

ACAH Limited

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Inspection report

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Date of inspection visit:
29 January 2020
30 January 2020
03 February 2020
04 February 2020
05 February 2020

Date of publication:
10 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

Not everyone who used the service received personal care. The Care Quality Commission (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 23 people were being supported with personal care.

People's experience of using this service

The systems in place to monitor the quality, safety and performance of the service were not always effective and were not consistently maintained.

Risks to people's care were assessed but there was a lack of detailed information for staff to follow to mitigate the risk identified. Staff training had not been regularly refreshed to ensure they followed best practice and they did not benefit from regular supervision and opportunities to get together to share experience and good practice.

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; however, the policies and systems in the service did not fully support this. Staff had not undertaken up to date training around the Mental Capacity Act.

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. They received their medicines safely and there were effective practices in place to protect people from infection.

Staff were kind and considerate and had developed positive relationships with people. They arrived on time and were consistent in their approach.

People had individualised care plans which ensured they received person-centered care. Care plans included people's preferences, their likes and dislikes and their diverse needs.

The provider was open and honest and listened to people, taking action when necessary.

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 requires improvement (8 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in regulation in relation to the governance and management of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 and clinical commissioning group 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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

The inspection was carried out by one inspector.

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

The provider was also the manager 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 January 2020 and ended on 5 February 2020. We visited the office location on 29 January and 5 February and made calls to people who used the service and staff on 30 January and 3 and 4 February.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and sought feedback from partner agencies who commission care packages with them. We used the information the provider sent us in the provider information return. 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 spoke with four people who used the service and four members of staff including the provider and three care staff.

We looked at the care records of seven people who used the service, staff recruitment and training files and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Assessment of risk to people's care had been undertaken and plans were in place to guide staff how to mitigate the risk identified. The information was limited and needed to be developed further to ensure it was sufficiently detailed to guide new staff.. There was an over reliance of staff knowing the individual they were caring for. The provider agreed to review the information and ensure it was detailed enough to support any new staff employed.
- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs to look for to keep people safe from harm or abuse and were confident if they reported any concerns to the provider appropriate action would be taken. However, staff training in relation to safeguarding had not been kept up to date which meant the provider could not be assured staff had the full understanding they required to keep people safe.
- People told us they felt safe with the staff who cared for them. One person said, "Everyone is very friendly, if I had any concerns I would speak to [provider]."
- The provider understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Staffing and recruitment

- People knew which staff to expect each day and had built up trusting relationships. One person said, "I have the same carers each day, I am very particular about that. They listen to what I need, and I am never rushed." Staff arrived on time and people were contacted if they were running late or any changes had to be made.
- Staff recruitment processes protected people from being cared for by unsuitable staff. There were enough staff to provide care and support to meet people's needs.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should. Timing of visits were planned to make sure people who required support with their medicines received them at the correct intervals.
- Staff had received training to administer medicines and their competencies were tested.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training and were provided with personal protective equipment to support people safely. One person said, "The carer always wears protective gloves."
- The provider undertook observations of staff to check they followed infection control practices.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to address any identified concerns.
- Any lessons learnt would be shared with staff.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were experienced and had undertaken training. However, training had not been regularly refreshed which meant the provider could not be assured staff were following best practice. We did not find any evidence to suggest people had been impacted by this.
- Staff were not receiving supervision at the intervals detailed in the supervision policy. Although staff said they were able and did speak with the provider on a regular basis, they did not have regular and consistent opportunities to meet and discuss their performance and share their own aspirations. The provider told us they would put a schedule in place to address this.
- People told us they thought the staff were trained to meet their needs. One person said, "I recently had an operation, they [staff] knew what to do to assist 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

At our last inspection we recommended that the provider sought further guidance and training for themselves and the staff team to ensure they had a full understanding of the application of the MCA and their roles and responsibilities. At this inspection we found the provider had yet to source and complete any training around MCA.

- People's consent to care was sought, however, where a person had been deemed to lack capacity to consent to aspects of their care, there continued to be limited documentation around best interest decisions.
- The provider and staff did not have the full understanding around the MCA they required, and staff had not undertaken up to date training in this area. The provider told us they were in the process of booking training

for all staff.

- People told us staff always asked them first before they assisted with personal care and checked with them if there was anything else they required.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was enough experienced and skilled staff to provide the care and support required. The information obtained from the assessments was used to develop care plans and guidance for staff.
- People told us they had been involved in developing their care plans and had ensured their preferences, likes and dislikes and communication needs were recorded. Protected characteristics under the Equality Act had been considered. For example, people's religious and cultural needs and lifestyle preferences. One person said, "I was involved with my care plan from the start, it has gradually increased and evolved over time. I speak to [name of care staff] if I have any concerns or speak to [provider]."

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

- People were supported to maintain a balanced diet and help was available, if needed, in preparing meals.
- Staff understood the importance of ensuring people ate and drank sufficiently to remain nourished and hydrated. There was information in people's care plans about what their preferences were as to what they liked to eat and drink. Any advice from speech and language therapists (SLT) or other health professionals was followed. We saw one family commented how pleased they were their relative had gained weight since the provider had taken over the care of their relative.

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

- People were supported to live healthier lives and were supported to maintain good health. If required, they would be supported to attend appointments with health professionals.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- Care records included information from when other health professionals had been involved, such as GPs, district nurses, SLT and pharmacist.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be well cared for. People consistently told us how friendly, kind, considerate and caring all the staff were, nothing was too much trouble for them. One person said, "Everyone [staff] are very kind and considerate, I value their friendship." Another person said, "I am delighted with the service, it's fantastic, I am happy with all the girls [staff]."
- Staff knew people well and understood the need to respect people's diversity and individuality. The information in people's care plans ensured they received care which was specific to their needs. We read in one care plan someone liked a glass of sherry, staff ensured the person had access when required, maintaining safe levels of consumption.

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

- People were involved in planning their care and felt in control. One person said, "We work together as it should be, they help me when I need it." Another person said, "They [staff] listen to me."
- Care plans included information on people's likes and dislikes, routines of care and support required. For example, in daily records we saw information which prompted staff to check each visit whether person wanted assistance with dressing or preparing food, as the person's memory fluctuated.
- The provider was aware of the need for people's voice to be heard and ensured people had access to an advocate, if they needed, to have someone to help them speak up about their care. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People remained in control of their care and were encouraged to be as independent as possible. One person said, "They [staff] always ask me if there is anything else they can do for me before they go, such as make a cup of tea."
- People's privacy was respected, and their dignity maintained. One person said, "I feel respected when they [staff] help me with my personal care. I feel I am spoken to, not at. I feel I am treated nicely as it should be."
- Staff described to us how they maintained people's dignity such as ensuring doors were closed, curtains closed and providing people with a towel to cover them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans detailed their life history, family members, choices and preferences including those related to the protected characteristics to protect people against discrimination.
- Staff built up positive professional relationships with people. One person said, "I usually have the same carers, we have a good chat when they come." Another said, "There is good communication between us all, we work together and they [staff] offer help when needed."

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.

- People's communication needs were assessed. The provider told us if people needed information in any other format they would accommodate this. At the time of the inspection no one had any specific communication needs.

Improving care quality in response to complaints or concerns

- People told us they would speak to the provider if they had any concerns. One person said, "When I had a concern, I just spoke with [provider] and she sorted it out, I am happy with the changes made." Another said, "I have no complaints, I am very happy with the service, but if I was unhappy, I would speak to [provider], she is always available."
- There was a complaints procedure in place. At the time of the inspection there had been no complaints since the last inspection.

End of life care and support

- At the time of the inspection no one was receiving end of life care. The provider had an advance planning tool for use as and when required. This ensured people's preferences, choices and wishes were recorded to support their end of life requirements.
- There was a 'My Life Story' document held within people's care records which included a section about 'my future wishes'. People completed this as and when they wished.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to maintain and embed the improvements required to ensure good governance around records, mental capacity and staff supervision. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Care records lacked detail as to how risks identified to people's care were mitigated, there was lack of documentation around people's mental capacity and best interests' decisions.
- Audits of care records had failed to pick up when information was missing from people's records. For example, in one record there was no contact details for the person's next of kin, no daily schedule, no information around MCA and no risk assessments. The provider had sought this information but was not aware this had not been completed.
- Feedback from people was sought but there was no system in place to collate the information to help drive improvements within the service.
- Staff training had not been kept up to date. There was no effective system in place to identify when training needed to be refreshed.
- Staff were not receiving regular supervision in line with the provider's own policy on supervision and appraisal. This meant staff did not have the opportunity discuss their performances and aspirations.
- Meetings with staff were not regular. The provider had said they intended to hold staff meetings every two months this had not been maintained which meant staff did not have the opportunity to come together to share experiences and support the development of the service.
- The provider had failed to follow a recommendation from the last inspection to seek further training in relation to mental capacity in a timely way.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes and diverse needs.
- People consistently told us they were happy with the service and felt in control of their care and would recommend it. One person said, "I would give ACAH 9/10, I changed to use this service because I was told it was good and it is." Another person said, "They help my partner too at times."
- There was an on-call system in place. This ensured there was always someone for people and staff to contact if they had any concerns and enabled the service to respond to people's individual needs at any time.

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 had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. At the time of the inspection there had been no incidents which the provider was required to notify the Care Quality Commission (CQC).
- There was information for staff about how to whistle-blow which ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The provider worked with the local clinical commissioning group to ensure people received the care that met their needs.
- The service was part of the 'Yellow bracelet scheme' which was an initiative led by the continuing health care commissioners. This ensured local hospitals were connected with people's care needs, including medicines, family information and care agency they used. The aim was to ensure a smooth discharge from hospital, limiting unnecessary stays in hospital for people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor the quality and performance of the service were not effective. They failed to pick up shortfalls in care records and there were no triggers within the staff training schedule to alert the provider training needed to be refreshed. Staff did not benefit from regular supervision or meeting together to share best practice.</p>

The enforcement action we took:

Warning Notice