

Acerta24 Limited

Acerta24

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Acerta24 is a domiciliary care agency that was providing personal care to two people at the time of the inspection.

People's experience of using this service:

People were satisfied at the time of the inspection with the support they received from Acerta24. The provider made sure, wherever possible, people received support from the same staff. People told us they felt safe with staff. They said staff were kind, able to meet their needs and supported them in a dignified, respectful way which maintained their privacy. Staff supported people to be independent by encouraging them to safely do as much for themselves as they could.

People were involved in planning their care and support. The provider listened to people and took their views, choices and decisions into account when planning and delivering the care and support they needed. The provider made sure there was current and relevant information for staff about how these needs should be met. People's care and support was reviewed with them by the provider to make sure this was continuing to meet their needs.

Staff sought people's consent before providing any support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were enough staff to support people. The provider undertook checks on staff before they started work to make sure they were suitable. Once in post, staff received relevant training to help them meet people's needs. They were supported in their role by senior staff to continuously improve their working practices.

The provider had systems in place to protect people from injury or harm. All staff were trained to safeguard people at risk and to report abuse and/or discriminatory practices or behaviours that might cause people harm. Risks to people had been assessed and staff were provided guidance on how these should be minimised to keep people safe. The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people informed and involved in case they were harmed as a result of their care. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food

Staff documented the support provided to people which kept others involved in people's care up to date and informed. They monitored people's health and wellbeing. When staff had concerns about this they reported these to the relevant healthcare professionals. Staff worked closely with other healthcare professionals to ensure a joined-up approach to the support people received.

People knew how to make a complaint if needed and the provider had arrangements in place to deal with

this. People spoke positively about senior staff and described them as accessible and supportive. The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received. There was a clear management and staffing structure in place and all staff had clearly defined duties and responsibilities. The registered manager understood their legal responsibilities regarding the Health and Social Care Act 2008.

The provider sought people's views about the quality of care and support provided and how this could be improved. They used this information along with other checks of the service to monitor and review the quality and safety of the support provided. Any shortfalls or gaps identified through these checks were addressed promptly.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. They worked with the authorities funding people's care, so they were kept up to date and well informed about people's care and support needs.

The service meets the characteristics of a good service and therefore we have rated them 'Good' overall and for all five key questions, 'Is the service safe, effective, caring, responsive and well-led?'

Rating at last inspection:

Although the service has been registered with the Care Quality Commission (CQC) since September 2014, the provider did not start continuously operating the domiciliary care element of the service until October 2018. This is the first comprehensive inspection of the service since registration.

Why we inspected:

We normally inspect new services within 12 months of them registering with CQC. However, Acerta24 were not consistently providing personal care to people during that period so we could not inspect the service. We continued to monitor and review the status of the service and once we received confirmation from the provider that they were now providing personal care to people, we scheduled a comprehensive inspection to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Acerta24

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

A single inspector carried out this inspection.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that 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 visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started and ended on 13 February 2019. We visited the office location on this date to see the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to the registered manager, managing director and owner. We looked at records, including two people's care records, four staff files and other records relating to the management of the service including policies and procedures.

After the inspection we spoke to the two people using the service and asked them for their views about the service. We also received additional information from the provider, including follow up information requested about the care and support provided to people, service policies and procedures, the staff handbook and the service user guide.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. A person said, "I feel well looked and feel very safe."
- Staff had received training in safeguarding adults at risk. The provider's safeguarding policy and procedure had been shared with staff so that they were aware when and how to report safety concerns about an individual to the appropriate person or agency to investigate.
- No safeguarding concerns about people had been raised about or by, the provider since the service started operating in October 2018.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and identify risks posed to people from their specific healthcare conditions and by their home environment.
- People's records contained current information about identified risks to them and there was guidance for staff about how these should be managed to keep people safe. For example, for one person that needed help to move and transfer there was guidance for staff on how to use equipment correctly to ensure the person's safety.

Staffing and recruitment

- There were enough staff to support people safely. People's needs had been considered when planning the support they required so that only suitably trained staff could be assigned to meet these. For example, where people needed help to move and transfer in their home, the provider ensured this was done in a safe way by having two staff, trained in moving and handling procedures, provide this support.
- Staff were provided with training and information about the provider's lone working policy so that they were aware how to ensure their own personal safety when working alone with people.
- The provider had robust recruitment and selection procedures in place to ensure people were supported by staff that were suitable. The provider carried out checks on staff which included identity, right to work in the UK, training, experience and references. Staff also completed a health questionnaire which was used to assess their fitness to work. Criminal records checks were undertaken on all new staff, and then yearly thereafter, to assess their ongoing suitability to support people.

Using medicines safely

- At the time of this inspection, staff were not required to support people with their medicines. However, should this need arise, staff had been trained in medicines management and the provider had systems in place to manage and administer these safely, in line with current best practice.

Preventing and controlling infection

- Staff were trained in infection control and had access to supplies of personal protective equipment (PPE) to reduce infection risks.
- Staff had received training in basic food hygiene to support them when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

Learning lessons when things go wrong

- Senior staff told us there had been no accidents and incidents involving people since the service started operating in October 2018.
- The provider had systems in place to record and investigate any accidents and incidents should these occur. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them using the service. These assessments took account of information provided to the service by people and from others involved in their care, about their existing healthcare conditions and care needs and how these should be managed when providing support.
- The provider used all this information to determine the level of support people required and developed a care plan for each person so that staff had appropriate and relevant information about the care and support they required at each planned visit.

Staff support: induction, training, skills and experience

- A person told us, "[Staff] can meet all my needs."
- Staff had received relevant training to help them meet people's needs.
- The provider delivered in-house training to all staff, on a rolling monthly basis, to keep staff up to date with current best practice in topics and areas specific to their roles.
- As the service had only been operating for four months the provider had yet to embed a formal staff supervision programme. However specific staff had been appointed, prior to this inspection, to undertake regular supervision with all staff. Senior staff told us this would begin shortly after this inspection.
- In the interim, staff were provided other opportunities to talk to senior staff about their work and duties. Senior staff maintained regular telephone contact with staff during the week and staff were encouraged to speak about any issues or concerns they had about their work.

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

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported with these including any specialist requirements people had due to their healthcare conditions.
- Staff recorded what people ate and drank so that there was information available to others involved in people's care to check whether they were eating and drinking enough to meet their needs.

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

- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. Staff shared information about people's current health and wellbeing, when required, for example with visiting district nurses.
- Staff reported any concerns they had about a person's health promptly so that people received appropriate support in these instances.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff received training in the MCA. Senior staff were aware of their duties and responsibilities in relation to the Act.
- All the people using the service had capacity to consent and to make decisions about their care and support. However, there were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the staff that were supporting them. One person said, "The carer I've had since the start...she's very kind and down to earth. Feel really comfortable with her. She knows me so well and can tell if I'm not well straight away."
- People received support from the same core group of staff to ensure consistency in the support they received. This had helped to build positive and caring relationships between people and staff. People said they felt comfortable and confident receiving support from regular, familiar staff.
- When assessing people's needs in relation to the support they required, the provider identified any specific wishes people had in relation to meeting their social, cultural and spiritual needs. People's wishes were recorded and highlighted in their care plans so that staff had access to relevant information about how people should be supported with these needs.
- Staff received mandatory training in equality and diversity to help them protect people from discriminatory behaviours and practices.

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

- The provider had various systems in place to ensure people's views would be heard and used to help people make decisions about their care and support needs. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to state their views about the support they received.
- Senior staff were aware how people wished to receive communication and information from the service. Senior staff gave a good example of one person who preferred staff to sit with them and talk through paper work to help them fully understand the information being provided.

Respecting and promoting people's privacy, dignity and independence

- People said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace.
- People were supported to be as independent as they could be. People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without help, such as getting washed and dressed.
- Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People contributed to the planning of their care and support package. This helped to ensure that people's choices were used to inform the care and support provided to them.
- The provider had developed a care plan for each person using the service which set out clearly how and when support should be provided by staff. People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care plans reflected people's choices about how and when they received support. For example, for when and how they liked to receive support to shower and the time at which they preferred to be assisted to go to bed.
- People's care and support needs were reviewed with them by the provider to ensure this was continuing to meet their needs.

Improving care quality in response to complaints or concerns

- People told us they had no issues or concerns about the quality of care and support provided by staff at the time of this inspection.
- The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider. We noted some of the information provided to people about what to do if they were unsatisfied with the provider's response to their complaint was incorrect. We discussed this with senior staff who said they would have this corrected immediately. After this inspection the provider sent us additional evidence to confirm this had been done.
- Senior staff told us they had not received any formal complaints about the service since they had started operating in October 2018.

End of life care and support

- Some of the support provided by staff over the last four months had been to people who were at the end of their life and being cared for and nursed at home. Staff had worked closely with district nurses and staff from the local hospice to ensure that people experienced, comfortable and dignified care in these instances.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had clearly stated values and aims about the quality of care and support that people should expect to receive. These were communicated to people through information the service provided, for example, the 'service user guide'. Staff were provided with handbooks which reinforced these values and aims and how they should demonstrate these, through their conduct and behaviours, when carrying out their responsibilities.
- There had been no accidents or incidents involving people since the service started operating in October 2018. However, the provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people informed and involved in case they were harmed as a result of their care.

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

- There was a clear management and staffing structure in place and all staff had clearly defined duties and responsibilities. In addition to the registered manager, the managing director and owner had previous experience of managing similar types of care services and were hands on in the day to day operation of the service.
- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

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

- The provider sought people's views about the quality of the service. Senior staff undertook unannounced spot checks to people's homes and asked people for their feedback about how the service could be improved. Senior staff also telephoned people using the service monthly, to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved.
- Senior staff used unannounced spot checks to check staff were providing the support that had been agreed and following the provider's policies in relation to medicines administration, infection control and food handling and preparation. Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with the authorities funding people's care, so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.