Access Care Management Limited

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Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection was announced and took place on the 21 and 23 July 2015.

Access Care Management is a small family run care service which provides personal care and support to people who live in their own homes across the country. People who receive the service include those living with dementia, people with disabilities such as cerebral palsy and those living with brain injuries. At the time of the inspection the service was providing personal care to 22 people. Care was provided by care workers who lived with people in their own homes.

Summary of findings

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

People using the service told us they felt safe. Care workers understood and followed guidance to recognise and address safeguarding concerns.

People's safety was promoted because risks that may cause harm in their home and local community had been identified and managed. People were supported by care workers who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Access Care Management did not directly employ care workers. Care workers were self-employed and registered with the service in order to deliver care. Recruitment procedures were not fully completed in order to protect people from the deployment of unsuitable care workers. The provider had not ensured that a full employment history had been obtained from care workers. This is required to make sure care workers can explain any gaps in employment when they have been working with adults who are vulnerable. However the provider however obtained character and professional references to ensure care workers suitability for the role.

People were protected from the unsafe administration of their medicines because care workers were trained to administer medicines safely. Care workers completed mandatory training to ensure that medicines were being administered, stored and disposed of correctly. These skills were reviewed on a regular basis by appropriately trained office staff to ensure that care workers were competent in the completion of their role.

People were supported by care workers to make their own decisions. Care workers were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA 2005). The service worked with people, relatives and healthcare professionals when required to assess people's capacity to make specific decisions for themselves. Care workers sought consent before carrying out care, treatment and support.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. People told us they were able to choose their meals. Records showed people's food and drink preferences were documented in care plans and were known by care workers.

People's health needs were met as the care workers and registered manager promptly engaged with other healthcare agencies and professionals to maintain people's safety and welfare.

Care workers demonstrated that they knew and understood the needs of the people they were supporting. People told us that their care was provided to a good standard. The registered manager and care workers were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care workers to make choices about their care.

Care plans were personalised to each individual. They contained detailed information to assist care workers to provide care in a manner that respected that person's individual needs and wishes. Relatives told us and records showed they were actively encouraged to be involved at the care planning stage, during regular review and when their family member's health needs changed.

People knew how to complain and told us they were happy to do so if this was required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and care workers were encouraged to provide feedback on the quality of the service during regular telephone conversations with the manager and office staff.

The provider's values were communicated to people and care workers. Care worker understood these and people told us these standards were evidenced in the way care was delivered.

The registered manager and care workers promoted a culture which focused on providing person centred care. People were assisted by support workers who were encouraged to raise concerns with the registered manager and office staff. The provider had a routine and

Summary of findings

regular quality monitoring process in place to assess the quality of the service being provided. This open and supportive process allowed for people, relatives and the care workers to provide feedback.

Care workers told us they felt supported by the registered manager and office staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The provider did not obtain a full employment history of all care workers. The provider could not identify if care workers had any unexplained gaps in their employment making them unsuitable to deliver care in people's homes.

People were safeguarded from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support. Risks to health, safety or well being of people who used the service were addressed appropriately.

Contingency plans were in place to cover unforeseen events such as a fire or power loss at the office where personal information was stored.

Medicines were safely stored and administered by care workers who had received appropriate training and regular assessments of their competency.

Is the service effective?

Good

The service was effective.

People were assisted by support workers who knew them as individuals and understood the support and care they required.

People were supported by care workers who demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA 2005). The provider ensured people were supported by care workers who had the most up to date knowledge available to best support their needs and wishes.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. Care workers knew peoples preferences regarding food and drink and encouraged them to participate with meal times.

People were supported by care workers who sought healthcare advice and support whenever required.

Is the service caring?

Good

The service was caring.

People told us that care workers were caring. Care workers were motivated to develop positive relationships with people which were also companionable.

People were encouraged to participate in creating their personal care plans. Relatives and those with legal authority to represent people were involved in planning and documenting people's care.

People received care which was respectful of their right to privacy whilst maintaining their safety.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed. Care workers reviewed and updated risk assessments on a regular basis with additional reviews held when people's needs changed.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested these were made without difficulty.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues these were dealt with in an open and honest way.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a person centred culture. People and care workers recognised the registered manager.

Care workers were aware of their role and felt supported by the registered manager. Care workers told us they were able to raise concerns and felt they provided good leadership.

The registered manager regularly monitored the service provided to assure quality and identify where any potential improvements could be made to the service.

Access Care Management Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 23 July 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure the office would be open and we would be able to speak with people. The inspection team consisted of one inspector and an Expert by Experience who spoke with people, relatives and a care worker. An Expert by Experience is a person who has had personal experience of using or caring for someone who uses this type of service. The Expert by Experience had friends who used domiciliary care. This is where care is provided in a person's own home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

Due to the service being provided to people across the country we visited and spoke with one person in their home that lived locally and their care worker. We also spoke with the registered manager and one office staff member.

After the inspection we spoke with an additional two people who use the service, four relatives and three care workers. Other relatives and two people were contacted however did not wish to speak with us telling us they were happy with the care which was provided.

We reviewed a range of records about people's care and how the service was managed. These included care records for six people, daily care notes for three of these people, daily care notes for one other person, four medicine administration records (MAR) and other records relating to the management of the service. These included four care worker training, registration and employment files, business continuity information, three care worker spot checks, policies and procedures as well as care worker and quality assurance conversations.

The previous inspection was carried out in December 2013 and no concerns were raised.

Requires improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the care workers who supported them, one person told us, "I feel very safe in my own home and that is really important to me". Relatives we spoke with also said they felt their family members were safe, "We are confident that mum is very safe".

However, the provider did not obtain full employment histories from care workers before they registered with the service to ensure they were always suitable to deliver care. The provider could not identify if care workers had a history of working with adults who were vulnerable and that any gaps in this employment could be reasonably explained.

The provider did not have a complete selection procedure in place to ensure that care workers provided full employment histories before being deployed to deliver care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers were self-employed and the provider introduced care workers to people who requested a care service. The provider assessed, created and managed care packages to ensure that people were receiving the care they required. Care workers underwent recruitment checks to determine their suitability before registering with the service. Records showed Disclosure and Barring (DBS) checks were carried out before care workers could be registered. These checks identify if prospective staff have a criminal record or are barred from working with people at risk. Suitable references were obtained in order to provide satisfactory evidence of the applicants conduct in their previous employment.

People were protected from the risk of harm because care workers knew how to recognise signs of potential abuse and how to report their concerns appropriately. A safeguarding policy was provided to care workers with information on how and where to report a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Care workers were required to complete safeguarding training before becoming registered with the service. They had to repeat this training every two years to ensure they would remain up to date with the safeguarding procedure. Regular conversations with people and care workers ensured this knowledge was current and the training had been understood. The registered manager demonstrated that she had understood her responsibilities in relation to safeguarding issues. One safeguarding concern had been raised by the service in the past 12 months. Records showed that the registered manager had correctly referred and discussed the concern with the local authority.

Care workers also felt confident using the provider's whistle blowing hotline if required. Whistleblowing is a way in which all staff can report misconduct or concerns they have within their workplace. People were being cared for by care workers who knew how to recognise the signs of abuse, what action they should take if identified and received support to do this

Assessments were undertaken to identify any risks to people who received care and to the care workers who supported them. This included environmental risks in people's homes and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the possibility of harm occurring. For example, some people using the service had restricted mobility due to their physical needs. Information was provided in these people's care plans which provided guidance to care workers about how to support them to remain safe. This included when moving around their home, transferring in and out of furniture and when being supported to attend external activities. Financial assistance records were available for people who wished care workers to support them with their shopping or whilst paying bills for example. These were a documented record of all financial transactions where people were assisted by their care worker. This documentation process would be kept with people's care plans therefore allowing for their examination by family, friends and office staff minimising the risk of financial abuse. People we spoke with were not using these at the time of the inspection. Care plans and associated risk assessments were stored within people's homes. This was to ensure that care workers had access to all the information they required to support people safely.

There were robust contingency plans in place in the event of an untoward event such as a fire or power loss in the main office. People's personal records were electronically and securely stored in both the main office and an external

Requires improvement

Is the service safe?

site. This meant that in the event of an adverse situation affecting the office the registered manager and office staff were able to access this information remotely. These processes ensured that people's information was readily available if required. Care workers always had access to the most current information on how to best support people to stay safe.

There were sufficient numbers of care workers available to keep people safe. The service had twice the number of care workers registered than those deployed to deliver care. This meant that in the event of a care worker wanting to take leave from the service the registered manager was able to introduce a new care worker to cover this time period. Care workers were encouraged to take regular breaks to ensure that they were not tired whilst delivering care. Records showed that care workers were able to take this time whilst people were engaged with external activities or with friends and family. The registered manager supported care workers in taking this time to ensure that they were able to continue to deliver safe care.

People were happy with the support they received with their medicines. A relative told us their family member needed help with their medicines, "It's administered by the carer according to the instructions, never had any problems." Another relative told us, "We are completely aware of his medication, the office will inform us if there are any changes to his medication". Medicines were managed safely. When joining the service people had assessments completed determining whether they were able to administer their medicines independently or required additional support. There were up to date policies and procedures in place to support care workers and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered and disposed of appropriately. Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that care workers had received training in the administration of medicines and their competency was assessed by office staff on a regular basis.

Good

Is the service effective?

Our findings

People we spoke with were positive about the care workers ability to meet their care needs. Relatives and people said that they felt care workers were well trained and had sufficient knowledge and skills to deliver care. One person we spoke with said, "My carer understands and knows how to deal with my very specific condition". A relative told us, "The carers seem to be extremely well trained and briefed".

People were introduced by the service to care workers who had knowledge of their physical needs and similar lifestyle interests, such as hobbies, to enable them to best meet people's needs. When care workers registered with the service they completed a 'My Personal Profile'. This was a record of the care workers personal details which included information regarding their religious practices and preferences for working with pets, for example. It also included their experience of supporting people living with different conditions such as dementia and Parkinson's. Care workers knowledge and experience of working with specialist equipment such as moving and handling aides and those associated with continence care were also documented. Office staff would meet with people new to the service and identify what skills and experience they wanted from their care workers. This information was then used to identify care workers with the traits requested. Personal profiles were then exchanged between people and the care workers from which people chose who they wished to support them. This meant that people were in control of who they wanted to live with them in order to provide care. People told us they were well matched with care workers who had the necessary skills and knowledge to effectively meet their needs.

The provider's registration process ensured that people's requirements were met by care workers who had the correct competencies, knowledge, qualifications and skills. Care workers were also assessed at interview stage to ensure they had the right attitudes and behaviours. There was no formal induction programme for new care workers at the start of working with the service. This was due to care workers already being trained and experienced in care delivery. Upon joining the service the registered manager would speak with all new care workers and discuss the provider's 'Care worker guide'. This was a booklet containing information about all local working procedures such as how to report injuries and concerns, how to manage in an emergency as well who to contact in the office if assistance was required. Care workers told us that they had understood and knew what the provider required of them.

The agency provided access to training for all care workers registered with them. Care workers told us, and records showed, they had received a number of different training courses to provide them with the knowledge to support people effectively. External training was arranged by the service and offered to care workers on a two yearly basis. The training programme in place included courses that were relevant to the needs of the people who received a service from Access Care Management Limited. This included training in, life support, nervous system problems, moving and handling and a specific live in carer course. This course included training in personal care, pressure area care, diet and nutrition and dementia. Care workers who did not complete this two yearly training had their registration removed until they could evidence successful completion. This meant that care workers were provided with the guidance and information they needed to enable them to undertake their duties safely.

People were assisted by care workers who received support in their role. There were documented processes in place to supervise and appraise care workers and to ensure they were meeting the requirement of their role. Supervisions and appraisals are processes which offer support, assurances and learning to help support worker development. The registered manager told us, and we saw, that care workers were spoken to on a weekly basis. These conversations were to ensure that they were meeting the needs of the people they were supporting and that their own personal needs were being met. This included asking whether the care worker required or wanted additional training and if they were still happy delivering care to that person. The care workers told us they felt supported by the registered manager and office staff as a result. One care worker told us, "She (registered manager) is very helpful if I have a question", another said, "They (registered manager and office staff) do the call to say how is the client, how are you doing, is there anything you're concerned with. If I've got any concerns I do let them know". When care workers needed to be made aware of changes in policy or legislation a newsletter was sent out to all care workers to make sure they had the most up to date information available.

Good

Is the service effective?

People were supported to make their own decisions. One person told us, "Even though I have a physical condition I am not stupid and I need a carer who is intelligence and who respects my capacity to be able to think and make decisions for myself, Access Care has found me a person who fits the bill". Mental capacity assessments were completed for people as appropriate during assessment stage before they started receiving care and support. People's ability to make specific decisions about their life had been assessed by office staff. The registered manager told us that if care workers had any concerns regarding a person's ability to make a decision the service would work with them, their relatives and other healthcare professionals to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act 2005 (MCA 2005) Code of Practice which guides staff to ensure practice and decisions are made in peoples' best interests. Care workers were able to describe the principles of the MCA and when a best interest decision would be most appropriate. Best interest decisions are made when someone no longer has the capacity to make key choices about their life. In these circumstances people who know the person or have been appointed by the court to make such decisions are involved in discussing and deciding what care that person should receive. Care workers knew that people's capacity to make decisions could fluctuate. One care worker told us, "if there is a time where you can see they are not capable of (making a decision) there will be an advocate to come and make a best interest decision for the client".

People and relatives told us that people's consent was sought before care was delivered. For people unable to verbally communicate care workers were aware of other signs provided to gain consent. Care workers were able to identify and react to people's facial expressions and behaviours to say that they did or did not wish the support to be provided at that time. Care workers told us that trust was the basis of gaining consent to deliver care. One care worker told us, "Everything I have to ask, you have to trust and communicate, because communication is very important, I tell her what I'm going to do and ask her how she wants me to do it, I think we do the job together".

People were supported at mealtimes to access food and drink of their choice. People said care workers cooked their meals and supported them at mealtimes. Relatives and clients told us that they had the food of their choice, one person told us "My care worker makes good meals". Records showed this person liked a particular meal which was provided on a regular basis. Care plans detailed people's personal food preferences enabling care workers to prepare meals that were enjoyed. Where people had identified nutritional needs such as the need for a pureed diet this was documented in people's care plans and provided by the care worker.

Care workers were available to support people to access healthcare appointments if needed. Records showed that care workers liaised with health and social care professionals if a person's health or support needs changed. People's care records included evidence that the service had supported them with access to district nurses, occupational therapists and other healthcare professionals based on individual needs.

Good

Is the service caring?

Our findings

People experienced companionable relationships with care workers. Relatives and people told us that support was delivered by caring staff. One person we spoke with told us, "Yes she is (caring), she sits with me and watches films". A relative told us, "(my relative) Gets good safe care from kind people". A care worker told us, "(person) Loves to chat, we love each other".

Positive and caring relationships had been developed by care workers with people. People were provided with a choice of care workers to support them in line with their personal preferences. One person who enjoyed going to the theatre told us, "My carer takes me and that works very well, she likes the same things as me and she goes along with my wishes". People were provided with a choice of care workers to help them identify who they would be able to form a comfortable relationship with. Before new care workers began to provide care they visited the person they'd be supporting in company with their current care worker. This meant people were provided with the opportunity to see if they felt they would be able to work with the care worker they had chosen. Care workers were knowledgeable about people's personal histories and preferences and were able to tell us about people's interests, previous lives and hobbies. People were supported by care workers who were caring in their approach.

Care workers knew how to comfort people who were in distress and unable to verbally communicate their needs. A care worker described how one person would sometimes withdraw when they became upset, for example when the care worker was about to take annual leave. The person was unable to communicate verbally and would withdraw by refusing to eat or take their medicines. The care worker told us how they would react to this person's distress appropriately. This involved speaking to them in a calm way and taking extra time to explain what was happening until the person was happy and smiling again. People who were distressed or upset were supported by support workers who could recognise and respond appropriately to their needs.

People were supported to express their views and to be involved in making decisions about their care and support. The registered manager and office staff had regular contact with where they were involved in discussions about their care. Records showed that people were asked if the care was meeting their needs and if there were any changes they required. People told us that the service maintained regular contact with them and involved them in decisions about their care. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. This included allowing people the options of what they would like to eat or how they would like to spend their day.

People were treated with respect and had their privacy maintained at all times. People and relatives told us that they were treated with respect by the care workers. One person told us that the relationship between them and the care worker was based on mutual trust and respect. A relative told us, "The carers are very kind and respectful, they know (relative) very well and we know them, they are very kind".

When people required additional privacy from their care worker to spend time with their family, records showed this was respected and accommodated. Care workers explained that they would treat people as they wished to be treated. One person's care plan said they liked to wear makeup, perfume and look well presented. We could see that this person was dressed in the way that they wanted. People felt respected by care workers who routinely practiced protecting people's dignity.

Good

Is the service responsive?

Our findings

People we spoke with told us the care workers took the time to know who they were and addressed them as individuals. People were engaged in creating their care plans and relatives were able to contribute to the assessment and planning of the care provided. One person told us, "Both Access Care and the carers are very responsive to people's wishes and they make sure I am consulted about my care needs". One relative told us that after their relative had been in hospital, "Access Care were brilliant, they talked to us and helped set up the whole support package, involving us at every stage".

People's care needs had been fully assessed and documented by the registered manager and office staff before a care package began. Assessments were undertaken in people's homes to identify their support needs and care plans were developed outlining how these need were to be met. People were provided with the opportunity to identify how frequently they wished to discuss their care plans throughout the year. Where people had not specified their choice records showed that care plans were routinely reviewed twice a year. People, care workers, relatives and social workers were encouraged to be involved in the regular reviews to ensure that people received individualised person centred care. One person told us, "Together with outside agencies, we plan my care together. A relative told us, "Initially I was very involved with planning (my relative's) care but now everything is ticking over, they know her so well and what she needs". People were receiving the care which was reviewed regularly to ensure that it remained relevant to their needs.

There was a robust system in place at the service office that ensured prompt action was taken to address changes in people's needs. Records documented what change was required, the action taken and by whom. For example, a care worker reported to the office that a person's mobility had deteriorated during the second week of care being provided. As a result office staff attended and conducted further assessment of this person's needs. A hoist was then put into place to support this person. Another care worker told us about a situation when a person's wheelchair was no longer meeting their needs. This was raised with the agency who then involved social services so a replacement chair could be sought. Care workers were able to identify when peoples' needs changed and took action to address concerns. People received personalised care that was responsive to their individual needs.

The service actively encouraged people and care workers to build links with their local community and to take part in meaningful activities including visits to day centres and the theatre. People told us that the care workers had a good understanding of their social and cultural needs. The provider had recently held a tea party to celebrate the services anniversary and invited people, relatives and care workers. The registered manager had provided transport for one person who would have otherwise been unable to attend. This was an enjoyable experience for those who had attended and pictures could be seen in the office and the provider's social media site. A relative told us, "It was nice to be invited and to have the opportunity to meet other people in the same situation and to spend time with the Access staff. It is so nice to know that you are not alone". Care workers supported people to access the community to minimise the risk of them becoming socially isolated even if it was not part of the person's formal care plan. One person had not expressed that they had a spiritual need to attend church however enjoyed listening to gospel singing. As a result the persons care worker regularly took that person to church with them to allow them to participate in an activity they enjoyed.

People were actively encouraged to give their views and raise concerns or complaints. The registered manager highlighted to care workers and people the need for open communication. This was particularly important as care was provided on a live in basis and therefore regular face to face contact was not always possible. One person told us, "The service has ensured that we have a named person to contact if we have any concerns". The registered manager and office staff regularly contacted people in order to obtain details of their care experiences. This provided an opportunity for people, relatives and care workers to raise any complaints. Another person told us, "They (the service) phone us regularly with updated and ask us if we have any worries/concerns". The registered manager and office staff also conducted home visits to help people recognise who they were speaking with. This was a way to encourage people to be comfortable speaking with management to share concerns. One person told us, "I am in constant dialogue with the service about my care and people have

Good

Is the service responsive?

listened and made changes as a result, for example I found my replacement carer difficult and lacking in empathy. The service responded by finding me a far more suitable person".

The service viewed concerns and complaints as part of driving improvement and they were encouraged. We saw that the agency's complaints process was included in information given to people when they started receiving care. Two complaints had been received in the last 12 months. Both complaints had been raised, investigated and responded to appropriately within a week. There had been further contact with people after the conclusion of the investigation to ensure they were still satisfied with the outcome.

Good

Is the service well-led?

Our findings

The registered manager promoted a positive culture at Access Care and actively sought feedback from people using the service, their relatives and care workers. People knew who the manager was and were confident in her ability to manage the service and address concerns. People told us they were happy with the quality of the service provided.

People, relatives and care workers told us there was a positive and inclusive culture within Access Care Management. They told us it was an open and transparent service which was prepared to take responsibility and respond to any issues raised. If people had concerns which they felt they could not be dealt with by the registered manager the provider ensured people knew other agencies who could assist. One person told us, "They (the service) have also provided information if we wish to go outside of Access, to the CQC or the local authority".

People and relatives told us that regular communication between them and the registered manager was 'reassuring and welcome'. Care workers told us the importance of seeking feedback to improve the quality of the service provided. One care worker told us, "the first time I go to a client the (registered) manager will call to find out if all is well. Then she will meet with myself and the client to discuss how things have gone. Feedback is important".

Access Care Management's objective for the service was to provide care which was person-centred and for the purpose of improving people's quality of life. This included ensuring that people were treated with dignity and respect. These values were shared with care workers when they first registered with the location before delivering care. People and relatives told us that care workers were adhering to these values and were treated with respect at all times.

People using the service, relatives and care workers spoke highly of the registered manager and the quality of the service provided. They told us they had a high degree of satisfaction with the service. This was in particular due to the openness and responsiveness of the registered manager and the deputy manager. A relative told us, "The manager and assistant manager will inform us of any concerns and do their best to sort them". People told us the strength of the agency was due to the registered manager and care workers engaging fully with people to encourage and resolve any issues.

People told us they felt that the registered manager went out of her way to create an open dialogue. People and relatives told us she was friendly, approachable and had supported them at the times when they had most needed it. Care workers told us they also felt supported by the registered manager who was always available for advice. One care worker told us, "good relationships and team work are important at Access (Care). The manager is very approachable and I am in constant touch with her…I know that she listens and deals with any things which happen and she is helpful if I have a question". Care workers received weekly telephone calls from the registered manager and the office staff to ensure that they were happy continuing in their role. One care worker told us, "Access (care) is good to work for, lots of good support, feel part of the team".

Care workers also received information and advice via a social media page. This had been created by the provider to assist communication between people using the service, the provider, care workers and the registered manager. This page contained information of available training dates and courses available, testimonials of good work completed and photographs of people with their care workers. Access Care provided care to people across the country and we could see that this was an interactive tool which was updated almost every day. The registered manager told us that it was a useful way of offering support for people, care workers and relatives to remind them there were people available to assist. This was also seen as a way of allowing people to easily identify the registered manager and the office support staff. The registered manager told us it was important that people saw the photographs of the managerial and office staff involved in activities to provide a 'human face' to the service to encourage ease of conversation. We could see that people were engaging with the social media page leaving positive comments on photographs such as, "Thank you sending me this wonderful woman (care worker), with carers like this Access Care has a bright future, looking at every client as an individual, holistic needs are paramount."

People were regularly asked their opinions about the quality of the care provided. The registered manager

Good

Is the service well-led?

monitored the quality of the service by speaking with every person who received a service on a weekly basis to ensure they were happy with the service they received. Records showed that these conversations were documented on a Client Communication Log (CCL) so the information contained within was available to all office staff when speaking with care workers. We could see that relatives were also spoken to or emailed on a monthly basis to ensure that they happy with the care their family members were receiving. During these conversations people were asked if they were happy with the care that they were receiving, if there were any issues to raise and if they were being appropriately supported by their care worker. Records showed that people were engaging and informed office staff if they were not happy. One care worker had contacted the office to state that they would be more comfortable providing care to different person. The office staff contacted the person receiving care the following day who agreed they would feel more comfortable with a different care worker. The office staff took immediate action and located a previously used care worker who was able to assist. This care worker was replaced within 2 days ensuring the quality of the care for the person was maintained.

The provider had previously obtained views of people in the form of quality satisfaction questionnaires in September 2013, however they found that people were not responsive to these. People said they did not feel they were required as they were speaking with the registered manager and office staff on a weekly basis. People using the agency were situated across the country and the registered manager told us that the weekly telephone calls and social media site was the most effective way to obtain regular feedback from people. All the people we spoke with were happy with the weekly conversations and thought this was an effective way to monitor the quality of the service.

In order to ensure high quality care was being delivered the registered manager undertook a combination of announced and unannounced spot checks with care workers. These were for all care workers and people across the country. These spot checks included observing the standard of care provided, the care workers presentation and medicines administration. Care records kept at the person's home were also audited to ensure they were appropriately completed. The results of these spot checks and audits were documented electronically so were easily accessible to identify if there were any particular training issues or needs. Spot check records showed that care workers had all received a spot check in the six months before the inspection. This involved periods of travel for the registered manager and office staff owing to the geographically spread location of people. This was seen as a necessary and important way to drive performance and ensure that people were receiving the care they requested. No issues had been identified since the last inspection as a result of these processes. Records showed that care documentation including medicines records was correctly and fully completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not ensure that full employment histories were provided by care workers prior to commencement of delivery of care.**