Care Quality Commission

Acquire Care Ltd

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Inspection report

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13 July 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We undertook an announced inspection of Acquire Care on 12 and 13 July 2018. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. On the day of our inspection 68 people were being supported by the service.

At our last inspection on 30 March 2017 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Staff were not always deployed effectively and the provider did not have effective systems in place to monitor the quality of service.

At this inspection we found the service had made significant improvements to address these concerns. People told us and visit schedules confirmed staff were deployed effectively to meet people's individual needs. The service had established effective systems to assess the quality of care the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life.

However, at this inspection we found that the registered manager and the management team did not fully understand the Mental Capacity Act (MCA), this meant that the service did not always apply the principles of the act in its work. The MCA protects the rights of people who may not be able to make particular decisions for themselves.

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

People were safe. The service had safe, robust recruitment processes. Staff understood their responsibilities in relation to protecting people from the risk of harm. People told us they benefitted from caring relationships with the staff.

Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

People were treated as individuals by staff committed to respecting people's individual preferences. Care plans were person centred and people had been actively involved in developing their support plans. People told us they were confident they would be listened to and action would be taken if they raised a concern. We

saw a complaints policy and procedure was in place.

Staff spoke positively about the support they received from the registered manager. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and the management team did not fully understand the MCA.

People's needs were assessed and care planned to ensure it met their needs.

People were supported by staff who had the training and knowledge to support them effectively.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff

on how to support people.

People knew how to raise concerns and were confident action would be taken.

People were treated as individuals and their diverse needs respected.

Is the service well-led?

Good

The service was well- led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Care Quality Commission

Acquire Care Ltd

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 was planned to check 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 12 and 13 July 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector and an 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.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 22 people, four relatives, four care staff, three schedulers, the operations manager the registered manager and the care manager. During the inspection we looked at ten people's care plans, seven staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in March 2017 we found that the service was not always safe in that staff were not always deployed effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Since our last inspection we found the service had made significant improvements to address these concerns. There were sufficient staff deployed to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. Where two staff were required to support people, we saw they were consistently deployed. People told us staff were punctual and stayed for the allocated care time. One person said, "We have carers three times a day, they do get to us on time". Another person said, "Always stay for their right amount of time. If they have finished their tasks they will sit and chat to me". A relative told us, "Never missed a call, always on time. Very good".

Staff told us there were sufficient staff deployed to support people. One staff member told us, "I feel we have enough staff, if we are running late because of traffic then we call the office and we always let the client know". Another staff member said, "We have enough staff, but If we are held up for whatever reason then we just call the office and a senior will go out to the client".

People's visits were monitored using a telephone monitoring system. The system alerted the registered manager if staff were running late. Data from the monitoring system was analysed to look for patterns and trends and allowed the registered manager to adjust rotas for staff enabling them to remain punctual.

People told us they felt safe. People's comments included; "Feel very safe with the carers. Enjoy regular, same carers and build up a relationship with them", "Very happy. Always on time, do anything you want, help as much as they can", 'God no, never felt unsafe. Soon get rid of them if didn't feel I was safe" and "Had a key box fitted. When they come they get the key and let themselves in. When they go they lock the door and put the key back".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. One staff member told us, "I would call you (Care Quality Commission). We also have the numbers to contact the safeguarding team". Another staff member said, "If I thought someone was in immediate danger, then I would call the police". We saw there was information about how to report concerns, displayed in areas of the service which reminded staff of the contact numbers they needed to report concerns.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at high risk of pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability to healthcare professionals. Another person was at high risk of falls. The person's care record gave guidance for staff to ensure that mobility and walking aids were within

reach of the person. People we spoke with told us staff followed this guidance.

People we spoke with told us they received their medicines as prescribed. One person told us, "They put cream on my legs". Another person said, "They help me to pop tablets out of their blister packs". Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, following a moving and handling incident the person was referred to an occupational therapist (OT) who recommended new equipment for the person. This was installed. As a result, people were routinely referred to the OT for issues around moving and handling and mobility.

Requires Improvement

Is the service effective?

Our findings

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager and staff. 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.

Staff were knowledgeable about how to ensure the rights of people who lacked capacity were protected. One member of staff told us, "The MCA protects people's rights about making decisions". Another staff member said, "Just because someone may make an unwise decision, it doesn't mean they lack capacity". However, the registered manager had failed to ensure that the service adhered to the fundamental principles of the act. For example; People's files contained mental capacity assessments that did not relate to specific decision about people's individual care. A mental capacity assessment must be for a specific decision at a specific time.

We recommended that the provider consults the mental capacity 2005 code of practice.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people relating best practice. For example, where people had been identified as having mobility difficulties, referrals had been made to occupational therapists. Care plans contained details of recommendations made by occupational therapists.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "My carers are pretty good, helpful and kind, willing to do what I ask". Another person said, "The carers are brilliant. Know them and they know us and our needs". Records confirmed people were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training, which included safeguarding, moving and handling, infection control, medication management and food and hygiene. One staff member told us, "I think the training is really good".

Newly appointed care staff went through an induction period which was matched to The Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "My induction was good. It was clear and concise and the training was good".

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I feel absolutely supported I can't complain at all". Another

staff member said, "We don't need to wait for supervision, you can contact [registered manager] whenever you want".

Staff were also supported through 'spot checks'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fed back to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. Peoples care records stipulated what nutritional support they needed. For example, one person's care plan highlighted the level of support needed during meal times. Another person's care records identified that the person was at high risk of dehydration and guided staff to ensure that drinks were left for the person at the end of the care visit. This person's care record also stated how the person would often refuse drinks if offered. We spoke with a staff member who regularly supported this person and they told us, "[Person] often refuses, but I just say well it's there if you need it. When we come to visit the person later in the day the drink has been finished".

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Lovely people, no complaints", "We have a good laugh", "Carers are friendly" and "Carers are lovely, no problems with them". A relative we spoke with told us, "The carers are brilliant". Another relative said, "They do a great job, I can't fault them".

People told us they were treated with dignity and respect. One person told us, "I am always treated with respect when having a shower and being dried off". Another person said, "Lovely most of them, treat me with respect". A relative we spoke with said, "They come in, close his room door, use a towel to protect his dignity. They are very good".

We asked staff how they promoted people's dignity and respect. One staff member we spoke with told us, We close curtains and doors. We wash the top half before the bottom half and always make sure people are kept warm". Another staff member said, "It's about treating people in the same way as you would want to be treated". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. It was clear this culture was embedded throughout the service.

Care records highlighted what people could do for themselves in order to remain independent. This included aspects of personal care, mobility and getting dressed. Were the need to promote independence had been highlighted, there was guidance for staff on how to prompt and support people effectively. One staff member described how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. The staff member we spoke with told us, "Independence is about prompting and encouraging. At the end of the day it's important that people still have the freedom to look after themselves".

People told us they were involved in their care. One person told us, "Yes I feel involved. The office will often call on the phone to see how things are. They also come here quite often and discuss how things are". Another person told us, "My carer asks me how things are going and the office call and touch base with me". Staff met with people and their families and sought their input into how care plans were created. People's opinions were recorded and incorporated into the care plans. For example, people provided personal information for their personal profile section of the care plan.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security.

Good

Is the service responsive?

Our findings

People's needs were assessed to ensure the service could meet their needs. People had contributed to assessments. Peoples care records held personal information about people including their care needs, likes, dislikes and preferences. Staff we spoke with knew the people they cared for. For example, we spoke with one staff member about a person they supported and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their care.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation and religion. Records showed staff had received training in equal opportunities and diversity. Discussions with staff evidenced that these policies and procedures were supported in practice. One staff member we spoke with told us, "Not everyone is the same, but that doesn't mean we are treated differently. It's all about people feeling safe to be who they want to be".

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs. We also saw that where people's conditions had changed, the service responded by making referrals to healthcare professionals and adapting care and support to meet the person's changing needs. For example, one person's needs changed in relation to their mobility, as a result the person required two staff members to support them effectively. Rotas and the person care records confirmed that the correct number of staff were deployed to meet this person's needs.

We asked the provider to provide evidence of how the service ensured it worked within the Accessible Information Standard (AIS) framework. AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider was not aware of AIS. However, after we explained AIS they were able to demonstrate to us an example of where they had supported a person with hearing difficulties to understand information relating to their care.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I would contact the office if I needed to". Another person described an occasion where they had complained and the service took immediate action to address the persons concerns. The service's complaints policy and procedure were held in people's care records in their homes. Complaints were dealt with in line with the providers policy.

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results from the surveys were positive.

At the time of our inspection no one at the service was receiving end of life care. However, people's care

records contained advanced wishes. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest.

Good

Is the service well-led?

Our findings

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

People we spoke with felt the service was well run. One person told us, "We have got to know who the people are in the office are, they are nice and friendly". Another person said, "The office is easy to contact and they are approachable". Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "I love working here and I feel absolutely supported", "It's nice to call the office they always listen. Also, when you do something good it is always recognised", "[Registered manager] is really nice" and "There is always someone to talk to if you need to and you are always recognised for good work".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and the operations manager spoke openly and honestly about the service and the challenges they faced. We spoke with the registered manager about their vision for the service. They said, "Our values are based on independence, dignity, privacy and equality. We also need to recognise that we must keep staff happy. Happy staff means happy clients. We also pride ourselves on the fact that we are fully operational on a weekend. A weekend should be no different from any other day in care".

The registered manager had systems in place to monitor the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. For example, following one audit, it was identified that a person's stock of medication was coming close to its expiry date as a result the provider contacted the pharmacy and persons GP and arranged for new medications to be delivered immediately.

The service encouraged open communication between the staff team. A staff member told us, "We have regular meetings". We viewed the team meeting minutes, which showed that staff had regularly met to discuss people's individual needs and to share their experiences.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. The service is also a member of the "Live-in Care Hub". The registered manager told us, "It helps networking with other care professionals and sharing good practice".