Acacia Homecare Limited

# Acacia Homecare Limited

## Inspection report

50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ

Tel: 02034119011
Website: www.acaciahomecare.co.uk

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## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| 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? | **Requires Improvement** |

# Summary of findings

## Overall summary

We undertook an announced inspection of Acacia Homecare Limited on 10th and 11th May 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people and we wanted to be sure someone would be available to assist with the inspection.

Acacia Homecare Limited is a domiciliary care agency that provides personal care to around 38 people in their own homes. The people using the service were paying for their own care.

This was the first inspection of the service since it registered with the Care Quality Commission in July 2015 after they moved offices.

At the time of the inspection there was a registered manager in place. 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.

There were procedures in place for the safe management of medicines but staff did not always complete records relating to medicines use as required by the provider's own systems.

Risk assessments were not in place to ensure specific issues related to each person were identified and guidance provided as to how to reduce any possible associated risks.

The provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Processes were in place to ensure decisions were made in the person's best interest if they were assessed as not having capacity.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Detailed assessments of need were carried out which were used to develop the person's care plan. The care plans identified how people wished their care to be provided.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to the safe care and treatment of people using the service (Regulation 12) and the good governance of the service (Regulation 17). You can see what action we told the provider to take at the back of the full version of this report.

## 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**

Some aspects of the service were not safe.

There were procedures in place for the safe management of medicines but staff did not always complete records relating to medicines as required by the provider's own systems.

Risk assessments were not in place to ensure specific issues related to each person were identified and guidance provided as to how to reduce any possible associated risks.

There was a clear recruitment process in place. The provider had processes in place for the recording and investigation of incidents and accidents.

### Is the service effective?

**Good**

The service was effective.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Processes were in place to ensure decisions were made in the person's best interest if they were assessed as not having capacity.

There was a good working relationship with health professionals who also provided support for the person using the service.

Care plans identified if people were supported with food and fluids.

### Is the service caring?

**Good**

The service was caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the

person in maintaining their independence.

Each person's cultural and religious needs were identified in their care plan.

## Is the service responsive?

**Good**

The service was responsive.

An initial assessment was carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and were up to date.

The care plans identified each person's wishes as to how they wanted their care provided.

Care workers completed a record of the care provided after each visit.

There was a complaints process in place and people were aware of how to make a complaint if required.

## Is the service well-led?

**Requires Improvement**

Some aspects of the service were not well-led.

The provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their managers.

# Acacia Homecare 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 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 the 10th and 11th May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

We reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

Before the inspection, the provider completed 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.

During the inspection we spoke with the provider and the registered manager. We reviewed the care records for seven people using the service, the employment folders for five care workers, training records for care worker and records relating to the management of the service. We also undertook phone calls with four people who used the service and 10 relatives. We sent emails for feedback to 16 care workers and received comments from five care workers.

Requires Improvement

# Is the service safe?

## Our findings

The provider had completed general risk assessments for people using the service but detailed risk assessments for specific issues were not in place. We looked at records for seven people using the service and saw each person had an environmental risk assessment completed in relation to their home and a moving and handling risk assessment.

From the seven care records we looked at the records for four people indicated a number of issues related to their heath or support needs had been identified during the initial assessments that were specific to each person. These possible risks were identified but an assessment had not been carried out and guidance for care workers on how to reduce these risks had not been provided.

These issues included increased risk of pressure sores, incontinence, increased risk of bone fractures, falls and requiring thickened foods and fluids. This meant that care workers were not aware of any increased risk in relation to the person's specific support needs and how to reduce these risks.

During the inspection we discussed this issue with the registered manager and provider who confirmed they would undertake a review of the care plans and introduce specific risk assessments.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a medicines management policy in place but medicine administration was not recorded accurately to ensure people received their medicines as prescribed.

Care workers completed Medicine Administration Record (MAR) charts when they administered prescribed medicines. At the time of the inspection three people had their medicines administered by care workers. We looked at MAR charts for two people as the MAR charts for the third person were not in the office as they had not been regularly collected from the person's home. We saw the MAR charts completed in April 2017 for two people. The MAR chart for one person had not been completed on six occasions. The registered manager told us a relative of the person may have administered the medicines instead of the care worker but this was not recorded in the records. The MAR chart for the second person showed that it had not been completed on six occasions. We also saw the frequency prescribed eye drops should be administered was recorded on the MAR chart but not the dosage.

This was discussed with the registered manager and provider who confirmed they would review the MAR charts and speak with the care workers in relation to completing the MAR charts accurately.

We also saw MAR charts were not in place in relation to the application of prescribed creams. The care workers recorded the application of a prescribed cream in the daily record of care they completed for each visit but information was not provided in relation to how often and where the cream should be applied. The provider confirmed they would introduce specific MAR charts and body maps indicating where the cream

should be applied for each prescribed cream.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. Their comments included "Yes of course why wouldn't I?", "Yes. I would say they do", "Yes. So far nothing has happened they are good" and "I would say I do. They all seem to understand me and they will try their best to help out." We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. At the time of the inspection the provider told us the last safeguarding concern raised was in 2014 so there were no recent records for us to review. Care workers confirmed they had completed training in relation to safeguarding and told us they would contact the office if they felt the person they were supporting was at risk of harm

The provider had a business contingency in place to ensure that, in case of an emergency, the service would continue. The provider explained they had computer systems that were portable so that if they were unable to work from that office they can access information from any location securely.

There was a policy and procedure in place for the recording and reviewing of incidents and accidents. The registered manager confirmed no accidents and incidents had occurred during the previous year. Any incidents and accidents reported in previous years had been reviewed and investigated fully.

The provider had appropriate processes in place in relation to infection control. The care workers were provided with appropriate equipment including aprons and gloves to use when providing support.

The number of care workers required to attend each visit was identified from the discussions with the person using the service and relatives during the initial assessment and reviews of the care plan based on the person's support needs.

The service had suitable recruitment processes in place. The registered manager confirmed people applying to become care workers were required to provide the contact details of two references and their employment history for up to five years. A Disclosure and Barring Service (DBS) criminal record check was carried out before they started working in the service. During the inspection we looked at the employment records for five care workers and saw all the required paperwork was in place. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

Good

# Is the service effective?

## Our findings

We asked people if they thought care workers that visited them had the appropriate training and skills to provide their care. Their comments included "Yes I think so. I have never had a problem", "I don't know much about their training I would imagine it is fine" and "Yes absolutely. They are very good at the things they do."

The provider explained new care workers completed a three day induction with no more than five people in the group. The induction included the policies and procedures used by the service, safeguarding adults, moving and handling training, administering medicines, person centred care and dignity and respect. Care workers completed a competency assessment in relation to medicines and moving and handling in the homes of the people they were going to support. The provider confirmed if the care worker was allocated to visit people who did not require support to move they would not complete moving and handling training. This was discussed with the provider during the inspection and they told us this would be reviewed to ensure all care workers received appropriate training that the provider felt was mandatory.

Care workers also completed the Care Certificate during their probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care.

The registered manager explained new care workers completed a number of visits shadowing and then being assessed by a senior care worker before they carried out visits on their own. The number of visits completed with the senior care worker depended on their previous care experience. The senior care worker would then feedback to the registered manager on the new care workers competency in the role.

New care workers completed a three months' probation period during which a spot check on their work was carried out after two weeks. The registered manager confirmed care workers completed one supervision session with their line manager and an appraisal as well as two spot checks per year. During the inspection we looked at the supervision and appraisal records for all care workers and the induction records for five care workers which confirmed this.

The provider explained that, at the time of the inspection, there was no set timescale for care workers to complete refresher courses in relation to the training they had identified as mandatory. If it was identified during a spot check, supervision or if a concern was raised regarding the care workers competency they would complete the training including the care certificate module again. During the inspection the provider told us they would be reviewing this process to ensure care workers completed refresher courses for mandatory training areas.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager explained that a person's capacity to make decisions relating to their care was assessed as part of the initial needs assessment process. They would also check to see if a Lasting Power of Attorney (LPOA) was in place for a person which would name who could make decisions on their behalf. A Lasting Power of Attorney in health and care matters legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the care plan on the person's behalf. During the inspection the provider developed a new mental capacity assessment form which could be used in relation to specific decisions such as taking medicines or personal care. The registered manager told us care workers encouraged people to make decisions and they supported relatives to understand how the person made decisions.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP).

We saw care plans indicated if the person required support from care workers to prepare and/or eat their food. Where relevant the care plans indicated the person's food and drink preferences.

We asked people if the care workers usually arrived on time and if they were contacted if the visit was going to be late. They told us "Yes always", "Almost always. Sometimes they are five or 10 minutes late due to traffic but I am not really worried", "I think so" and "Only on the odd occasion are they late, which general is not a problem. There was this one time when the care worker got held up with someone else for over an hour. I did get a phone call and I understand things like this do happen."

We also asked if the care workers stayed for the agreed length of time. People commented "Yes always", "I don't know never paid any attention. But I think they do" and "Yes, sometimes she will stay a little longer just to finish whatever she is doing."

The registered manager explained the care workers used a telephone based system to record the time they arrived and departed a person's home. We looked at the records of visits over two days and we saw the majority of visits were started within 30 minutes of the agreed start time. The provider explained they worked in a flexible manner in relation to visit times with people using the service to enable their personal support needs to be met. People could contact the office to adjust the time of their care visit to fit in with appointments or if their family and friends were visiting.

Good

# Is the service caring?

## Our findings

We asked people if they were happy with the care and support they received from the service. Their comments included "Yes, very happy. They do everything I need", "Yes I would say I am", "Yes. I don't know I just am" and "The carers are lovely and helpful I am really extremely happy."

People told us they felt care workers were kind and caring when they received support. They told us "Yes I would say that they are", "I don't think you could do this job if you weren't caring. It is such a demanding job", "Absolutely wonderful. They do everything I ask them to do. I couldn't ask for better" and "Yes I think they are."

We asked people using the service if they felt the care workers supported them in maintaining their independence. They said "Without the help I get I don't think I would be able to get much done. I can't really move around much so I would probably not do anything", "Yes, I have everything I need", "I am still able to be very independent. The support I get just help me to get more things done then I would be able to do on my own" and "Yes it does."

People commented to us that they felt the care workers treated them with dignity and respect when they provided care. They said "Yes. Just the way they talk to you", "Yes. I think they look after me really well" and "Without a doubt. They really do look after you. The little things like knocking on the front door even though I have a key safe outside and they could just walk in."

We asked care workers how they ensured people were treated with dignity and respect when receiving care. They told us "I should not discuss the individual's personal information to anyone who is not involved in his/her care plan. I should maintain the individual's dignity at all times especially when doing personal care which should always be in private. To make sure to maintain their decency by keeping private parts covered. By allowing him/her to make choices", "If washing clients, I always cover up with towels, when client is using commode I leave in privacy unless they request I stay with them", "I maintain privacy by not discussing things discussed with me amongst colleagues and only informing senior staff if my customers safety is compromised" and "Explain everything you are going to do clearly, keep them covered over where possible when washing, ensure the curtains are drawn and nobody else is in the room. Ask them regularly if they are okay and make sure no confidential information such as key safe numbers, personal belongings etc are on show."

Care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. We saw care workers were provided with information about the personal history for some of the people they were supporting where the information was available.
The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support.

We asked people if they had the same care worker or if they regularly changed and we received a range of comments. These included "More or less always the same two but now and again it does change if they are

sick or on holiday", "Yes I do" and "It has changed a couple of time because people have left but I have mostly had the same ones."

Good

# Is the service responsive?

## Our findings

We asked people if they were involved in the decisions regarding their care and support needs. They told us "Not as much as I would like. My daughter takes care of most of it", "Yes, they always ask me what I need and I can talk to them about anything" and "I have to be involved or I would make a right fuss. I am still able to speak my mind and I am willing to do so." We did see that some of the care plans we looked at were not signed by the person or their representative to indicate they had been involved in their development or review. This was discussed with the provider and they confirmed the care plans would be reviewed and signed where appropriate.

The registered manager explained a detailed assessment of the person's care and support needs was completed before home care started. They would discuss the person's support needs with them and their family. They would also speak with any healthcare professional involved in their care if they were in hospital. The person would be visited and a full assessment of their support needs was completed including their medical history and health needs. The risk assessments would be completed before the start of the care package to ensure any equipment required to support the person to move was in place.

The care plan was developed following the assessments and a supervisor would attend the first visit to ensure the care plan meets the person's actual needs. The provider told us the care plans were flexible to meet each person's changing needs so if the person would rather the care worker helped with a different task during a visit that could be arranged. The care plans and risk assessments were reviewed after the first week of care being provided to ensure the person's needs were being met. The care plans would then be reviewed every six months or sooner if the person's care needs had changed.

During the inspection we looked at the assessments and care plans for seven people and we saw they were detailed and clearly identified the person's support needs and how they wished their care to be provided.

Care workers completed a record for each visit to the person they provided care for. The notes we looked at during the inspection were detailed and provided information on the care provided during the visit.

We asked people if they felt the information they received from the provider was clear and easy to understand. Their comments included "Yes, everything they have given me is easy enough to understand", "To be honest if they gave me a leaflet or send me a letter I would just stick it in a draw and not read it", "I think so. Never had a problem in understanding them" and "It's fine nothing I have really thought about."

The provider had a complaints policy and procedure in place. We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. They told us "Yes I do. No never", "I don't know. Not needed to everything is good", "It would depend on the complaint. If it was a minor thing I would just speak to the carer but if it was something bigger I would probably go to social services. No this everything has been good so far" and "I think so, I would just ring the office."

We asked people using the service if the care workers completed the support tasks agreed with the service

during their visit. One person commented "All the tasks they need to do and more. I can't be any more happy with the work they do."

People using the service could provide feedback on the quality of the care they received. The registered manager explained they sent a questionnaire to people using the service annually but they had only received one completed form when the most recent questionnaire was sent out. They confirmed they regularly contacted people using the service and people could provide feedback on the care they received during monitoring telephone calls which were carried out every six months.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had a range of audits in place but those in relation to the recording of medicines were not effective in identifying issues. The provider had introduced an audit of MAR charts earlier in 2017 but this had not been completed regularly and the MAR charts for everyone who had medicines administered had not been checked as they had not been collected from the person's home.

The provider had not identified, managed and mitigated risks to people. During the inspection we identified a range of issues including the lack of specific risk assessments and management of medicines. These had not been identified by the provider using their existing processes.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a range of other audits in place which included a monthly review of the daily records of care completed by the care workers to ensure they were completed clearly and to identify any issues or changes in the person's support needs. The provider had processes in place to review complaints, safeguarding and incidents and accidents.

The computer based records system identified when reviews of care plans and risk assessments were due. It also identified when care workers were due to have supervision meetings and appraisals.

The registered manager explained the information from the telephone based monitoring system used to record the arrival and departure times of care workers for each visit was reviewed every Monday. Visits would be identified if they did not occur at the scheduled time or the care workers did not spend the full allocated time at the person's home. They would also check if any reasons had been recorded for the change in visit time. The rota would then be reviewed with the person and their relatives to assess if their visit time should be changed to meet their needs.

We asked people if they knew who to contact at the office if they had any questions in relation to their care. Their comments included "I don't know one particular person to call but I could just ring in and someone will help me", "I don't know", "I am not sure" and "Yes, but I have never needed to call them."

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.

We asked people if they felt the service was well-led and we received mixed comments. . These included "Yes I think it is", "I guess so" and "Yes, everything is running smoothly."

We asked care workers if they felt they were supported by their manager and if the service was well-led.

Care workers told us "The culture of our organisation is varied. I would say that it is fairly fair and open although there is always room for improvement in any organisation.  It always have to strive for perfection", "Yes the service is well-led. If I need assistance with any clients, I know I am always able to speak to my Duty Manager. If we feel we need more help from district nurses, occupational therapist etc., my Manager will contact them. Support workers are always able to discuss issues they have, in an open and frank way. Positive feedback is always passed to support workers", "Yes, Senior staff are always easy to contact and greatly helpful" and "Yes and no. The team are easy to contact via phone or telephone, if you have an issue they deal with it quickly and are flexible in the working hours. We tend to always have the same clients for continuity, however communication is poor when it comes to client's well-being if they are taken to hospital or fall ill we are not told and clients are not told of any schedule changes."

The provider confirmed meetings for care workers were held three times a year and each meeting was held at two different times during the day to enable as many care workers as possible to attend depending on their rota.

The registered manager and provider told us they attended forums and training provided by the local authority to keep up to date with best practise.

The provider told us they tried to make sure the service was part of the community with involvement in local charity events and they donated a percentage of the hourly visit fee to two charities. They also send birthday cards to people using the service and care workers.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person did not ensure care was provided in a safe way for service users.<br><br>Regulation 12 (1)<br><br>The registered person did not ensure the proper and safe management of medicines<br><br>Regulation 12 (2) (g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service)<br><br>Regulation 17 (1) (2) (a)<br><br>The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks.<br><br>Regulation 17 (1) (2) (b) |