their modesty or giving them a bath."
- We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices.

## Is the service responsive?

### Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service worked in an innovative way to involve people and their families in person centred care. The service provided an activities coordinator to assist people to do what they liked. One relative told us they felt empowered by this support, "Staff go out with them swimming on Mondays and go to the park with them. What I like is they give me options. They have an activities coordinator and give me options that my [relative] does with them." Another relative told us the activities coordinator's focus on inclusion was extremely good, "They encourage [person] to go the library, my [relative] loves it - they will help them to do PowerPoints! If its Easter or Christmas, they make a snowflake or something like that and then they bring stuff home. A lot of craft stuff - and they'll take them out."
- The activities coordinator remit was entirely person centred. They tailored activities specific to individual people. They met with people and their families and created activities based on people's preferences. They assisted staff incorporate education and therapy into people's lives with a strong focus on enjoyment. The activities coordinator told us, "A bit of creativity is sometimes wanted to make things more fun."
- The service encouraged inclusion and independence. The activities coordinator provided information to people's families for events to attend. They told us, "I make events in Redbridge and London accessible for carers and parents - I give them all the info that's needed for them to have an easy and accessible day including transport, toilet facilities accessibility to buildings, also where the carers can go free." We saw this information in the provider's newsletter. This meant that the service provided innovative and informative support to people so they could lead more full and meaningful lives.
- The activities coordinators had plans for the services own events. For example, they had a Mother's Day event planned with the hope of bringing people and their families together. The Activities coordinator was hopeful that this event and future ones, with the involvement of the local authority and local charities, would further promote community inclusion.
- The service had promoted the use of technology to families to improve people's information and communication skills. Staff converted their newsletter and a person's activities to braille ensuring they were accessible to them. We also saw staff rotas were shared to a person's mobile phone calendar so they could access it using the text to voice option on their phone. To this end staff had had training on braille, communication devices and applications including picture exchange communication systems (PECS) and Augmentative and Alternative Communication (AAC). This showed that people had been supported to use technology that was new to them and improved their lives
- People's care plans recorded their needs and preferences. They were personalised and contained all the information necessary to provide good care to people. They mapped out people's health needs and preferences and held useful and explicit information about how to best care for people.
- People received person-centred care. Assessments, regular care plan reviews, support for families and siblings, as well as recruiting to and building teams to work with people individually, all demonstrated that

the service worked with a person-centred ethos placing the person at the centre of their care.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to complain to. One relative said, "Yes- I usually go to [deputy manager] or [registered manager] they are the two people I am in contact with." Another relative said, "Yes I normally speak to the directors - yes they responded appropriately and met me with me. It wasn't really a complaint but more about changing needs. They were quite pro-active."
- The service had a complaints policy and procedure. The service had responded appropriately to complaints and were able to show us they had followed their policy.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life. The service had an advanced decisions policy to follow should they begin working with someone who was. The management team were able to provide evidence of when they had previously worked with someone who was end of life and it was evidently person centred.

## 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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements & Working in partnership with others

- People, relatives and staff thought the care and staff exceptional and distinctive. One person said, "I would only ever recommend Access All Care." Another relative said, "I think they're great they are really good. They [management] even do shifts, it's fantastic." One staff member said, "They worked with me and nurtured me and it's not just person centred for the service user but for the staff too." Another staff member said, "[Registered manager] is completely supportive about any situation whenever there's a problem you can go to them. They are amazing really."
- The service was developed with people in mind by management who had a thorough understanding of people's needs. The service had two directors who had daily input into the running of the company and supported the registered manager and deputy manager in their roles. People spoke highly and passionately about the directors as well as managers. One relative said, "The directors understood our family requirements as they have family with special needs and they know what we need."
- Managers and directors engaged with people and relatives regularly to ensure peoples needs were being met and care standard was of high quality. This engagement led to good working relationships between people, their relatives and the service and demonstrated a model for continuously improving care for people.
- The directors and registered manager were clear about the vision and values for the service and how people were firmly at centre of what was provided. Their enthusiasm and drive for wanting the best for people was evident in how they worked; All the management had detailed knowledge of each person, expert opinion was sought on policy, training and legal matters and there was an emphasis on continuous improvement of standard of life and care for people and their relatives. A staff member told us, "I like their values. I think we deliver person centred care and we look after the clients holistically and promote independence and include family needs a lot as a difference to other care providers. I know everyone is supposed to but we really include families and look out for their need as well."
- The service was linked in with numerous agencies and organisations that supported people. These included faith organisations, day centres, health care professionals and social care organisations. One professional we spoke to told us, "In my opinion the beauty and uniqueness of Access All is that managers are carers themselves and actively cover shifts in the home. My client's parents informed me that any issues can be dealt with without any delay."
- Staff were passionate about their work and the management of the service. One staff member said, "I would say that Access All Care are some of the most caring people centred managers and bosses I've ever worked for. I would say in some way they're visionaries and they have an idea of the world of the inclusivity."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility & continuous learning and improving care

- The registered manager and one of the directors were 'I care' ambassadors for Skills for Care. Skills for care is an organisation that 'helps create a well-led, skilled and valued adult social care workforce.' The ambassador role function is to inspire and motivate people to understand more about working in social care and visited schools and job fairs promoting caring roles.
- The provider had systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, spot checks, supervision, appraisal and surveys.
- Audits we saw included medicine management, care plan, training, staff files and spot checks.

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

- Staff attended team meetings when required. These team meetings specifically focused on the one individual staff were working with in specific teams. One staff member told us, "We have team meetings to do with service users to look at concerns or see if things can be done better."
- Minutes of meetings showed the staff discussed people's wellbeing and how best to work with them.
- People and or their relatives completed satisfaction surveys. One relative said, "Couple of times I've done them."
- The provider sent out surveys every six months. Surveys detailed that people were happy with the service they received. The management team discussed the surveys in management meetings and used them to drive improvement. The findings were shared in the service newsletter.