

Access24 Health & Medical Services Ltd

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Inspection report

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Date of inspection visit:
19 June 2019

Date of publication:
12 July 2019

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Access 24 is a domiciliary care agency who are registered to offer support to older and younger adults with; dementia, brain injury, learning difficulties, physical disabilities and mental health. They provide personal care to people living in their own homes. Not everyone using Access 24 received personal care. At the time of inspection, the service had been supporting one person for less than six months. As a result, we have been unable to give the service a rating.

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

People medicines were not consistently signed for by staff. Audits completed did not identify this issue and there were no audits completed on care files, daily notes or daily tasks completed by staff.

The registered manager had not always followed safer recruitment processes by ensuring staff had the necessary checks before starting work.

The provider had safeguarding and whistleblowing systems and policies in place and staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.

People told us they felt safe with staff, and that staff were good and knew what to do. Staff knew people and understood how they liked to receive their care and support. Care plans were individualised and outlined people's preferences.

People told us they were fully involved in all aspects of their care planning and documentation. The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments

People and staff told us the registered manager was accessible to all, that if they needed the registered manager they always responded quickly.

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.

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

Rating at last inspection.

This service was registered with us on 21 November 2016 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide personal care to people.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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? Details are in our safe findings below. | Inspected but not rated |
| Is the service effective? Details are in our effective findings below. | Inspected but not rated |
| Is the service caring? Details are in our caring findings below. | Inspected but not rated |
| Is the service responsive? Details are in our responsive findings below. | Inspected but not rated |
| Is the service well-led? Details are in our well led findings below. | Inspected but not rated |

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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

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. 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.

What we did before the inspection

We reviewed information we had received about the service since it registered with us in November 2016. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority and other professionals who work with the service.

The provider did not complete the required Provider Information Return. This is information providers are

required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager

We reviewed a range of records. This included one person's care record and medication record. 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.

Is the service safe?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Staffing and recruitment

- The provider had not always followed safe recruitment processes. For example, we saw that staff had started to work in the service before their Disclosure and Barring Service (DBS) checks were completed and before references were obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care. The registered manager had rectified this before the inspection finished.

We recommend that the provider completes comprehensive risk assessments for any staff that start working in the service before all checks are complete.

Using medicines safely

- Improvements were required to medicines management. We checked people's medicines administration record sheet (MAR) and found that staff had signed some medicines at the wrong time. These discrepancies indicated that some people may have not received their medicines as prescribed.
- Although audits of medicines were in place they had not identified the concerns found at this inspection. We discussed our findings with the registered manager who arranged audits of medicines to take place. Further training and competency observations were being arranged for all staff with responsibility for medicines administration.
- Staff told us that they had medicines training and that if they were unsure of anything they could discuss this with the registered manager.

We recommend the registered manager ensures medicine audits cover staff signatures and document action taken as required.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding and whistleblowing systems and policies in place which included the contact details of external agencies people and staff could contact.
- Staff had received training on safeguarding adults. Staff had a good understanding of abuse and the actions they should take if they had any concerns that people were at risk.

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. A person told us, "I feel safe and secure here."
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained detailed risk assessments which identified strategies implemented to reduce

each risk area.

- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- All staff had completed training in infection control.
- People and staff told us that staff always wear gloves and aprons when needed and that any personal protective equipment is made available.

Learning lessons when things go wrong

- The registered manager had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents, incidents and complaints were audited to check for trends or patterns and identify learning. These were shared with the staff team when required.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- Although people and staff told us that when required staff would contact and refer to healthcare professionals such as GP's or psychiatrists, this information was not consistently logged in people care files. The manger agreed to implement this straight away.

We recommend that all information relating to a person's healthcare is recorded to ensure all staff are aware of any needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that staff were good and knew what to do. One person said, "Staff understand me and do I what I need from them."
- Staff told us they felt the care plans were detailed and gave them all the information they needed to complete care tasks.
- People were being supported daily to make choices and decisions about their care and support. People told us they were fully involved in all aspects of their care planning and documentation.
- People had a pre-assessment completed before the service started, this included information on communication, health needs, support needs, emotional wellbeing and future goals. The pre-assessment was used to develop people's care plans.

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities.
- Staff told us they felt well supported by the registered manger. One staff said "[Registered manager] is very supportive, it doesn't matter what time I contact them, [registered manger] will always answer and support me."

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.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection people had capacity to make decisions so no capacity assessments had been completed.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to indicate consent to receive care and treatment.
- The registered manager understood their responsibilities to complete mental capacity assessments if required.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they had good relationships with staff. One person told us, "Staff are helping me reach my goal of moving out in 3 years."
- Staff knew people well and understood how they liked to receive their care.
- Staff had received equality and diversity training and the provider had introduced an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

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

- People were treated respectfully and were involved in every decision possible. All care plans had been signed by people.
- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, independence and confidentiality was respected. A person told us, "Staff always ask me before they do anything. They close doors and curtain before running my bath"
- A staff member told us what they do to promote people's privacy, dignity and independence, "When I support [person's name] to have a shower, I run the water to a temperature they like and then leave the room, I don't just stand and watch, I'm outside if they need me."

Is the service responsive?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people needed.
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's need was communicated to them immediately.
- Care plans had a, "goals" section which included information that was important to the person. This supported staff to deliver person centred care for people.

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 registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, however at the time of inspection, no formal complaints had been received. The registered manager had set up a 'grumbles log' where people could log any issues to be dealt with by the registered manager without having to make a complaint.
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "If I had an issue, I would raise it, [registered manager] would listen and deal with it."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care based on their individual assessed needs. A person told us, "I am involved in my care, they [staff] asked what I want." A staff member said, "If there are any changes required to someone's care plan or risk assessment, I tell the registered manager and it is changed straight away."

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

- The registered manager understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.

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

- There were no audits completed on care files, daily notes or tasks completed by staff. The registered manager was in the process of transferring all documentation onto a computerised system. The registered manager agreed to start auditing paperwork straight away.

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

- The registered manager sent out feedback questionnaires to people to give their views on the service, however these were not completed feedback, so the registered manager arranged individual meetings with people to gain their views.
- Staff meetings were held, and we saw evidence of actions, suggestions and information sharing within the meetings.
- People and staff told us the registered manager was accessible to all, that if they needed the registered manager they always responded quickly.

Continuous learning and improving care. Working in partnership with others

- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.
- The registered manager and staff worked in partnership with other health and social care professionals and commissioners to achieve the best outcomes to enable people to live as independently as possible.

