

Access Your Care Limited

# Access Your Care Limited

## 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

This inspection was announced and took place on 10 and 12 May 2017. This was the first inspection for this provider.

Access Your Care is a combination of services. These are Response 24, which provides an emergency care response service for pendant activations and/or alarm raising equipment managed by local and national call centres/companies. We inspected this aspect of the service because they provide people with personal care. The Response 24 service also provided up to six weeks of care in people's own homes. At the time of our inspection, there were 72 people using this service. We inspected this aspect of the service because they also provide people with personal care. In addition to personal care, Access Your Care provided a range of other services to people that we do not inspect.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives consistently told us the responsive service they received when they needed urgent assistance was excellent. Comments included, "The care and support Response 24 have provided for my grandfather is outstanding. They are compassionate and caring. Fantastic Agency!" Another family said, "Without a doubt, because of the care we received we have avoided having to call on the ambulance service for falls and probably a long wait in A and E as a result. The staff at Response 24 are superb."

People gave 100% positive feedback and said, "Once the staff arrived I felt safe and cared for" and "I am truly thankful to your service and my deepest thanks to you all". Records showed Response 24 had reduced the number of calls people needed to make because they involved other professionals in ensuring the care people received met their needs.

Feedback from people and relatives consistently showed they felt the staff had gone above and beyond what was expected of them. People gave examples of when staff had stayed with them to comfort them in times of distress. Family members said the end of life care their relatives received had enabled them to remain at home and the care had been excellent. People and their relatives gave several examples of when they felt they had been encouraged and supported to achieve independence such as not needing the service any longer, or requiring less support from staff.

The service had developed close working relationships with other healthcare professionals, which meant ideas and opinions had been shared. A local authority review recognised the service as 'a critical, integral supportive service'.

People and relatives told us people were kept safe and free from harm. There were appropriate numbers of

staff employed to meet people's needs and provide a flexible service.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work for the service. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were covered because the service had staff on call.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA). People were given choices in all aspects of their care.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe. Monitoring the safety of these systems were robust.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. People and their relatives were involved in the care planning process. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. People's needs were reassessed regularly to ensure their changing needs were met.

Staff told us the registered manager was accessible and approachable. Staff and relatives felt able to speak with the manager and provided feedback on the service.

The registered manager undertook spot checks to review the quality of the service provided and made sure people were happy with the service they received.

## 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 supported by staff who were able to identify the different types of abuse and what actions should be taken if they had concerns.

People had detailed risk assessments that were up to date and gave staff guidelines to follow.

People were supported with appropriate staffing levels to meet the needs of people who used the service.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People's rights were respected, and the service was following the best interest's framework of the MCA. People's choices were supported.

People's changing needs were responded to promptly and healthcare professionals involved if necessary.

### Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's individuality and spoke to them with respect.

Staff were knowledgeable about the care people required and

the things that were important to them.

People were supported by staff who were respectful of people's privacy.

People and relatives were happy with the care and support they received.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us this was an excellent service. People were responded to within an hour of making an emergency call. They received dedicated care and support and their needs were reassessed regularly. Feedback from people showed they didn't need to use the emergency call system as often because their changing needs were recognised and responded to.

People told us the service had a 'can do' attitude. People gave us examples of the impact this had on their lives, such as being able to be supported at home instead of in a care home.

People's safe, high quality care was consistently supported because staff had the information and support they needed to meet people's needs.

Feedback from people showed staff went above and beyond what people expected of them. Staff stayed with people who were distressed to comfort them.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

### **Is the service well-led?**

**Good** ●

The leadership and management of the service was well-led.

Management developed close working relationships with other professionals. People's care was adjusted to more accurately reflect their needs so people did not need to use the emergency service as often.

A local authority review recognised the positive impact the service had on people's lives and stated the service had become a critical resource for people who needed urgent support.

People and others were able to make changes to the service they received because they were regularly consulted about their views on how the service could be improved. Feedback from people

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager. Staff felt the service was excellent and the best they had worked for.

Relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

# Access Your Care Limited

## 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 10 and 12 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience was experienced in the care of elderly people, dementia and using domiciliary care services.

Before the inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Where we do not have a PIR available, we gather equivalent information during the inspection itself to inform our judgements. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with four people and five relatives during the inspection about the quality of the care and service provided. We also spoke with the registered manager, the service manager, the director and two members of staff. Following the inspection we spoke with seven people and five members of staff.

We looked at four staff files, the registered manager's file, five care plans in the office, four care plans in people's homes, complaints, quality assurance, policies and procedures, training records, minutes of meetings and other management records.

## Is the service safe?

### Our findings

People told us they were safe. People said, "Absolutely, there's no question about it, I'm safe" and "I am safe with my carers, I trust them, I have no worries." Staff told us, "People are always safe", "It's one of our values". People told us where they had a key safe in place, care staff made sure they had locked up and returned the key to the safe before leaving. One person said, "I have care staffs every evening, they let themselves in, it works well and I don't have any concerns, I have never been let down." People looked very comfortable and relaxed with the staff who supported them throughout our inspection.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. Staff said that if they had concerns then they would report them to the registered manager or other senior staff. If they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. Staff said, "I know the registered manager and other seniors would deal with it" and "It would be dealt with straight away". All staff were aware of indicators of abuse, such as unexplained bruising and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. This meant staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager had notified the local safeguarding authority, and CQC of safeguarding incidents. This meant people were protected against the risks of potential abuse.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns about people's changing needs. The provider had a policy and procedure for recording and monitoring accidents and incidents. Staff said, "There are blank accident/incident forms in client's folders; we fill these in, complete a body map and report them". A process was in place to record all accidents and incidents on a database, safeguarding referrals could then be made if necessary. Other activities such as the number of people experiencing falls and being at risk of skin breakdown around pressure areas were also recorded. The registered manager was able to create reports from all of the information available, and was therefore able to identify trends. For example, if the reports showed someone had fallen a few times, the person was referred to relevant healthcare professionals. This meant the information from the reports was used to monitor people's changing needs and was reflected in the care they received.

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Staff knew about the assessments and protocols in place to protect people. For example, we saw risk assessments had been completed for medicines, falls, manual handling and infection control. Where someone had been assessed as being at risk, appropriate action had been taken to minimise the risk. For example, one person's skin care risk assessment showed that they were at high risk of developing pressure ulcers. Steps taken to reduce this risk included a pressure relieving mattress and care staff monitored the condition of the person's skin. Risk assessments had also been completed in respect of the person's home environment, such as the utilities and access to the properties staff visited. Both the care plans and risk

assessments we looked at had been reviewed regularly.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us, "There's always enough staff", "There's always two and sometimes three staff who come", and "They never show they're in a hurry and rush off; it makes me more relaxed". Records showed there were always staff available to cover sickness or holidays. Team leaders were not included in the staffing allocations so were available to cover shifts if necessary. All staff told us there were enough staff to meet people's needs. They told us, "We're never rushed, we just phone the office if we're running late and someone else will be allocated", "We're not pressurized, they'll give our last call to someone else if we're behind" and "I talk too much to be rushed!"

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. One staff member told us, "I couldn't work until my DBS came back". Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Relatives told us, "Staff know exactly what to do if I'm not able to give my relative his medicines". Some people required support from staff such as prompting, and staff administered medicines for other people. People's medicines were administered by staff who had their competency assessed on an annual basis to make sure their practice was safe. Where people needed to avoid foods such as grapefruit because it affected their medicines, people knew about this and information was available in their medicine care plans. Medicine administration records (MAR) were current and recorded where staff had prompted people to take their medicines.

The provider monitored outbreaks of infections and any actions taken. Staff spoken with confirmed they had completed infection control training, records confirmed this. Staff also received regular updates regarding any current infection risks. An annual infection control statement produced in November 2016 showed staff were using the personal protective equipment provided safely. Where people had infections, appropriate precautions were being taken to prevent the spread of infection. This meant staff were aware of any risks and followed correct guidelines to prevent cross infection.

Records showed the company vehicles and lifting equipment were regularly checked and maintained.

## Is the service effective?

### Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "All the girls know their jobs inside out, they are very thoughtful, they give me thinking time, I am not rushed, they are willing to do everything on my terms and allow me to make my own decisions", "Everything works like clockwork, they get a lot of things done in such a short time, the girls do the things for me I cannot do for myself".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff had received core training which included manual handling, first aid, food hygiene and fire safety. Staff had received additional training for example, dementia awareness, diabetes and falls management. Staff told us they had the training they needed to meet people's needs and said, "If we had someone come tomorrow with a special need, we'd be trained instantly." Staff were supported to undertake qualifications appropriate to their role. For example, the registered manager and team leaders either held or were working towards a diploma in management. The registered manager monitored when staff needed to refresh their training and time was blocked out for this. Where staff training was about to expire records showed staff had been booked on to the training courses they needed. Staff were sent letters and texts on their work phones to remind them. The registered manager said, "Staff can access the training from their work phones". Staff also confirmed the training they received enabled them to understand what was expected of them and how they should provide the care and support people required.

One person wrote they were encouraged and supported to improve their independence to a point where they needed one member of staff instead of two. They sent a letter to the registered manager saying, "I would like to praise the work your carers have given me. They were professional, kind and courteous while they were in my house. I have met quite a few of the carers and loved them very much. Please express my pleasure to them and tell them they are welcome in my home anytime. Thank you for sending them to me." Another person wrote, "Just a short note to say 'Thank You' to all of your staff who took care of me for the last six weeks after my fall. Everyone was so kind and helpful, so pleasant to talk to. I shall miss them coming in. I am glad to say I am now nearly back to normal. I did appreciate all you did so many thanks again"

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff told us their induction had been thorough. They told us induction consisted of a week in the office for in-house training, followed by 12 weeks Care Certificate training if the member of staff had no previous qualifications in care. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. New staff were also able to shadow experienced staff for at least two weeks and completed a 13 week probation period. New staff were given a mentor and personal development plan, so staff knew what was expected of them. The registered manager was able to complete probation observations when working alongside new staff to provide care. The registered manager said, "I wouldn't ask staff to do anything I can't". Team leaders also completed spot checks at regular intervals to monitor the progress of new staff and provide support. A team leader told us, "It's my responsibility to make sure the risk assessments and everything is done. I take new staff out and never sign anyone off till we're sure they're competent."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We don't have to wait for a supervision, we can see the registered manager on our coffee and cake mornings". Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. The registered manager received supervisions from the Operations Manager, and told us she was also able to access support from the director and service manager.

People were able to make decisions about what care or treatment they received. People told us they were always asked for their consent before staff assisted them with any tasks. People said, "They always explain what they're doing and ask" and "They're very polite and always ask". Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have capacity to make decisions for themselves had their legal rights protected. One member of staff summarised the MCA and said, "Five main points; assume capacity, capacity for specific decisions, people make their own decisions, best interest meetings if they can't and choices made for them should be least restrictive". The 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. Families, where possible, were involved in person centred planning and "best interest" meetings where people lacked capacity to consent to the arrangements. Best interest decisions had been made where people did not have the capacity to consent to receiving personal care, taking medicines or managing their finances.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff told us they had all the information they needed and were aware of people's individual needs and preferences. For example, one person's care plan instructed staff to prepare lunch for them. The member of staff gave the person a choice of what they wanted them to cook for their lunch, but knew the person's preferences. People told us care staff made sure they had enough to eat and drink, and left a drink within their reach before leaving.

Staff were aware of the need for vigilance in observing the eating and drinking habits of people living with dementia, and gave examples of how they would encourage these people to eat and drink. Where necessary, food and fluid intake charts were kept.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff told us, "We phone the office immediately we notice any changes, and someone comes out to reassess the person" and "As soon as any changes are noted, we get the updates on our work phones". People's care records showed relevant health and social care professionals were involved with people's care. One person told us, ""They're on the ball; my relative had a sore area and they got the district nurse straight away; it's healed up now". Another person told us, "They've even contacted nurses at the weekend" and "They got a doctor out for me". Care plans were in place to meet people's needs in these areas and were regularly reviewed.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. Relatives told us, "They're very compassionate", "Staff are ever so friendly" and "They're very nice and we get on ever so well". People told us, "The staff are worth their weight in gold", "They're a lovely bunch of people", "They laugh and joke with [name] because he loves a joke. They're definitely very good at communicating with him", "When they are here there is a lot of friendly banter, we have some common interests, and there are plenty of laughs" and "The moral support they give is great, I'm very happy". Other comments included, "We have a laugh", "They're so considerate, kind and polite" and "I'm really happy with how they're managing everything". The registered manager said, "We do the 'Mum's test', and ask our staff if they would be happy with the care provided if that were their Mum". From our observations, we could see that people were relaxed in the presence of staff and looked happy. Staff were attentive and had a kind and caring approach towards people. People appreciated staff offering them choices and enjoyed the banter between them.

Staff knew people's individual communication skills, abilities and preferences. Staff offered people choices, encouraging them to undertake tasks independently and supporting them where needed. Relatives confirmed that people were encouraged to be as independent as possible. Care plans identified what people could do independently. One relative said, "They give my relative lots of encouragement to do what he can". One member of staff told us, "I like to let people know my time is theirs, and making sure they are aware there is a choice, they have options which I discuss them. I respect and promote their independence and can support them with this".

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. One person told us, "They're always asking me what I want and don't mind what I say". One relative told us, "I get involved; I feel part of it". The registered manager ensured family, friends or a social worker were available during assessments to ensure people were involved in decision about their care. The registered manager told us they would approach the local authority if someone wanted an advocate. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People told us their care plans were reviewed regularly, and people told us they were frequently asked if there were any changes they would like to make. Other people said they were contacted by the office to check they were happy and there were no problems. Staff we spoke with were aware of the information in people's care plans. Staff said, "People who have a dementia can still make choices" and "We give choices wherever possible, we get several clothes out for them, put different types of food out, ask how they want their hair doing, they can choose from what's in front of them".

All the people we spoke with were able to express their views. They told us their privacy and dignity was respected by all staff. We observed this in practice during the inspection, through the way staff knocked on doors before entering people's homes, spoke with people and assisted them with their care needs. People told us, "Oh gosh yes, they respect our privacy and dignity" and "Most definitely. I used to be embarrassed

but they've put me at ease". Staff told us, "We've had dignity and respect training" and "We always make sure curtains are closed and people are covered with towels. We do the 'Mum test'". During the inspection we observed staff knocking on doors and respecting people's privacy and dignity.

Staff were supported to provide care that treated people with kindness and respect. One member of staff had been appointed a Dignity Champion. A Dignity Champion provides support and information to other staff to ensure that people are treated with dignity all the time. The Dignity Champion provided training for other staff and wrote information for the quarterly newsletter about why dignity matters. The registered manager said, "For me this is about being able to make a difference" and "We involve staff in the commitment." Staff received privacy and dignity training during induction and were able to talk about dignity matters during team meetings. The service also had champions for safeguarding, dementia, social care and self-care. This meant people were supported by staff who were encouraged to keep their skills up to date and share good practice.

Staff completed training in equality and diversity and put their training into practice. For example, staff demonstrated respect for one person's religious beliefs when they provided care at times that did not interfere with prayer times, provided a care worker of the same gender, and stayed away from the person's prayer room. Other examples included supporting people with their sexuality and culture, such as people who preferred same sex relationships or did not speak English, where they provided an interpreter. Staff said, "We don't treat anyone any differently" and "No-one's any different, we ask everybody what help they need". This meant people's needs in respect of their age, disability, gender, religion or belief and sexual orientation were understood by all staff and met in a caring way.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in a locked cupboard. Where information was stored on computers, access was controlled by passwords and staff were only given access when necessary. When open, the office was always occupied by members of staff, but if required could be locked. This meant people's private information was protected and kept secure.

People and their relatives were given support when making decisions about their preferences for end of life care. Records showed two people had recently been supported to stay at home at the end of their lives instead of being admitted into hospitals or care homes. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. One relative said, "Without it, (parent) may not have been able to remain at home and see out their last days in the house where they were born". Another relative told us the registered manager worked with healthcare professionals and set up 24 hour nursing care straight away when their relative was at the end of their life.

Response 24 staff supported another person who was approaching the end of their life by providing care and support over and above the personal care which they were commissioned to do. When the person was discharged from hospital, their property was unsafe, there was no food in the house because the freezer had defrosted and the fridge had out of date food. Response 24 also provided shopping and cleaning services. The person needed equipment which had not been delivered. The person's freezer was leaking gases, their stair lift wasn't working, the smoke alarm was beeping and the boiler stopped working. Response 24 liaised with various people and organisations to solve all of these problems to enable the person to return home. This meant the person had been able to stay at home for the end of their life, as they had wished to do. Another relative provided the following feedback when their relative received end of life care, "During December Response 24 were calling out to [name] twice a day to carry out personal care until [name] passed away. It has been a very difficult time but we wanted to let you know how much we appreciated the

level and quality of care provided by Response 24 to [name] and also to us. The carers were exceptional. Response 24 staff spoke to [name] all the time letting them know what they were doing and preserved [name's] dignity which is a very difficult thing to do in such circumstances. They also showed great care to us and included us in decisions, and discussions. I'm sure this all sounds like just part of the job, but we do feel they went above and beyond; they obviously care and feel very passionate about what they do. It has made a huge difference to us to know that we could rely on the excellent care being provided by Response 24."

## Is the service responsive?

### Our findings

Response 24 provided a responsive service for people who required emergency support, including personal care, for example via organisations such as Carelink. Carelink and other organisations provide a range of services including pendants for people to wear, which people can activate when they need assistance. The service received many compliments from people who used the responsive service and their relatives. Feedback from one family member said, "The care and support Response 24 have provided for my grandfather is outstanding. They are compassionate and caring. Their professionalism is fantastic. They are knowledgeable and helped access support and equipment we needed. He is happy at home in the knowledge they will be there to support him. Fantastic Agency!" Another family said, "We would like to express our gratitude to all members of Response 24 after having to call on their help and assistance over the past months. Without a doubt, because of the care we received we have avoided having to call on the ambulance service for falls and probably a long wait in A and E as a result. The Carelink Pendant gives us confidence that help is at hand. The staff at Response 24 are superb, giving care and aid and reassurance. It appears to us that all the help that we receive is enabling us to remain in our own home and we know that this has become a worry to us in the past, so we would like others to know that all these services do a grand job in caring for the elderly and keeping us safe and at home."

Response 24 staff were on call to receive these emergency calls and responded within an hour. For example, Response 24 staff were called to attend one person who was unable to move and becoming very anxious because they needed to use a medical device. Once the person was feeling better staff provided personal care and made breakfast and a hot drink for them. Staff requested a specialist nurse to assess the person as they were unable to use the device properly and therefore getting breathless. Shortly afterwards, the family sent a complimentary letter thanking staff and commenting how quickly staff had responded and how efficient all the staff had been.

The director of the company told us, "The ethos of the company is flexible, responsive care. We've created a service to pick up care packages quickly, within 24 hours maximum. Health contracts are started on the same day" and "We are the only service in the country that provides a response service, and can provide personal care and services for people who have fallen." Feedback from people included, "Once the staff arrived I felt safe and cared for", "I am truly thankful to your service and my deepest thanks to you all" and "Once the staff arrived for the callout they were very professional". We found the service also made referrals to the fire service where people needed smoke alarms, and to the local police where people had inadequate locks on their homes.

Surveys showed staff were given 100% positive feedback for this service. People said, "Every carer was kind, respectful and very caring. You couldn't ask for more. It was a pleasure to know them" and "All the staff are fantastic and very kind to me".

As people had bought Carelink pendants without having their needs assessed, the Response 24 team were able to refer people who needed additional support because they had good links with district nurses and social workers. District nurses often visited within hours or the next day and assessed people's care needs.

Records showed the Response 24 service had reduced the number of times some people had needed to use the emergency calls. For example, they identified patterns such as certain times of day when people needed to use the emergency system, and made referrals to other healthcare professionals. As a result, people's needs had been reassessed and the care they received had been changed. For example, the times some people received personal care visits from their own care providers had been changed, when it was identified people regularly required personal care after their usual visits had been completed. This meant people received a service which met their changed needs and therefore the number of emergency calls were reduced. People's feedback about this service said, "I'm not falling quite as much now", "A wonderful service", "Excellent service" and "I'm very pleased with the efficiency and manner the visit was carried out in". Access Your Care staff often delivered the required care immediately, or within 24 hours, as an interim service till a permanent provider was found. The registered manager ensured any equipment required was in place ready for the permanent provider to take over.

The Response 24 service also provided responsive, short term care (which included personal care) for up to six weeks, usually starting the service on the same day, or no later than two days from the original request. During the inspection the service was providing care for 50 people who would have remained in hospital awaiting support to enable them to return home. Relatives told us, "[Name] wouldn't be here if it weren't for them, he'd be in a home" and "It's great, they take a lot of stress off me". One relative told us, "It's an excellent service, they have a 'can do' attitude I've not found elsewhere. They immediately understood what we were going through and sorted everything the same day. I rang the office because the GP said my relative needed urgent medicines. I couldn't drive, so the director sent two care staffs straight away and we got the medicines that night around midnight. When you're really desperate, you really need someone who says 'Yes'. People need to see what these people can do."

One person who started a six week package of care when they left hospital was supported to be independent within 35 days of the service starting. Response 24 staff helped another person develop a routine to manage independently when they found it difficult to manage daily tasks such as personal care and meal preparation. This person was enabled to become independent within 11 days. A third person started a six week package of care when they broke their wrist and were unable to manage personal care, dressing and meal preparation. This person was enabled to become independent within 26 days. Another person was receiving two calls daily for support with personal care and medicines; with staff encouragement this person is now managing with one visit a day and is gaining confidence to become independent.

As the service covered the whole of North Somerset and offered an urgent response service, people were given information in their care plans explaining why their calls would be within timeframes rather than specific times, and explaining why they may not have the same care staff each time. The registered manager said, "We offer a rapid response service so it may not be time-specific, unless people need medicines at set times, however we do try to accommodate people's preferences." People's feedback said, "Thank you for all the care, support and good humour your staff provided" and "Response 24 provided an excellent level of care which balanced professionalism with warmth and friendliness". People said, "I couldn't manage without them", "They're an absolute Godsend" and "They do their duties efficiently and expertly and are very patient". One relative's feedback said, "I was so grateful [name] stayed with me to help me contact 111. The member of staff stayed for over an hour, went above her duties and was so helpful and respectful".

Staff told us how their observations of one person showed how frustrated the person felt during their recovery from surgery. At each visit, staff spent time with the person and encouraged them to do their exercises as prescribed by the physiotherapist and have a little walk. This not only helped their mobility, staff told us it lifted their spirits.

Family care staff of people who received care were also responded to if necessary. For example, if a family carer was poorly, Response 24 would liaise with commissioners and healthcare professionals where necessary, then provide the required assessments and care until the service was no longer needed. One person's feedback about this said, "You did not just care for my husband but for me as well".

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences. People were able to have their families or representatives in attendance during the assessment. One person told us, "[Name] came and sat with me for a whole afternoon to do the care plan". Staff said, "The care plans show people's views and opinions, their likes and dislikes, choices, wishes and beliefs; they're all in there" and "We read the care plans before working with people, then get updates on our phones immediately if there are any changes". Staff confirmed they phoned the office to have people reassessed if they noticed and changes. One relative confirmed, "They're very vigilant; they do a good job". People confirmed they regularly had their needs assessed. People said, "If I want something different I can ask for it" and "They're always coming out to do assessments. They phone up as well to see if I want anything changed". If people preferred, they were able to complete a self-assessment of their needs. The registered manager told us, "There's no-one better than themselves to say what they want. Doing a self-assessment means they have time to think about what they want. We give them time to do this, then will go back after two weeks to check the care plan is how they want it and will change anything they want."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Plans had been completed for physical and mental health needs, manual handling needs, infection control and dietary needs. They were comprehensive and provided clear and detailed information about the person's care and support needs. For example, care plans identified if people needed support to maintain family relationships and social inclusion. This showed that people's care needs had been assessed and care plans were in place so that staff could meet identified needs. Care plans also contained information for people and relatives about a range of topics, including how to access services, about developing and reviewing the care and support available and safeguarding.

Where people were living with dementia, their care plans clearly showed the support the person received from their families and what support they needed from staff.

Staff were provided with mobile phones which they used to log in and log out when they visited people's home. Staff showed us how they were able to see the care notes on their phones, and were given details of what they needed to do. Staff said, "We get everything we need on our work phones, but we always read the care plans first", "We get a text message telling us to update our phones when anything changes, then we see it straight away" and "We can see everything, including what other staff have done". Where people had complex health needs, such as pacemakers, strokes or heart conditions, staff were aware of these and had access to additional information about these conditions.

People who used the service and their families had been made aware of the complaints procedures. Each person received a copy of the complaints policy in their care plan. Complaints were analysed to identify patterns and trends. People told us, "I haven't needed to make any complaints, but I know how to", "It's a good service, there's no problems" and "I get on so well with the care staffs, they cannot do enough for me, I cannot see that there would be anything to complain about". There had been one complaint recorded in the past year. This had been resolved and managed in a timely manner in line with the provider's policy.

The registered manager sought people's feedback and took action to address issues raised. People

received a phone call after using the service for two weeks, to check there were no problems and they were happy with the service. People were also asked to complete surveys, which showed people were very happy with the service. Comments included, "They're brilliant, supportive, encouraging, helpful, friendly; everything you could ask for". One relative whose father received the end of life care they wished said, "Thank you to all the care staffs who visited my Dad; you were kind and nothing was too much trouble. We would not have been able to meet Dad's wishes if it wasn't for you so thank you again" and "You do such a brilliant job".

Due to the nature of the immediate response, short-term service provided, either the local authority identified other care providers who would take over people's care long-term or people found their own. The information shared with care providers who took over included a summary of their needs and medical conditions, the medicines they needed to take and any allergies, as well as information about the person's communication preferences.

## Is the service well-led?

### Our findings

The service was actively involved in key local and national organisations to provide a 24 hour emergency response service which included providing people with personal care, for example when they had fallen. These included North Somerset Carelink, Telecare North Somerset, Taunton Deane Careline, Bristol Careline, Age UK Lifeline and Buddi GPS mobile devices. Close working relationships were also developed with local nursing teams and ambulance services, which meant people were quickly referred to these services as part of the response to the initial call, where people needed this.

A review of Response 24 by a team lead for the local authority stated, "The Response 24 service has now become a critical, integral supportive service to Carelink and its service users. The service has developed into a service providing far more than a mere responder service." The review recognised the understanding and communication between Response 24 and Carelink, and stated, "Regular meetings and an open relationship between the management of the two services has means that sharing of ideas, opinions and problems have enhanced the relationship between the two".

Response 24 had specialist equipment and staff had been trained to be able to respond to people who had fallen; the service was able to respond immediately. This meant people were able to receive attention immediately rather than waiting for an ambulance. As a responsive service, they were able to respond to people who used other services. People who used the Response 24 service for emergency calls were offered support with personal care, meals and drinks at the time they were attended to.

The local authority recognised the value of the service for the community. The local authority review stated, "If Response 24 were removed the impact would be huge" and "From a Carelink point of view.....the service has benefitted greatly from critical information Response 24 staff have provided, such as medical information about the service user and additional concerns and needs of the service user." As a result, people had been reassessed and the care they received had been updated and changed in line with their changed needs. For some people, this meant the number of times they had falls had reduced, and other people received personal care from their own providers at different times, so they didn't need to call Response 24 for personal care needs.

The director analysed the number and type of call outs the Response 24 service had completed over the last four years. The data showed 1268 calls had been received in the last year, and 4441 calls over the four year period. These were a mix of urgent calls for people who had fallen, had mobility issues or other health needs. While staff were with people, they always offered and usually provided support with personal care such as assisting people to the toilet or getting dressed, getting meals or drinks. The local authority review stated, "There is a much quicker response to service user's alarm activations as Carelink are no longer totally reliant on emergency services to respond."

The registered manager was an excellent role model who actively sought and acted on the views of people. The service promoted a positive culture. People told us, "Their approach is good, they're so open and amenable" and "They're very open, I can call anytime". The registered manager worked alongside staff to

ensure care given was of the highest quality. The registered manager encouraged a culture of recognising when staff had gone above and beyond their normal duties. Staff were able to give their colleagues stars, which built up so the staff could collect vouchers. The registered manager said, "It means staff are more considerate and the teams are close." Staff also told us the night staff knew the day staff, because everyone was able to join in the coffee and cake mornings. This meant people were supported by staff who were motivated to achieve the aims of the service, namely to provide a high quality, responsive service.

People's experience of care was monitored through regular surveys. People received phone calls regularly to check everything was going well for them, and changes were made immediately if people required anything to be done differently. Responses and feedback to the surveys was very positive. Staff were empowered to contribute to improve the service via annual surveys. Staff responses to the November 2016 survey showed they felt people's dignity, privacy and respect were a priority, people were given opportunities to voice their opinions and were able to raise any issues at any time. Staff also agreed they had up to date training and induction. Where staff expressed any concerns these were addressed. For example, reference materials for conditions such as diabetes, epilepsy and dementia were made available following feedback from staff. Staff felt the management was fair and very approachable, and their views and opinions were listened to. Staff confirmed there was an open door policy, and they were free to speak to managers at any time. They also felt management would not tolerate poor practice; they were aware of the whistle blowing policy and would use it if the need arose.

Staff visited the office on Mondays to collect the equipment they needed; this had been turned into a mix of social occasion by making coffee and cake available, and an opportunity to receive updates. Staff were also able to chat with the registered manager. Without exception, all staff said they found the registered manager supportive. Staff were also updated regularly via a quarterly newsletter which included information about the values of the organisation, and a monthly memo, where survey results were shared. Staff said, "We all help each other", "I've worked 30 years in care, this is the best company I've ever worked for". Staff were provided with phones which had trackers enabled, to help keep staff safe while they were out working in the community. Staff said, "There's always a manager on call for anything, even if it's dark and we're a bit worried they'll stay on the phone."

The registered manager had a clear vision for the service. Their vision and values included teamwork, integrity, quality of care, continuous development and a person centred approach. These were communicated to staff through staff meetings, formal one to one supervisions and a monthly newsletter. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The registered manager told us, "I want the staff to feel valued." Staff were aware of the values and told us, "The values are all around the quality of care we give" and "Integrity, person-centred and caring". The values were monitored during observations and spot checks.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care, which included monthly checks of care records, home care records and medicines. Where shortfalls in the service had been identified action had been taken to improve practice. This meant quality assurance systems in place had identified any issues before our inspection and the registered manager had taken action to address these shortfalls. In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These included checks on the vehicles used to attend people who made emergency calls and the equipment used.

All accidents and incidents which occurred were recorded and analysed. People's care plans had been reviewed and changed where necessary, and other healthcare professionals involved as appropriate.

The registered manager kept up to date with changes in the care sector by registering with recognised organisations. The organisations included Investors in People, Skills for Care and the Registered Manager Network, and regular updates were received from the UK Health Care Association. They also received updates from the Care Quality Commission. The registered manager said, "I can pick up some good tips". Linking with these networks meant the registered manager was able to access up to date training, policies and information about good practice.

The provider has signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services. Staff had been involved in discussions about the Social Care Commitment during their team meeting in April 2017, together with discussions around spot checks and the values of the service.

Although there were no vacancies in the service at the time of the inspection, the director was planning for the future to address any possibilities of staff shortages. The director told us he was creating a Care Academy to encourage new care staffs into the profession. He worked closely with the Job Centre for this.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.