

One Healthcare Limited

Acacia Homecare South Bucks

Inspection report

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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

Acacia Homecare South Bucks is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 10 people, some of whom required live-in care support. This included both younger adults, people with physical or sensory impairments, and older people. Some people using the service lived with dementia or experienced complex health needs.

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.

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

We found risks to people using the service were not clearly identified and managed. We also identified concerns in relation to the safe management of medicines and concerns regarding staff testing for COVID-19. People were safeguarded from risks of abuse and staff understood their responsibility to report signs of abuse or neglect. We have made a recommendation about the policies and procedures in place to inform staff about types and signs of abuse.

People and relatives told us they felt the service was safe, and people benefited from consistent continuity within staff rotas. The service promoted diversity and inclusion within its workforce. Staff were given sufficient travel time, and stayed the required length of time to meet people's needs. A relative advised, "We have a weekly rota to say who is coming. I have no concerns about my relative's safety, in fact my relative looks forward to them coming and their company." A second relative added, "The staff from Acacia arrive on time and they stick to the same people."

We identified concerns about arrangements for staff training. Some staff had provided specialist care without training from a suitably qualified professional. Staff competency records did not provide assurances that staff had demonstrated the knowledge and skills to perform specialist tasks. Staff supervisions and staff spot checks had not been carried out at frequencies in line with the provider's policy. Some families expressed concerns in relation to whether all staff had the required skills to meet people's needs, particularly when care first commenced.

We found management systems were not fully effective in monitoring the quality and safety of the service. Quality assurance systems were not fully conducted in line with the provider's policy, and audits had failed to identify some of the issues we found. A manager had joined the service in August 2021 following the departure of the previous registered manager. We received positive feedback from staff, people and families regarding the management of the service. A relative commented, "I do think the service is well managed because they keep me completely informed and send the rota." A second relative told us, "The new manager has their finger on the pulse and I have faith in her...the new manager responds properly and appears to be managing."

We made a recommendation the service ensure people understand their rights to raise complaints with relevant external agencies, including the Local Government and Social Care Ombudsman.

People received support from staff who were caring and compassionate. Staff understood people's diverse communication needs and offered emotional support, respecting people's rights to dignity, privacy and autonomy. A person using the service commented, "Acacia were the best I have had because they were very professional and amazing. The manager was amazing as well."

People's needs were assessed, and care plans provided an overview of people's physical, social and emotional needs. Where appropriate, people were supported by family members as part of care assessment and review processes to make decisions about their care and support. The service identified where technology could promote people's independence and safety and made referrals to agencies such as occupational therapy (OT). A relative told us, "They are conscientious because they called OT when my relative was struggling with the equipment. They pushed it [the referral] on and they arranged it."

People received person-centred care from staff who understood their needs. Staff could speak in detail about people they support, with knowledge of people's likes, dislikes and preferred routines. Care plans outlined people's needs and preferences in relation to eating and drinking, and records showed people were offered healthy food choices. In some cases, care plans and risk assessments did not reflect a full and accurate picture of people's support, we found some people had complex daily routines and staff also undertook additional tasks in response to people's requests.

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 consistently support this practice. We recommended the service refer to best practice guidance to ensure written records can evidence how decisions are made and people are supported in their best interests.

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

Rating at last inspection

This service was registered with us on 3 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following the service's registration with CQC.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, staffing, staff recruitment and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

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 ●

Acacia Homecare South Bucks

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 and one 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.

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 did not have a manager registered with the Care Quality Commission, although an application was in progress at the time of our inspection. When a manager is registered with the Care Quality Commission, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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 25 November 2021 and ended on 3 December 2021. We visited the office

location on 25 November 2021 and 26 November 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission on 4 June 2020. We also sought feedback from the local authority.

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

During the inspection we spoke with one person using the service and received feedback from six family members. We also spoke with 10 members of staff, including two senior support workers, four support workers, the care coordinator/care lead, the head of recruitment, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from four additional members of staff.

We reviewed a range of records. This included six people's care and support plans, these people's daily records, as well as medicines records where they received support with this task. We looked at four staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service, including policies and procedures, quality assurance surveys, induction training content, staff meeting records and evidence of auditing.

After the inspection

We continued to review records shared electronically and continued to seek clarification from the provider to validate evidence found. We sought feedback from seven professionals and received a response from four professionals during the inspection process.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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

- Risks to people were not clearly identified and managed. This was because some risk assessments were either not present or lacked sufficient detail, to help staff understand and respond to risks. For example, we identified the absence of written risk assessments in relation to use of bed rails, a water enema procedure and the use of emollient creams. Emollient creams can be easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. The manager of the service explained training had highlighted the risks in relation to creams and they planned to document risk assessments.
- Staff completed a variety of tasks which were not documented within care plans. This meant the service had not conducted appropriate risk assessments. Examples of tasks included shaving intimate areas of a person's body, and for one person staff described taking their blood sugars, blood pressure, heart rate and temperature. The manager of the service was unaware of some of the tasks staff completed, meaning they had been unable to ensure staff were suitably trained and assessed as competent with some activities.
- Some people required support with specialist tasks. Some care plans lacked sufficient information about when and how staff should carry out these procedures, and the associated risks. For example, one person used a cough assist, which blows air into the lungs and pulls it out quickly to clear mucus. The care plan did not contain instructions, stating "[Person] has a cough assist machine to use as she needs it." The person was unable to use the equipment without assistance, and a staff member described removing the person's dentures and helping them switch between a breathing machine and cough assist. Staff did not have access to any written guidance in the person's home about how the equipment should be used.
- Care plans and risk assessments contained insufficient information about moving and handling support, including where people required regular repositioning to prevent skin breakdown. One person used a specialist electric bed system, which was used to regularly turn the person. Staff described how the bed was operated, and the importance of ensuring the bed's movement did not pull on the person's incontinence pad or turn them uncomfortably onto their arm. The care plan did not contain this information or other detailed instructions about how to operate the bed.
- We identified examples of potentially unsafe practice. These included situations where people with mental capacity made decisions about their care, but the service had failed to identify and assess some risks. One person's care plan instructed staff to double up their incontinence pads overnight. This can present the risk of leakage, skin irritation and skin breakdown as the additional pad may become bulky and saturated. Another person had been discharged from hospital with recommendations to have thickened fluids and trial pureed foods. Staff provided solid foods at the person's request which we were told they were able to chew. The person tried fluid thickener on a few occasions but did not like its use. Staff supporting the person had not reported this to the manager in a timely manner, meaning there was a delay

in seeking guidance about the potential risks.

Risks to people were not clearly identified and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager instructed staff to cease tasks not included within people's care plans until relevant training and risk assessments could be undertaken. The manager had already identified that care plans and risk assessments required additional detail and had been working to review people's needs. We were advised all care plans and risk assessments would be updated. The manager identified where they needed professional advice, such as advice from speech and language therapy in relation to a person's eating and drinking needs.

- Prior to our inspection the manager of the service had commenced care reviews for people with complex needs. The manager had identified where additional specialist information was needed to inform these care plans, and was making contact with relevant professionals. One person's records showed reports gathered from the GP, diabetics nurse, specialist dietician, NHS continuing healthcare and a community nurse in relation to epilepsy medicines. This information, alongside feedback from the person's family and regular staff, was being used to update the current care plan.

Using medicines safely

- Electronic systems did not provide a full and accurate record of the administration of medicines. Records for two people showed staff administering aspirin and paracetamol without consistently documenting the dose given on each occasion. One person received a course of antibiotics. Records described staff giving "two spoons" of medicine, without specifying the name of the medicine given.
- People's medicines were not consistently administered in line with best practice guidelines. A staff member described dispensing medicines into pots at an early evening visit, leaving these medicines in a drawer, to be given at a late evening visit. A second pot of medicines was left as a prompt for the person's family to administer. Records showed on one occasion a different staff member had attended the late evening visit to administer medicines.
- Staff used paper medicines administration records (MARs) when people were discharged from hospital with additional medicines. This was an interim arrangement until electronic systems were updated. We viewed an example of a recent handwritten MAR. This was poorly completed as it did not contain the dosages of medicines, one medicine was omitted, and staffed had signed up to six times per day for a medicine required four times daily. The instructions for one medicine stated it should be given on an empty stomach, however staff had documented giving the medicine within twenty minutes of providing breakfast. The manager of the service was satisfied extra medicines had not been given in error, they updated electronic records, and told us staff would receive re-training.
- One person using the service was prescribed a transdermal patch. Patches are thin pads with an adhesive back that are applied to the skin, and medicine from the patch is absorbed into the body over a period of time. Records for the period we reviewed did not accurately evidence that patches had been administered in accordance with instructions. This was not in line with best practice guidance. Staff should record the application of each patch and include the specific location, and also document when the old patch has been removed in a similar way to documenting when the patch is applied.
- Some care plans had not been updated, or risk assessments completed, where people used over the counter medicines. One person used a well-known cold and flu hot drink sachet which contained paracetamol. The person was also prescribed paracetamol which they took later in the evening. The person's care plan had not been updated to highlight the potential risk, such as the minimum gap that should be left between using the over the counter product and prescribed medicine.

- Daily records did not consistently provide an accurate record of topical creams applied by staff. Care plans contained insufficient information in relation to the application of creams, for example, in some cases not specifying where on the body each cream should be applied, or the frequency or thickness of required application. One person was supported to apply a number of prescribed and over the counter creams, however the service had not risk assessed whether there could be contraindications to mixing certain products.
- Some people used a number of prescribed creams. In some cases original boxes for creams had been discarded and photographic evidence of creams did not show open date labelling. This was not in line with the provider's policy which stated, "The date of opening should be written on the label, and as a general rule, creams should be discarded 3 months after opening."

Systems for safe medicines practices were not consistently implemented and record keeping was inconsistent and at times incomplete. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager updated electronic medicine records to ensure staff had an accurate list of prescribed medicines, and provided staff with additional instructions about the use of transdermal patches and creams. Feedback was provided to staff in relation to leaving out medicines, and the manager told us staff would receive re-training. The manager also identified where they required professional guidance, such as pharmacist advice in relation to the use of prescribed and over the counter topical creams.

- Prior to our inspection the manager had already identified, and was working to rectify, some of the issues we found. The manager was working to update the electronic system to include all of the medicines people were prescribed. During our inspection we observed the manager updating the system from a person's hospital discharge summary. For other people we observed the manager had obtained a copy of a GP medicines summary and a repeat prescription record. The manager had also visited some people's homes to take photographs of prescribed medicines to ensure electronic records provided accurate instructions for administration. This work was ongoing at the time of our inspection.

Preventing and controlling infection

- Staff COVID-19 testing records did not evidence regular testing was taking place in line with guidance. We were advised some staff had used lateral flow home test kits, instead of weekly PCR tests provided for home-care workers. Staff were asked to report their test results to the office, however records showed some staff had not provided test result confirmation for periods of several weeks. We also identified four additional members of staff delivering care who were not included on the service's log of COVID-19 testing results.
- Policies related to infection control had not been fully updated in response to the COVID-19 pandemic. For example, the service's use of personal protective equipment (PPE) policy stated "Face masks are not routinely provided. Masks have limited use and require special training before staff use them." We viewed an email which had been sent to staff in July 2021 encouraging staff to continue wearing PPE and to remain vigilant when in the community.
- Risk assessments were not documented in connection with COVID-19 for staff and people using the service. The previous registered manager had informed CQC in August 2020 that risks had been considered. At the inspection we found staff risk assessments were not documented to explore factors such as age, ethnicity, underlying health conditions or pregnancy. The manager told us about one staff member who would be at risk due to their health. Another member of staff had worked at the service during pregnancy and we were advised a risk assessment had explored their comfort at work, including appropriate bending techniques.

The service had failed to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. During our inspection the manager of the service commenced calls to staff to seek evidence of COVID-19 testing and put a system in place to monitor weekly testing. The manager also told us they planned to provide update training in relation to infection control, and supplied a workbook and quiz which would be used as training resources. The provider advised they would review the content of infection control policies in place.

- People received support from a small and consistent team of staff. This helped to minimise the risk of infection spread, as staff worked in "bubbles" and generally did not move between multiple addresses. Office staff monitored levels of PPE and this was delivered to people's homes to be used by visiting staff.
- The nominated individual told us the previous registered manager had been in constant communication with staff in relation to COVID-19 and training had included a hand-washing technique video and reminders during team meetings. Staff induction training included infection control and staff completed a multiple-choice quiz to review their knowledge as part of the induction process. A staff member told us, "I feel the service has responded well to COVID-19 pandemic...I have been trained with the usage of PPE and how to dispose it."
- Staff told us they had access to sufficient PPE, including gloves, masks and aprons, and PCR test kits. A staff member commented, "PPE is always provided and I have been kept up-to-date on the guidelines." Relatives confirmed staff wore PPE, with a relative commenting, "The Acacia staff wear masks." The manager of the service monitored PPE use as part of spot checks. We reviewed an observation form which showed a staff member had received reminders about appropriate use of PPE and why this was required during an observation.
- Staff records evidenced communications had been sent to staff in January 2021 to promote the COVID-19 vaccine, with practical information about how to book an appointment. We also saw communications sent to staff in April 2021 regarding COVID-19 testing, with reminders given to staff at team meetings about the importance of testing. The service had monitored staff uptake of the COVID-19 vaccine.

Staffing and recruitment

- Effective systems were not consistently operated for the safe recruitment of staff. Some staff had not provided a full work history since leaving education, and some gaps in employment had not been identified and explored. We found two staff files did not contain a record of interview and a third interview record contained partially illegible handwriting and was not named or signed by the recruiting manager. This meant it was unclear how interviews had been conducted to ensure these staff had the skills and experience necessary to be considered suitable candidates for their roles.
- References had not been consistently taken in line with the provider's policy, which stated two references were required, one from the person's most recent employer, not to be accepted from a family member or close friend. One staff member's file contained three character references, and another staff member's file contained two references, however this did not include a reference from their most recent employer. Where it had not been possible to obtain references in line with the policy, the service had not documented risk assessments to evidence why a decision was reached to proceed with recruitment.
- DBS checks were undertaken, however we identified one staff member's DBS used a home address which did not match the proof of address documentation retained by the service. This had not been identified by the service prior to our inspection.
- Staff were asked to complete a health questionnaire as part of the application process, however we did not observe a risk assessment in place for one member of staff who had declared a history of multiple health

conditions. The nominated individual explained the previous registered manager had spoken with the member of staff to ensure they were fit to work, however this was not evidenced within the person's staff file.

Effectively operated systems were not in place for the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager explained after noticing discrepancies within staff records they had asked office staff to carry out audits. The care coordinator explained checks of staff files had been ongoing prior to our inspection. The manager told us they would complete their own audit of staff files and they planned to implement a risk assessment for any historic issues which could not be resolved. A head of recruitment had recently joined the service to focus on the safe recruitment of new staff. We were advised a health questionnaire with risk assessment would be shared with existing and new staff to consider how any potential risks could be mitigated.

- Robust continuity within rotas meant staff built up a detailed knowledge of people's preferences and individual needs. The nominated individual advised, "[We] don't want to burn carers out, [staff] don't do back to back calls, and build a relationship with the same customer long term, [staff are] sometimes with them over a year." There was a focus on safe sustainable expansion and recruiting staff with prior care experience interested in developing more specialist skills. The manager commented, "[We are] advertising looking for carers who want to expand on their skills and knowledge."
- The care coordinator explained each person using the service had a "bubble" of staff, including a main carer and back-up staff. Back-up staff would be scheduled every couple of weeks to ensure they remained up to date with the person's needs. A relative commented, "Acacia tries their best to match the right people. ...the rota is constant with the same carers which my mum prefers."
- Staff confirmed they were given sufficient travel time between visits, and daily records indicated staff consistently arrived on time and stayed for the required length of time to meet people's needs. A staff retention strategy was in place which outlined how the culture, communication and training opportunities within the company would aim to recruit and retain highly motivated staff.
- Systems were in place to monitor staff attendance, and the office team operated an out of hours service to ensure staff working outside office hours could receive support and advice. The care coordinator explained the electronic system was proactively monitored and the office would receive an alert if a staff member hadn't logged in for a visit, sometimes due to lack of mobile phone signal. The care coordinator explained their role would be to make contact with the member of staff to ensure they were safe and on-site.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place, however the policy, internal guidance about recognising signs of abuse, and staff handbook did not include some recognised forms of abuse. For example, the types of abuse listed within the policy did not include self-neglect, modern slavery, domestic abuse and organisational abuse. This meant staff referring to documentation to refresh their knowledge did not have adequate information. The staff handbook informed staff they could escalate whistleblowing concerns to the local authority or CQC, but contact information was not included. A separate safeguarding adults procedure included a contact number for CQC.
- Some people using the service had children living with them at home, or visiting their home address. Although staff did not provide care directly to children, feedback confirmed they did interact with children as part of contact with people's families. The service did not have a safeguarding children policy in place.

We recommend the service review their approach to ensure effective safeguarding systems, policies and procedures are in place to fully inform staff about types and signs of abuse.

The service was responsive to our feedback and confirmed relevant policies would be updated.

- People told us they felt safe. Comments from people's relatives included, "My relative is safe and we have no concerns" and "My relative is safe because I trust them [staff]." At the time of our inspection the service had not identified anyone at risk of abuse or neglect. The manager had access to guidance and safeguarding procedures relevant to the local authority areas the service operated within.
- Staff received safeguarding training, and had access to the service's safeguarding and whistleblowing policies and procedures. Staff we spoke with understood signs of abuse and their responsibility to raise safeguarding concerns to the management of the service. A staff member told us, "Safeguarding is the protection of...human rights of individuals...to live...free from abuse, harm and neglect...as a carer it's my duty of care to make sure I raise a concern if I believe the people we support are at a risk...and if no action taken I have the right to report the matter to the next level."
- Staff knowledge in relation to safeguarding adults was checked via a multiple-choice quiz during induction. Staff knowledge was reviewed as part of spot-check observations, however it was unclear how competency had been determined during spot-checks, as comments listed on the observation forms included, "competent" and "no concerns".

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents of concern, although we found some staff had not promptly informed the office when people's needs changed, such as a person's refusal to use prescribed drink thickener. Staff were aware to seek medical attention should a person experience a fall or become unwell. A staff member commented, "I would dial 999 straight away, don't know what injuries would be underlying...I would phone manager, let her know situation."
- The service had experienced a minimal number of incidents. These included a small number of concerns raised by family members which records showed were promptly addressed. Other records included an incident of poor transfer using a hoist, and staff concerns where an occupational therapy review was required of a person's moving and handling equipment. The service's electronic care system could be used to log concerns and complaints, accidents and incidents and safeguarding issues. Records clearly showed actions taken in response to each incident.
- Policies were in place in relation to responding to safeguarding concerns, accidents and incidents. Policies outlined when information would need to be shared internally or externally to relevant organisations. Updates could be shared with staff working remotely via email, telephone or group electronic messaging systems.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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 competencies were assessed via a spot check. Records lacked detail and did not evidence how competency had been assessed. For example, one person's medication competency noted "Competent. No worries/issues" and their moving and handling competency stated "Didn't witness but have no concerns. Moving/handling is always double up." Task specific competency assessments were not in place where staff undertook specialist roles, such as administering medicines via PEG, supporting with enemas, and use of cough assist and suction equipment. This meant we could not be assured robust processes had been followed to ensure staff were competent to deliver specialist care.
- Some staff had delivered specialist care without evidence of training by a suitably qualified professional. One member of staff described being shown how to use a suction machine by a family member and the service's previous care coordinator. Another member of staff described learning how to use a cough assist machine with a person's previous main staff member. The service had used a specialist training company to deliver staff training, however we were concerned some staff had already carried out specialist tasks prior to receiving formal training.
- Some staff supported people with diabetes and had not completed diabetes awareness training. A number of people using the service were at risk of choking and required foods of different textures or consistencies. Staff received basic life support training which included how to respond to an incident of choking. Staff had not received training in relation to the needs of people with dysphagia, meaning people who have difficulty swallowing and require additional support with eating and drinking.
- Staff supervision had not been conducted in line with the provider's policy. The provider's quality assurance standards policy specified supervision should take place three monthly. Records for two members of staff showed supervisions held in January 2021 and August 2021. A third member of staff had received supervision in December 2020 and August 2021.
- Staff had not received refresher training in line with best practice guidance. The service's training and development policy stated staff would receive an annual appraisal, and a personal development plan which "should contain details of any training opportunities that the member of staff seeks to pursue during the year." At the time of our inspection some staff had been employed for more than 12 months, and had not undertaken refresher training in areas such as moving and handling and medicines administration.
- At the time of our inspection, no members of staff had been supported by the service to fully complete the Care Certificate. The Care Certificate is a national set of standards that define the knowledge, skills and behaviours expected of staff working in health and social care. Some members of staff had worked with the service for over 12 months. This was not in-line with the service's training policy which stated "All new members of staff will undergo the Care Certificate training within the first 12 weeks of appointment to their

posts."

- Some relatives felt staff lacked the necessary skills or training for their roles. In some cases when people started using the service, relatives initially found staff did not have the required skills. One relative commented, "My relative has complex needs...it's still rocky; they need to have more understanding...I cannot choose the staff as they are very limited...not all the staff are trained well enough." A second relative advised, "The carers are out of their depth with the level of care my relative needs. Things are now more settled and there is a brilliant carer with my relative...[person's name] produces excessive mucous...some staff have been trained to suction but not all."

The service had failed to ensure staff were suitably qualified, skilled and assessed as competent for their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager explained in future they would not commence care for people until staff had received relevant training to meet their needs. Some staff were already booked to undertake training in specialist tasks which took place shortly after our site visit. The service told us a suitably qualified person had been identified to undertake staff competency assessments, which commenced shortly after our inspection. The service also planned to deliver training in areas such as diabetes awareness and dysphagia. The manager told us they were developing a refresher training course to ensure staff remained up to date with mandatory training. The service also planned to offer additional training to staff in areas such as effective communication and reporting, empathy skills and infection control.

- After joining the service in August 2021, the manager had identified staff who required the Care Certificate. The manager had commenced staff observations and showed us an assessment tool they planned to use to assess each member of staff's knowledge and competence for the Care Certificate standards.
- Staff received an induction, shadowed experienced staff, and practical moving and handling training was completed as part of on the job learning. Staff were also offered training in new specialist skills, such as use of suction and cough assist. A staff member told us, "Training is given, I have even been offered training in aspects that are not needed for my customer but that would help me to progress and build confidence."
- Mentoring was in place for new staff. The manager had more clearly defined the roles for office staff, and offered support to enable staff to develop. The care coordinator told us, "[I am] still growing into my role. When [manager's name] came in, our first conversation [involved] what I enjoy doing, what I want to learn about...from that conversation [we] made a job role I'm working into...[I'm] working at my own pace with [manager's] help...helping me get to little milestones set, I like to see what I'm working towards."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Written records of MCA assessments and best interests decision making was not in line with best practice guidance. Assessments of people's mental capacity was undertaken as part of initial care planning. Any assessments should be time and decision specific, however some MCA assessments referred to general statements such as "Due to [person's name] Vascular Dementia she is not able understand risks and will need guidance from those around her." MCAs were undated and did not identify the name of the decision maker or other people involved in the MCA process.
- The service routinely recorded a full MCA assessment for people with no impairment of the mind or brain, where there was no reasonable belief the person may lack mental capacity in relation to their care needs. This was not in line with MCA principles, which state it is important to carry out an assessment when a person's capacity is in doubt.

We recommend the service refer to best practice guidance in relation to the Mental Capacity Act 2005, to ensure they can demonstrate how they put guidelines into practice effectively, and ensure that people's human and legal rights are respected.

The service was responsive to our feedback. The nominated individual told us they planned to seek internal guidance from head office to review the MCA template documents in use.

- Staff induction training included learning about the mental capacity act. Training included videos produced by a nationally recognised social care organisation, informing staff about the key principles of the MCA and people's rights to make unwise decisions.
- People's care plans documented where family members held a deputyship or lasting power of attorney (LPOA). The service had routinely sought evidence of LPOA, including through direct contact with the Office of the Public Guardian to confirm valid LPOAs were in place.
- Staff understood the importance of seeking consent, and described the importance of respecting people's ability to make their own decisions and choices. A staff member commented, "[Person's name] has mental capacity, us as carers are here to support her, listen to her...because of mental capacity, whatever she decides we have to follow."
- Feedback from families confirmed staff were respectful and sought people's consent before delivering care. A relative commented, "They do ask permission before they do anything for my relative...my relative makes their own decisions but can be forgetful."

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

- People's needs were assessed prior to the delivery of care. An initial assessment explored people's physical, social and mental wellbeing needs, also identifying some areas of risk. The assessment explored the person's background including protected characteristics, things which were important to them, and what outcomes they wanted to achieve by having care and support at home. We viewed an example of an initial care needs assessment, however the service could not locate the initial assessment paperwork for other care plans we reviewed. The manager shared the template they used when assessing people's needs.
- The service supported people using specialist equipment. In some cases technology was already in place prior to the commencement of care. The service made relevant referrals where equipment could enhance the delivery of care and promote independence. One relative told us, "They suggested that occupational therapy come in to see if they could make things better for my relative; they also chased this referral up." A second relative added, "Following a fall in July my relative now has a panic alarm. My relative did use the alarm when her electricity went off. This may have not been needed but it did highlight that the system worked and gave further peace of mind."

- Some people using the service had complex care and health needs. People's care plans made reference to input from specialist services, however in some cases up to date professional reports had not been retained, which could have been used to inform care planning. The manager was working to ensure care plans were updated with guidance from relevant professionals, prioritising reviews for people with complex needs. The manager explained they were seeking information from agencies including continuing health care, respiratory teams, epilepsy team and speech and language therapy to inform their own assessments.

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

- People were supported by staff to have enough to eat and drink. People's care plans contained information about food preferences, and identified where people required modified diets due to difficulty swallowing, or an inability to cough, which could place people at risk of choking. One person required staff to blend or cut food into small pieces. Their care plan advised staff, "Feed from the right side only and feed at a pace that is suited to [person's name]." Records showed staff supported the person to eat a variety of healthy foods, including fresh fruit and vegetables.
- One person required fortified foods following a period of weight loss and had been prescribed a daily food supplement in the form of a jelly. The person's care plan had not been updated to include how staff should fortify foods, although staff we spoke with were familiar with the person's needs and described using butter, evaporated milk and double cream to supply additional calories. Records did not evidence the jelly supplement being given daily and staff explained the person at times refused the jelly or preferred to eat other desserts. The manager was responsive to our feedback and explained the service's electronic system would be updated with clearer instructions for staff.
- One person was unable to eat and drink, and received all fluids and nutrition via a percutaneous endoscopic gastrostomy (PEG), which is a flexible feeding tube that enters the body via a stoma. A specialist dietician had developed a PEG feeding plan, which provided staff with a detailed 24 hour breakdown of medicines, food, and fluids required to ensure the person achieved optimal fluid and energy intake. Fluids were adjusted during warmer weather to ensure the person received adequate hydration. An observation record described a staff member caring for the stoma site and flushing the PEG with water to avoid blockages.
- Staff received food hygiene training as part of mandatory induction training. A relative had raised concerns regarding safe food preparation and hygiene. The relative advised of their concerns, noting, "They don't wash the dishes thoroughly and once they left the gas rings on." Records showed the concerns had been addressed with staff involved to ensure staff were aware of how to work effectively.

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

- Staff described accessible and responsive systems of communication between staff working in the office and staff working in the community. Daily tasks were logged using an electronic system which could be updated when people's needs changed, such as when someone was prescribed a new medicine. We identified some staff completing tasks which were not documented within people's care plans, including some activities the manager of the service had not been made aware of. This indicated more timely and consistent communication was required to ensure care plans remained accurate and ensure any risks could be assessed.
- Some people's health needs were assessed and managed by agencies including district nurses, dieticians, bowel management and other specialist nurses. Staff described following the instructions they had received from professionals, such as following the advice of a dietician to fortify a person's foods. The manager was working to make contact with relevant agencies and seek feedback to better inform people's care plans. In some cases joint reviews had been carried out to ensure all agencies understood how people's needs were met and the responsibility of each agency to ensure care remained well coordinated.

- Records showed staff made timely healthcare referrals and supported people to access healthcare services such as occupational therapy and district nurse support. Staff described monitoring the well-being of people they support, including regular checks of people's skin where support was provided with personal care. A family member told us, "If my relative is unwell they call the GP and then call me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 and relatives spoke positively about staff being kind and caring. The service aimed to provide each person with regular staff, and new staff attended an introductory visit. Staff were encouraged to learn people's likes, dislikes, and build a strong relationship. This helped people to feel like they mattered. A relative commented, "They bring my relative gifts like biscuits and my relative looks forward to them coming...they laugh together...they have got to know him well." A second relative added, "The Acacia staff are polite and kind and lots of them have worked with my relative from previous providers so they know my relative well."
- Staff received training in relation to person-centred care, including the importance of respecting and valuing diversity, and the role of effective communication. Staff understood people's individual communication needs and responded to both verbal and non-verbal forms of communication. A staff member explained how they applied this training to their role, advising, "[I] respect their views, choices and decisions and not make assumptions...[I] know how to focus on their values as an individual."
- Staff supported people's emotional needs. One person was living with a mental health condition and experienced periods of distress. Staff sought to understand why the person was upset and offered emotional support. Another person was living with cognitive impairment and experienced anxiety. Staff supported the person by affirming their reality. Their relative explained, "At the end of my relative's bed [person] has [cuddly toys]...[staff] respect that my relative treats these as being real and talk to them. They also turn the bed so my relative can see out into the garden to watch the birds. My relative interprets the birds to be dogs. All of these interpretations are treated with respect."
- Feedback from relatives showed staff respected people's homes. A relative commented, "They take my relative upstairs weekly for a shower and they do take off their shoes to go upstairs." A second relative advised, "They do take their shoes off and put slippers on when they arrive."

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

- Staff encouraged people to express their views. People were involved in decisions during assessments and care reviews. These processes were adapted to meet people's needs. An assessment for one person using eye gaze communication was completed in stages as the person could become tired providing information. The manager respected the person's ability to make their own decisions, and progressed with the assessment at the person's pace. Relatives were also involved in decision making. A relative commented, "They did an assessment of my relative's needs, two people came out and I was involved in the process."
- Some family members were equal partners in people's care. Some staff worked closely with relatives when providing care and support. Staff respected and acknowledged where family members had expert knowledge of people's complex needs, and were keen to learn from their experience. A family member who

provided regular care told us, "The assessment is ongoing. My relative loves to be comfortable. We are all working together to keep [relative's name] comfortable."

- Rotas provided people with regular staff. We found visit lengths ensured staff had sufficient time to listen and engage with people about their day to day decisions. For example, some people needed additional time to express choices due to their communication needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to protect people's privacy and dignity. Feedback from staff and written observations of people's care showed staff worked sensitively during intimate care. A staff member explained, "I ensure that I protect people's privacy and dignity...giving them choices of what to wear... making sure you knock their doors before entering...involving them in decisions relating to their care... make sure you cover them when required." A relative added, "They do take their time with her and she isn't rushed."

- Some people using the service were living with complex, progressive illness and experienced periods of pain or discomfort. Staff responded in a timely way with a focus on trying to maximise people's comfort levels. For example, one person wore a breathing mask for long periods which was attached using straps. Staff frequently readjusted the straps when the person experienced discomfort and applied creams to any areas of soreness.

- The service considered people's preferences and protected characteristics when scheduling staff. For example, the service respected people's preferences for staff gender. The care coordinator understood people's preferences when organising weekly staff rotas.

- Systems were in place to ensure people's information was treated confidentially. Staff received training in relation to handling information, and electronic care records were password protected. Care plans guided staff regarding how personal information should be handled. For example, one person's care plan told staff which family members were authorised to open letters and how to respond to telephone calls and deliveries.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place, and people received information about how to complain as part of a guide to the service. We found written information available to people and families did not include sufficient guidance about how they could escalate their complaint, if they were unhappy with the service's response. The complaints procedure noted "Complainants must also be reminded that they may also complain to Social Services" but written guidance did not mention the role of the Local Government and Social Care Ombudsman (LGSCO).

We recommend the service ensures people have access to accessible information about their rights to raise concerns or complaints with appropriate external agencies, including the LGSCO.

The service was responsive to our feedback and confirmed relevant policies would be updated.

- People and their families told us they understood how to raise concerns with the service, and would feel comfortable doing so. A relative commented, "If I need to raise a complaint I would contact the manager... thankfully I have no reasons to complain." A second relative added, "I have not made a complaint, if I had any concerns I would tell them in a friendly way to make things better and not have miscommunication."
- The complaints process was accessible. The service had not received any formal complaints at the time of our inspection. The manager explained if people or families raised any concerns, they were given the option for the matter to be progressed as a complaint. Records were kept of concerns raised, including actions taken to address any issues. For example, a family member reported concerns a staff member had rinsed dishes with water instead of using soap. Records showed this had been addressed with the member of staff within 48 hours.

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

- Care plans were person centred, including information about people's backgrounds, preferred hobbies and protected characteristics. Care plan descriptions of people's routines in some cases lacked detail, however we were satisfied staff had a good understanding of people's needs. Relatives shared examples of where the service had been personalised to meet people's preferences. A relative of someone living with a cognitive impairment advised, "My relative struggles with time especially when we change the clocks. To help her with this they tweak the visiting times for my relative." A compliment received by the service read, "[Nominated individual's name] and her team have gone to great lengths to ensure that the right carers were in place who understands and tend to my mother's needs."
- Continuity within rotas meant people were supported by staff who had a very detailed understanding of

their daily routines and preferences. For example, one person asked staff to apply cream to a cotton gauze to position against their skin, instead of direct application in a certain area of their body. The person also used herbal skin oil linked to their cultural background. Staff could describe in detail which creams and traditional cultural remedies the person preferred, the person's food preferences, and how the person wished to be comfortably re-positioned in bed to enable them to watch television.

- Staff were proactively recruited to promote person centred-care. Regular meetings were held with the head of recruitment to discuss existing and new people using the service. Records showed one person "would like a calm, well-mannered and respectable female carer." The head of recruitment worked to proactively recruit from a CV library to match people with suitable staff. This included people's preferences for staff gender, experience with particular care needs and shared interests and culture. A staff member with a musical background had been recruited to start work with a person who played an instrument.
- Care reviews involved people and their families. The staff team were updated following care reviews with any changes to people's needs. The manager told us, "After review I like to give [the] team updates of what was discussed and what we need to action...so communication is effective and current." We viewed an email sent to staff following a recent review, outlining key updates about the person's preferred meal times and continence support. Electronic systems could be updated by office staff to adjust the prompts used to log daily support, for example, when a person's GP prescribed a new medicine.

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 clearly identified. Care plans identified where individuals needed support to communicate effectively, for example, due to sensory loss or speech impairment. We reviewed the records for one person living with a progressive neurological illness. The person used eye gaze technology to communicate. Their care plan clearly outlined how the device operated, how the person would indicate to staff if the device had frozen, and how to re-start the device if it stopped working. Staff described supporting the person to communicate effectively, explaining "[It was] very easy, like speaking with someone...I speak with her, she replies via eye gaze...she could tell me exactly what she wants."
- Relatives told us staff and management communicated effectively. A relative commented, "They are very good at communicating and I feel they are not just in it for the money as it's so personal."
- Continuity of staffing promoted good communication. Staff were familiar with people's verbal and non-verbal communication. A staff member supporting someone with a 24 hour breathing mask commented, "Communication little bit difficult to understand, since one year working with her, I can understand her with the mask." A second staff member supporting someone with a progressive illness explained "[Person's name] doesn't speak very clear...sometimes losing voice, his facial expressions are very important to understand for us, very important in communication." A third staff member supporting someone living with complex needs explained, "[Person's name] is non-verbal [communicator], communicates through facial expression, can give some sounds, at first hard to recognise when [she is] happy or upset, with time [becomes] quite clear."
- Office staff were aware of people's communication needs and preferences. The care coordinator explained, "One customer who has a [breathing] mask on...I make sure I have no distractions in my ear, making sure I speak loud enough for them to hear me. One customer...[their] speech is very slow, prefers to talk on emails...[however] they prefer to communicate, is how I would contact them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people with their preferred activities, where it had been identified support was needed. One person who enjoyed watching television had a live in staff member. The staff member watched television with the person to chat with them about their favourite programmes. One person was supported with sensory activities when they were well enough to do so, or were supported to watch films they enjoyed. Another person had been unable to attend church during the pandemic, and staff had supported them to attend online services.
- Some people required live in support, or had staff with them for several hours each day. Staff built relationships with people's families, including where children were living at home. This helped to ensure the person and their family felt supported by the service. One family was part of an encrypted messaging group with the service to enable elderly relatives to keep in contact with the person and receive regular updates. A relative commented, "We have one main carer who is amazing; he's part of the family...they are fabulous with our child too." A second relative advised, "My youngest child is aged [age given] and the staff are friendly with him."

End of life care and support

- The service had an end of life care policy in place. At the time of our inspection the service was not supporting anyone receiving end of life care, although some people were living with complex, progressive and life-limiting health conditions.
- Staff received training in relation to palliative and end of life care as part of an induction process. This included the importance of advance care planning and how to best support people nearing end of life.
- Care plans did not consistently include information about people's end of life wishes. The manager explained they tried to gauge whether a person wished to explore this subject as part of a care assessment, and would revisit this after building a relationship with the person and their family. One person's care plan noted their wish "to be treated at home and admission to hospital would be a last resort." Care plans did note where people had a religious faith and any support they needed to practice their faith.
- People's records documented whether they had a DNACPR in place and where this was located. DNACPR stands for do not attempt cardiopulmonary resuscitation and a DNACPR form is used where a decision has been reached that if the person's heart or breathing stop, cardiopulmonary resuscitation (CPR) should not be attempted. We identified one person's care plan dated February 2021 and a subsequent care review noted their DNACPR was located at the GP surgery, meaning it would not be easily accessible to staff or paramedics should an emergency occur. The service was responsive to our feedback and advised they had updated staff and obtained a copy of the DNACPR paperwork following our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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; Continuous learning and improving care

- Quality assurance systems were not fully conducted in line with the provider's policy. For example, the policy required the service to carry out quarterly customer satisfaction monitoring and quarterly staff spot check. We found these processes had not been consistently implemented. For example, for two members of staff, spot checks were last documented in November and December 2020. One person had been using the service since May 2021 and there was no completed customer satisfaction monitoring documented, although we noted a care plan review had been carried out. Another person had used the service for over 12 months and two customer satisfaction surveys were documented alongside care reviews.
- The service conducted audits of people's daily records, which included the administration of medicines. The current manager had commenced audits after joining the service in August 2021. We observed the previous manager had downloaded reports for July 2021 but there were no comments added to evidence the audits had taken place. We asked the service to provide evidence of daily record auditing undertaken by the previous manager, but no further documentation was supplied. We were advised the manager hadn't performed to the standards expected. Audits of daily records had also failed to identify some of the concerns we found, such as staff completing a variety of tasks not included within people's care plans.
- Audits were undertaken in relation to staff recruitment files, however audits had not been effective in identifying all of the issues we found. For example, audits had not identified gaps in staff employment history and the absence of interview records for some staff.
- Records did not reflect a full and accurate record in respect of each person using the service. The service had failed to accurately record the administration of all medicines and care plans did not reflect all of the tasks staff told us they supported people with. For example, staff described supporting people with shaving, administering over the counter remedies, and carrying out checks such as blood pressure, blood sugars and temperature monitoring. This also meant the service had not effectively assessed staff knowledge, competence and the potential risks involved in these tasks.
- The provider was closely involved in the day to day running of the service, however systems were not always fully effective in monitoring the service. For example, electronic systems produced a 'task matrix' to show the provider when certain activities, such as staff spot checks, were due. During our inspection we found the electronic system was not correctly alerting the manager or provider when staff quarterly spot checks were overdue.

Management systems were not fully effective in monitoring the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities)

The service was responsive to our feedback. The manager explained the compliance of the service had been a key focus since their arrival in August 2021, and they were taking steps to improve audit processes. The provider also told us they were developing bespoke software which would improve data systems, and following our inspection advised the current system had been updated to ensure staff were alerted when quality assurance activities such as spot checks were due. The manager explained, "[I am] getting auditing structure into place, I like to audit on a weekly basis, I'm heading towards [this]...made a priority to go out, start observing all of the carers...meeting all of our customers, doing a lot of reviews...to see how happy they [people and staff] are...and any improvements that need to be made." The manager also planned to conduct additional audits of staff files.

- The manager of the service had already identified several areas for development at the time of our inspection. We observed a communication sent to all staff with advice about how to document more detailed daily notes. The manager had also identified the need for auditing of staff training and recruitment files and had delegated this task to another member of the team. The manager was prioritising care reviews for people with complex needs and had identified some care plans which required additional detail. The manager presented as motivated to make the required improvements.
- The service was part of a franchise. We were advised the franchise head office was a good source of advice and support for the service. The manager explained monthly registered manager meetings were held to share learning between franchises and a secure messaging group enabled managers to support one another.
- Systems were in place for the secure storage of data. Computer systems, including electronic care records, required a login which could be removed if a staff member left the service. Separate encrypted messaging groups were created for staff to share updates about specific people, to ensure confidential information was not shared unnecessarily with the wider staff team. During our inspection the manager became aware of a potential breach of confidentiality following a staff training session. The manager was conducting a full investigation.

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

- People and their families told us the service was well managed. Relatives spoke positively about consistent staffing, meaning people could build relationships with regular staff. A relative commented, "Acacia is well managed because they matched the main carer well for my relative...we are 100% happy and would recommend Acacia." The service cared for a small number of people, with a focus on building a sustainable service to meet people's needs, instead of expanding based on hours of care provided. The nominated individual explained, "[We are about] maintaining strong relationships, building on them...not here to get as many hours as possible...trying to build long term relationships with carers and customers."
- Staff were valued by the service. Staff told us they found the management of the service open and approachable, including if they needed support with personal issues. Team work was promoted through consistent deployment of small staff teams. An employee of the month scheme was in place to acknowledge staff achievements. The nominated individual told us, "[Staff] are ambassadors of our business, we call them Acacia Angels. [It's about] having that mutual respect, [staff] know we are there to support them." A staff member added, "Acacia is a good place to work, the office staff has been there for any questions I have had, I feel that they care about me as well as the customers."
- The service promoted diversity and inclusion within its workforce, and had signed up to the government's Disability Confident scheme. The service had links with organisations supporting people with disabilities or other barriers to access employment. The nominated individual explained, "[We] don't see disability, [we]

see their ability...[we] have a very diverse team." A supported employment organisation advised, "[Nominated individual's name] was caring, kind and was happy to work with us and offered all suitable clients...a job interview, regardless of their disability or barrier...within one year, three of our clients have been employed by Acacia."

- Staff spoke positively regarding the impact the new manager had made since joining in August 2021. Staff felt the manager was knowledgeable and proactive. A staff member commented, "[Manager's name] came in, has implemented a lot in a short space of time...defined everyone's roles a lot more, [is] really supportive, really passionate...[they've] been out in field, worked her way up, a lot of care staff can relate to [manager's name]."

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 service had a duty of candour policy in place. At the time of our inspection, no serious incidents had occurred requiring a formal written duty of candour response. Records showed the service had demonstrated an open approach when dealing with matters such as incidents or concerns.
- The provider understood their responsibilities in relation to the duty of candour. The manager told us, "[We are] trying to work in an honest way all the time, own up, apologise, learn from it, try to do better next time...at end of the day mistakes do happen. [It's] about having that open and honest conversation with staff and customers."

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

- Quality assurance questionnaires, referred to as customer satisfaction monitoring, had not been conducted quarterly in line with the provider's policy. People and their families were able to provide feedback during care reviews and through direct contact with the service. We were advised the service also planned to conduct an annual survey. A family member told us, "I'm kept updated by email or a phone call if the level of service has changed...we have annual reviews but the communication is open on both sides so feedback is given whenever." A second family member commented, "There has been a change in management but I still speak to the same people...they always ask me if there is anything else they can help me with...I am happy with the service Acacia give."
- The manager and nominated individual told us they valued staff feedback. Staff provided feedback through supervisions, team meetings, staff group messaging and direct contact with the office. The last full staff team meeting was held in May 2021 and virtual meetings had been held during the pandemic. A member of staff expressed concern virtual team meetings were monthly but had become less frequent since the registered manager's departure. The manager explained an upcoming staff meeting was booked during December 2021.
- An open door policy was in place. The manager told us, "[Staff] can come to us with anything, open to suggestions and change...see [staff] as forefront of this business, want to make sure they are valued, respected and happy." The head of recruitment told us the service was responsive to feedback and implemented their suggestion of using a CV database to proactively approach candidates. They commented, "They listened, and took on board what I said...[they] involve us in everything...very open and discuss as a team."
- The manager was aware of their duty to protect and support whistle-blowers, although the service had not received any whistleblowing concerns at the time of our inspection. The manager commented, "[I] would support to make sure [concern was] dealt with delicately, keep the person up to date...try to keep as confidential as possible...in small teams it would be easy to identify [a whistle-blower], have to be...sensitive and mindful."

Working in partnership with others

- The provider was committed to multi-agency working and saw this as a measure of success for the service. The nominated individual commented, "Amazing team of carers, brilliant relationships with customers, built incredible relationships with multi-disciplinary team agencies like continuing health care...commissioning teams. First couple of years [has been] about building strong relationships and strong foundations."
- People using the service were often supported by a number of healthcare professionals. As part of care reviews, the manager made contact with key professionals to gather relevant information. For one person we observed reports gathered from five different agencies including dietician, continuing healthcare, GP, diabetic nurses and a community nurse. The manager was working to update the person's care plan in partnership with the commissioning organisation.
- Professional feedback indicated the service worked effectively in partnership with other organisations. A professional commented, "[Nominated individual's name] has been a pleasure to work with and we have a clear understanding as to what is required for efficiency and effectiveness...one is confident this open and transparent way of communication is mirrored throughout the [service's] working practices."
- The service was committed to developing links with the local and wider community. The nominated individual explained the service gave regular donations to charity. The service had attended networking events, was booked to attend a careers fair, and planned to join the local chamber of commerce. The service also worked with supported employment services to help adults with a disability or other barriers into work. An employment coach commented, "Not just [nominated individual's name] but the whole team have been really supportive to our clients and go above and beyond and we have now built a strong working relationship."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not clearly identified and managed. Systems for safe medicines practices were not consistently implemented and record keeping was inconsistent and at times incomplete. The service had failed to ensure appropriate infection control measures in response to the COVID-19 pandemic.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were not fully effective in monitoring the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effectively operated systems were not in place for the safe recruitment of staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service had failed to ensure staff were suitably qualified, skilled and assessed as competent for their roles.

