

Accedo Care Ltd

Accedo Care Head Office

Inspection report

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Tel: 07590860442

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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

The inspection took place on 14 May 2018 and was announced. This was the first inspection for this location since registering with the Care Quality Commission in April 2017.

Accedo Care Head Office provides care and support to people across three 'supported living' settings, so that they can live in their own home 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. At the time of the inspection across the three locations, 22 people received personal care and support.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

People told us that they were involved with their care and staff always asked for their consent when providing care.

Relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Risk assessments were completed to keep people safe.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people's needs safely.

People were supported to take their medicines. Staff were trained in safe administration of medicine and had their competency regularly observed.

People and their relatives were very complimentary about the abilities and experience of the staff that provided care and support. Staff received training and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

People and their relatives where appropriate were involved in the planning of the care and support people

received. People's personal information was stored securely and confidentiality was maintained.

People told us that staff provided care and support in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

People were asked to provide feedback about the service they received regularly and we saw these were positive.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service any improvements needed were actioned.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent before providing care and support.

Staff received training to provide appropriate care and support for people who lived in their own homes.

People were supported to maintain a healthy balanced diet that met their needs.

People had their day-to-day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People's confidentiality of personal information was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual needs and took account of their preferences and personal circumstances.

Guidance available to staff enabled them to provide person centred care and support.

People were given opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns, which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and relatives were all positive about the service.

Staff understood their roles and responsibilities and felt supported by the registered manager.

Accedo Care Head Office

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.

This inspection took place on the 14 May 2018 and was carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. This also gave the provider time to inform people that CQC were visiting and ask their permission for CQC to visit them in their home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us.

During and after the inspection we spoke with four people who used the service, two relatives, four support staff including the team leader, human resources director, the Chief Executive Officer and the registered manager. We looked at three care plans, three employment files and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

People felt safe and protected from harm. People told us they felt safe and that they were treated well. One person told us, "I feel safe here." One relative commented, "I have every confidence in the staff I feel my [relative] is very safe there."

People were supported by staff that were of good character and were suitable to work in the care environment. All staff had been through a recruitment procedure which involved obtaining satisfactory references and a criminal records check before they were employed by the service.

People were able to choose the staff who supported them. One relative said, "[relative] wasn't happy with one of the staff and that staff member has never worked with them again." They went on to explain it had nothing to do with the staff member it was a personal preference/choice from their relative. The registered manager told us that during transition staff profiles were looked at to match staff suitability. During the transition, and after the person could ask for any staff member to be changed. The registered manager said, "Staff may be working with people up to eight hours a day and it is important they have a good relationship."

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. One person told us, "Staff are really nice, I like them very much. They help support me." Staff completed regular health and safety checks to help ensure people were cared for in a safe environment. For example, the health and safety champions completed a daily check of the building including fire safety equipment. We saw regular health and safety checks were completed, and documented. One staff member commented, "We have a really good team here and we have enough staff."

Policies and procedures were in place to protect people from avoidable harm. People and staff had good working relationships that enabled them to communicate honestly. Staff were knowledgeable about protecting people from avoidable harm and felt confident to report concerns to managers or to the local authority if they felt it necessary. One staff member said, "If I had any concerns I would always report it to my team leader and I would talk to the [registered] manager." Staff we spoke with were also aware of how to escalate concerns and report to other professional bodies such as the police or CQC if required.

People were supported to be independent. People told us they felt supported to do what they wanted and staff were extremely positive and encouraging for people to be as independent as possible. One relative said, "My [relative] has become more independent, they (staff) support and encourage them to do everyday tasks."

Risk assessments were in place to identify areas where people needed additional support to keep them safe. For example, one person required special support with their dietary needs and we found this was in place and monitored daily. Staff had appropriate equipment to support infection control and people received support to keep their homes clean. People had personalised emergency evacuation plans in the event of a fire and staff we spoke with were aware of the protocols in place.

The registered manager reviewed accidents and incidents; they ensured that learning outcomes were identified. The registered manager discussed any outcome with staff at team meetings. Management meetings were held to discuss any lessons that may be learnt. Staff updated risk assessments to help ensure further risks were reduced.

People's medicines were managed safely. All medicines were given by two staff to ensure best practice. There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their own medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people in a safe and person centred way.

Is the service effective?

Our findings

People received support from staff who had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. There were support plans in place that gave appropriate guidance to staff. One person told us, "I have my own home, with everything I need."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed. One staff member said, "I had an induction and regular training." Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included medicines, first aid and managing behaviours that could challenge others.

Staff told us the training they received was appropriate and enabled them to develop new skills that helped them provide support to people. We saw that staff had completed national vocational training, one staff member was completing their level five training and we saw evidence that demonstrated staff were encouraged to develop themselves with further training.

Staff and people felt supported by the registered manager and were actively encouraged to have their say about any concerns they had. The registered manager confirmed that their door was always open. There were regular supervisions where staff performance and development were discussed. Staff confirmed that they had regular supervisions and staff meetings. One staff member said, "We have monthly staff meetings and I feel I have a voice."

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

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. For example, the registered manager sought people's permission for the CQC inspector to visit them at their home and asked if we could look at their support plans, not everyone agreed and their decisions were respected. One person commented, "I choose where I want to go and what I want to do." Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member commented, "I always assume they [people] have capacity, because they have their own wishes and goals they want to achieve. They may not be able to communicate verbally but can express in other ways. We offer people lots of choices."

The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided. One person said, "We sit down

and talk about what I want. I have chosen all my own furniture I like living here, staff are nice to me." We saw that people had been involved in personalising their own homes. A staff member said, "We sit down and talk and plan ahead. We do things people want to do." Another staff member said, "We have monthly key worker sessions to check that people are happy with their support and to ask what they want to do." One relative said, "We have sat down and talked about [relatives] needs and I have added to the care plan and this has all been taken on board. Staff take the time to talk and the communication is good."

Staff supported people to have sufficient food and drink and to maintain a balanced diet. One person said, "I prepare my breakfast and lunch and staff help me with cooking the dinner." They also told us they had been out shopping with the support of staff that morning to purchase their lunch. We saw that staff regularly monitored people's weight. We noted in one person's care plan there were risk assessments in place to manage issues around their dietary needs. We spoke with the person about this and they were aware of the support plan in place and were happy with the way staff supported them to have a healthy balanced diet. People were encouraged by staff to be independent.

People were supported to attend appointments with dentists, opticians and GP's when required. We saw healthcare professionals were contacted to help ensure people's individual health needs were supported.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well. One person told us, "I enjoy living here, it's better than where I lived before. Staff are really nice I like them very much."

Staff helped and supported people with dignity and respected their privacy at all times. One person told us, "Staff ask me if I am happy and am I ok. They respect my privacy and always help me when I want to do something." Staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. Staff we spoke with demonstrated they knew the people they supported. However, two staff we spoke with were unsure of some details in the support plan for the person they supported. We discussed this with the registered manager who dealt with this immediately. Training was booked and a meeting held to ensure the staff were aware of people's support needs.

People we spoke with were positive about the staff that provided their support. One relative told us that their relative was now very happy and they told us this was down to the trained staff. They confirmed that the person had been unsettled prior to receiving support from Accedo Care. They told us how the registered manager and team leader had stayed with their relative through their first night to support them with their anxiety. They commented, "They are very happy now they love the staff." They also told us that staff had held a birthday party for their relative, this included hiring a person to play music at the party. The person's relative was not able to attend the party. However, staff arranged a face time call so they could see and talk to their relative.

People were supported to maintain positive relationships with friends and family. One relative we spoke with confirmed their relative was coming to stay with them for the weekend. Another confirmed they could visit at any time. Relatives who visited their families were always welcomed to visit.

People had been fully involved in the planning and reviews of the care and support provided. One person said, "I am involved in my care." One staff member told us, "We go through the care plans and we have social workers involved for people who don't understand." We saw that care plans were reviewed to help ensure they accurately reflected people's needs and people we spoke with confirmed this.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Information about local advocacy services was available to people if required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. One person said, "I go to church that is important to me and staff support me to do this."

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included people's routines and support needs. For example, prompting and encouraging one person with their personal care. One relative commented. "Staff are absolutely brilliant they know [relative] needs and meet them one hundred percent."

Staff supported people to develop their skills and independence. For example, we found that people were encouraged and supported to cook and prepare their meals. People we spoke with enjoyed being involved with activities in the community. One person said, "I go out every day, I like to go out I go to the library, I like to read. I am going to the cinema today with staff and my friend." One relative said, "[Name] is very happy they have done so many activities. Staff are brilliant they are really well trained."

People had opportunities to take part in meaningful activities and social interests relevant to their individual needs and requirements both at their home and in the community. We saw that people had regular goals set these goals included learning to cook and volunteering. We saw that the people had fulfilled these goals.

People told us they were encouraged to have their say. They felt listened to and told us that staff and the management responded to any concerns raised in a prompt and positive way.

We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who used the service.

People confirmed that they had regular meetings to establish what people wanted and to discuss any issues. One relative said, "The [registered] manager is lovely if ever I have a problem they respond. All people we spoke with knew how to make a complaint if required."

Is the service well-led?

Our findings

People who used the service, their relatives and staff were all positive about how the service was run. They were complimentary about the registered manager who they described as being approachable and supportive. One relative said, "The [registered] manager is lovely, if ever I have a problem they will respond." We saw that people knew the registered manager well and they had a good relationship with them.

Staff told us and our observations confirmed, that the registered manager led by example and demonstrated strong and visible leadership. They were clear about their vision regarding the purpose of the support provided and level of care. They said, "I do daily observations I walk around to see what's going on and how staff interact with our clients. At the end of the day the clients are our number one priority and we discuss this in team meetings."

People were supported to establish and maintain strong links with the local community to good effect in supporting people to achieve their personal goals and aspirations. For example, people were supported with attending local shops including the library, clubs, learning to cook and volunteer work. The registered manager was knowledgeable about the people that were supported by the service which included their needs, personal circumstances and relationships. Staff understood their roles and they were clear about their responsibilities and what was expected of them.

People's views and experiences had been actively sought and responded to. People and staff confirmed that this was an on-going daily event. For example, people told us that they would talk to the staff on a daily basis about what they wanted to do that day and they planned events for the coming week. The local authority completed an independent survey of the service. We reviewed the results and found the feedback was positive about the provider and the care and support people received.

Systems were in place to monitor the services. These included regular audits completed by team leaders in areas such as medicines, infection control and health and safety. There were also independent audits completed monthly with action plans following audits to ensure best practice. The action plans we looked at showed that actions were being completed and reviewed.

The registered manager told us that they felt supported and had regular supervisions. They had regular quality assurance meetings with the management team, where they looked at changes in legislation and discussed what they could do to improve the service. They said, "Everyone here is hands on." They confirmed they had meetings with the provider on a regular basis to discuss any new changes or any issues they may have. They also attended regular meetings with the local authority to ensure they were up to date with best practice. They used websites such as CQC for important updates.