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Academy Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Academy Care is a domiciliary care service that provides personal care to people living in their own houses and flats in the community. It provides a service in the Wakefield area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 22 people.

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

There were enough staff to support people and improvements had been made, helping to ensure staff were recruited safely. Improvement had also been made to ensure people's medicines were well managed. People's risk assessments and care plans were personalised, detailed and well written. They included all information needed for staff to know how to safely care for people.

Correct infection control procedures were followed, and the service had taken additional infection control measures to minimise the risk posed by COVID-19. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. People's relatives spoke very positively about the care provided. The words people most often used to describe the service were, "Brilliant" and "Fantastic". They told us staff arrived on time and there were no missed calls. People were supported by care staff who knew their care needs and preferences.

Staff received appropriate training and support. Staff were described by the people we spoke with as very kind and caring. People's risk assessments and care plans were personalised and detailed. They included information about people's preferences and abilities.

The provider had continued to make improvements to the systems of governance that we saw had been introduced at our last inspection. There was better management oversight of the service. The service used a range of audits and monitoring tools to assess the quality and safety of the support and care provided. Although, because some improvements were made relatively recently, the improved systems and practice needed embedding into practice.

The service actively engaged with and sought the views of people, their relatives and staff to improve the service. People's relatives and staff spoke very positively about the way the service was delivered and managed.

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

Rating at last inspection

The last rating for this service was inadequate (published 2 April 2021) and there were two breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found evidence of improvement in these areas and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The inspection was prompted in part due to concerns received about the provider's recruitment process. A decision was made for us to inspect to examine the risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and well-led sections of this full report

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to requires improvement. This is based on the findings at this inspection.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Academy Care on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Academy Care

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out 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 who was also the provider, registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 24 June 2021 and ended on 2 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office location on 24 June 2021. During the visit we spoke the provider, who is also the registered manager, the office manager, the office support manager and the recruitment officer.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff support and supervision. A variety of records relating to the management of the service were reviewed.

After the office visit we requested and reviewed further written records. This included information regarding the management and deployment of staff, medicines, infection control and the overall governance of the service.

We spoke with nine people's relatives to gain people's views about the care provided. This was because most people who used the service were not able to speak with us due to health issues. We also conducted telephone interviews with one field supervisor and four members of care staff.

We undertook a remote meeting with the management team on 2 August 2021 to discuss and complete the inspection and provided initial feedback of our findings.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure systems were in place to demonstrate staff recruitment was safe and effectively managed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- It was evident the provider had allocated a lot of time, resources and effort to improve staff recruitment processes and practice in the service. As a result, more robust policy, procedure and practice were now in place.
- Prior to the system becoming fully operational, there had been instances of delays in obtaining references for applicants. However, where this had been the case, there was evidence the provider had used other means of satisfying themselves of people's suitability to work in the service. This included seeking alternative and additional references.
- Staff told us when they were successful at interview, they commenced induction training while awaiting their recruitment checks. These checks included references and disclosure and barring (DBS) checks. Only when these came through, were they able to be introduced to people in their homes, while shadowing experienced staff.
- There were enough staff employed to meet people's needs. People and their relatives told us the same staff usually provided people's care and there were very rarely issues about lateness or missed calls. Staff we spoke with told us the staffing levels ensured they were able to meet people's needs without the need to rush.
- People were very appreciative of the service they received from the care staff and the office staff. They said staff were familiar with people's needs and preferences, and kind, caring and professional in their approach. For instance, one relative said, "[Person] usually has the same carer. It's all about [person] and [member of staff] truly facilitates [person] to get on with life and do all the activities they enjoyed when they were able bodied." Another person said, "I can't fault them [staff]. They go out of their way to be flexible and helpful."

Assessing risk, safety monitoring and management

At the last inspection there was a need to improve people's risk assessments.

- At this inspection risks associated with people's care were assessed and clearly recorded in Individualised risk assessments. These showed the actions taken to manage and minimise any risks.
- Risk assessments relating to people's home environments and health and safety issues were also in place.

- A member of supervisory staff was a qualified nurse. Their role was to support staff with training and guidance and to oversee their work and competence. This ensured staff were meeting people's needs and competent in using any specialist equipment necessary for people's care.
- One person's relative told us, "Person is very happy and safe. [Staff] are well trained and very aware of the risks. They even keep a discreet eye on whether I'm doing things safely." Another relative said, "Staff are good to [person]. They are safe using [person's] special equipment and always chat and explain to [person] what they are going to do next."

Using medicines safely

At the last inspection there were shortfalls in medicines records.

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At this inspection the provider demonstrated there was an improved, robust system of recording and place to ensure people were supported safely with their medicines.

- There was an improved system of auditing in use for checking people received their medicines as prescribed.
- There were clear care plans in place. People told us, where staff assisted them with their medicines, they were happy with the support they received .

Learning lessons when things go wrong

At the last inspection there was a need to improve the way records of incidents and the lessons learned from them were kept.

- At this inspection there was significant improvement in this area of practice.
- There was an effective system of monitoring and analysing accidents and incidents, which included records of actions taken following incidents.
- There was clear evidence of lessons learned from accidents and incidents being shared with staff to mitigate future risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Everyone told us they felt safe with the staff providing their care.
- Safeguarding systems were in place with clear records of safeguarding concerns and any action taken.
- Staff were provided with the relevant guidance and training to keep people safe. The staff we spoke with demonstrated a good understanding of their role in safeguarding people from abuse.

Preventing and controlling infection

- Infection risks had been properly assessed, including those presented during the COVID-19 pandemic. As a result, appropriate plans had been put in place to mitigate and manage the risks identified.
- People told us staff wore masks, aprons and gloves when providing care and when undertaking day to day domestic tasks. Staff confirmed there was a plentiful supply of personal protective equipment.
- Staff regularly completed training in the prevention of infection and additional training and guidance had been provided in response to Covid-19. For instance, staff had received guidance and training in hand washing and donning and doffing personal protective equipment. The provider also ensured staff had access to up to date government guidance on Covid-19 infection control measures.

Is the service well-led?

Our findings

high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to requires improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found the provider had failed to ensure effective systems were in place to demonstrate oversight for key areas of the service such as call monitoring times, audits, recruitment and accidents and incidents. This was a breach of Regulation 17(1)(2) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At this inspection the provider demonstrated that the systems to assess, monitor and improve the service had been built on and were effective. There was a regular programme of audits and checks completed to ensure oversight of the service. The provider and their management team also had improved oversight of all key aspects of the service. However, there was a need for these improvements to be embedded into practice.
- The provider had improved the process and practice of staff recruitment. Although, there was also a need for these improvements to be embedded into practice.
- The staff training record was kept up to date and reflected the training staff had completed. The system used in allocating work ensured staff could not be allocated to provide care to people, unless they had completed training to meet people's needs.
- There was evidence of issues and shortfalls being followed up with staff to improve the service. There was also evidence of appreciation and praise for staff for good practice and when they went the extra mile.
- All staff we spoke with confirmed they had completed effective induction training and further development training to meet people's needs.

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

People's relatives told us the provider and staff were keen to make improvements and were proactive when issues came to light.

- People were very positive about the service. For instance, one relative told us, "The service is brilliant. [Person] has the best carer they've ever had. [Staff] has really helped to get [person] motivated and moving. [Person] is going out and doing things they've not done in years. I've seen their mood and confidence come on in leaps and bounds."
- Staff we spoke with said the provider, management team and other office staff were approachable and

available should they need to raise any concerns. For instance, one staff member said, "The provider has a real passion for care."

- Staff members said the provider kept them up to date with news and guidance via regular e-mails, texts, newsletters, meetings and phone calls.
- Staff were very positive about the support they received from the management team. For instance, one staff member said, "Hand on heart, this is the best company I've ever worked for. I feel like a valued member of the team, not just a name on a list. They have been fabulous about supporting me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The team actively engaged and sought the views of people, their relatives and staff to improve service delivery.
- People's relatives told us they were in regular contact with the provider, office manager and other office staff. Everyone told us the office staff were always polite and went out of their way to be helpful. For instance, one relative said, "It's a really, really lovely company. Whenever you contact them there's always a smiley face on the other end of the line. It's brilliant. There's never been one negative thing."

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 provider understood regulatory requirements including their duty of candour. They submitted notifications to CQC to inform us of important events such as accidents, incidents and safeguarding concerns.
- Throughout the inspection the provider and their team were honest and open with us. They were eager to ensure processes in place kept people safe and protected from harm.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The team understood the importance and benefits of working alongside other professionals. They received support from a professional association for home care providers.