

Mr Kalwant Virk

Actual Care Services

Inspection report

The Big Peg, 120 Vyse Street
Hockley
Birmingham
West Midlands
B18 6NF

Tel: 01212936067

Website: www.actualcareservice.co.uk

Date of inspection visit:
24 October 2018

Date of publication:
13 November 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was announced and took place on 24 October 2018. At our last inspection in October 2017, we found the service to be 'requires improvement'. At this inspection, we found that some improvements had been made and the service is now rated 'good'. However, further improvements were still needed in relation to whether the service is well-led.

We gave the provider 48 hours of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office to speak to us. At the time of inspection, the provider was providing personal care and support to three people.

Actual Care Services is a domiciliary care service which is registered to provide personal care to people living in their own homes. The registered provider manages the service with care provided by a small team of staff. 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. At the time of our inspection, three people were receiving care and support services.

The provider had not carried out sufficient checks and audits to ensure themselves that the quality of the service was consistently high. Staff had not completed all mandatory training as required by the provider.

People felt safe with the staff that were supporting them and reported that staff were consistently on time and not rushed. Staff understood about potential risks and types of abuse and knew how to report concerns.

Staff were recruited using processes that ensured they were suitable to work with people and records showed that people received their medication at the right time.

People were supported by staff who understood their needs and were knowledgeable and skilled. Staff received good support from managers and felt they were well trained to carry out their roles.

People's health was promoted by preparing food that was in line with their preferences and by ensuring people had access to drinks.

People were involved in decision making and care planning and the provider ensured that people's preferences were known and met. Staff were caring and respectful towards the people they were supporting and were motivated to provide a high quality service.

People and relatives had the opportunity to raise concerns and complaints and reported that the provider responded to their worries quickly and effectively. People were supported to attend activities and special occasions through the flexible allocation of staff.

People and relatives were very happy with the way the service was led and staff told us that they enjoyed working for the provider

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.

Staff were on time and were not rushed.

People had access to equipment which helped them stay safe.

Staff had a good working knowledge of the types of abuse and how to report concerns.

Is the service effective?

Good ●

The service was effective.

People received good support from staff who were skilled in their roles.

People's consent to care and support was obtained before being delivered.

People's health needs were promoted.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported by staff enjoyed working with people and were motivated to provide a high quality service.

People had developed greater confidence as a result of staff input.

Is the service responsive?

Good ●

The service was responsive.

People and relatives felt able to raise concerns and the provider always responded promptly.

People received care and support that met their individual needs.

Staffing was organised flexibly to meet people's needs and requirements.

Is the service well-led?

The service was not consistently well led.

Staff had not completed all mandatory training.

Checks and audits were not effective in highlighting areas for improvement.

People and relatives were happy with the way the service was managed.

Requires Improvement ●

Actual Care Services

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 24 October 2018 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. We visited the office location to see the registered provider and office staff and to review care records and policies and procedures.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

The provider did not meet the minimum requirement of completing and sending us the Provider Information Return (PIR) at least once annually. 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 spoke with one person and two relatives by telephone. We also spoke with one health care professional, the registered provider, the manager, one senior carer and two care staff. We looked at the care records for three people to see how their care was planned. We also looked at two staff recruitment files, medication records, complaints and compliments and minutes of staff meetings.

Is the service safe?

Our findings

At our last inspection in October 2017, we rated this question as 'good'. At this inspection, this rating remains unchanged.

People and relatives told us that they felt safe with the staff and the way in which care was delivered. They told us that staff were consistently on time and if they were running late, staff would always ring ahead to let people know. This meant that people were not left on their own for longer than expected.

Staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us they had plenty of time to travel to people's homes in between calls and that any staff absence was always promptly covered by others in the team. One person told us, "The staff are quite consistent and always do what is needed. They never rush off".

Staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and the steps they would take if they had any concerns. One member of staff told us, "I have completed online safeguarding training and would report any concerns to managers." Staff also told us they were confident the registered provider would take action in response to any concerns raised.

All staff we spoke with were able to describe the different risks to people and how they supported them. For example, when people required two staff to move them from their bed to a wheelchair using a hoist. One member of staff told us, "We have all the right equipment to keep people safe." Care files contained risk assessments which clearly described the steps staff should take to prevent and reduce the risk of harm.

We saw records of employment checks for two staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. One member of staff told us, "They didn't let me start before all my references came through. I know they phoned the manager of where I have worked before".

One person received support with their medicines. Staff told us that they prompted this person to take their medication and records showed that this was done consistently. The registered provider and manager checked medicine records on a regular basis to ensure staff were not making errors. We saw that where things had been missed, such as missing signatures, this was followed up with staff in their supervision sessions or at team meetings so that lessons were learnt. Staff were able to tell us how people preferred to take their medication and this was also reflected in care plans.

People were protected from the risk of infection. Staff confirmed that supplies of personal protective equipment such as gloves and aprons were available in people's homes for them to use. One relative told us, "[Person's name] is always clean and the house is kept tidy."

Is the service effective?

Our findings

At the last inspection in October 2017, we rated this key question as 'requires improvement'. This was because some staff training had been delivered by unqualified trainers who could not be sure of staff's competence following training. At this inspection, we found that improvements had been made and the rating is now 'good'.

People were supported by staff that were skilled and knew people's needs. Staff training records showed that training such as moving and handling had been delivered by external trainers to the whole staff team. One person told us, "They employ staff that can meet my needs and the staff know me well." Staff were happy with the training they received and felt they had the skills and knowledge to carry out their roles. Staff were also supported by induction programmes, supervision sessions and team meetings where their practice was discussed and improvements identified. One member of staff told us, "I had to shadow the team leader when I first started; it was really good."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered provider was aware of the process they would need to follow if someone needed support with their decision making.

We checked whether the service was working within the principles of the MCA, and staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. They told us that all of the people they supported had capacity to make decisions and this was respected. One member of staff told us, "The people I support have capacity and will tell us if they are not happy, so we follow their advice."

One person was currently being supported by staff to eat and drink enough to keep them well. This involved staff cooking meals and ensuring the person had access to drinks in between staff visits. Their care file had a dehydration plan which clearly set out how staff should help to ensure the person had sufficient to drink each day.

Relatives told us they arranged their family member's health care appointments but that staff were alert to any changing health needs and would report any concerns. One health care professional told us that the registered provider had worked well in partnership with health care agencies to create a person's care package. They told us, "[Registered provider's name] engaged and made contact with all the relevant

professionals."

Is the service caring?

Our findings

At our last inspection in October 2017, we rated this question as 'good'. At this inspection, this rating remains unchanged.

Relatives and people we spoke with told us they felt staff were caring. One relative told us, "The staff are always respectful and kind." Another told us, "I am generally very happy. The carers are very good and patient". Care records showed that staff respected people's privacy and dignity by knocking on doors before entering and ensuring that people's homes were left clean and tidy at all times.

The registered provider had received a range of compliments from relatives, professionals and former staff which praised the caring approach of the provider. One compliment from a professional stated, "It is hugely refreshing to work with an employer that cares about the needs of their staff and clients."

Staff knew how to provide care and support in the way people wanted. One person told us, "I am able to tell the staff how I want things done and they listen." One relative told us how much their family member enjoyed choosing trips and activities which staff supported them to take part in. Staff were able to describe how people had a choice in how their care was delivered. One member of staff told us, "[Person's name] helps to show us how he likes his food cooked for him."

Care records showed that people had been involved in making decisions about their care. For example, one person had expressed a preference for female staff which was respected by the provider. One relative told us, "The staffing is pretty consistent and there is always one [person's name] knows."

The staff we spoke with said they enjoyed working with people and had a desire to provide a high quality and caring service. One member of staff told us, "I give the care from the bottom of my heart – we are all passionate about it here." One member of staff told us how they had started to learn some basic words from another language to improve their level of communication with a person they supported. They also told us, "[Person's name] asked me to call them Grandad as this was a part of his culture and I have respected this."

One relative told us that their family member had developed an increased sense of confidence and independence as a result of spending time with staff out in the community. They told us, "[Person's name] is now happier to go out with others in the community – he is more confident." Staff agreed with this and added that the person had also developed better social skills during this time.

Is the service responsive?

Our findings

At our last inspection in October 2017, we rated this question as 'good'. At this inspection, this rating remains unchanged.

People and relatives were happy with the service and told us that individual needs were met. One relative explained how important it was for their relative to know which staff were supporting them each week and told us about the steps the provider had taken to introduce new staff. They said, "[Person's name] needs informing and they have introduced new staff by doubling up on shifts so that there is always someone familiar, which is really helpful".

Relatives praised the service for its flexibility and responsiveness. One relative told us that they had chosen this service as there were a lot of staff that spoke Punjabi which was important to their relative. The registered provider also told us that they had provided staff at very short notice to enable one person to attend a family wedding and this was corroborated by their relative.

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person's care. We saw that one care plan that had been updated following one person's recent stay in hospital. Relatives and staff described communication as good and there were a number of systems in place to ensure information was shared promptly. These included communication books in people's homes and social media groups for staff which they used when they were out in the community.

People and relatives told us they felt able to raise any concerns and were happy with the response from the provider when they had done so. One relative told us, "I have the [provider's name] and [manager's name] numbers so I can get in touch with them at any time."

The registered provider had maintained a complaints file which showed one formal complaint had been received in the last 12 months. This had been investigated thoroughly and promptly and action had been taken to address concerns raised.

Is the service well-led?

Our findings

At the last inspection in October 2017, we rated this key question as 'requires improvement'. This was because checks and audits had not always been effective and the provider had not fulfilled their duties to inform CQC of any changes to the service they provide. At this inspection, we found that improvements were still required so the rating remains unchanged.

Some checks and audits were still not effective in ensuring the service was consistently high quality. For example, there were no competency checks for staff who were dealing with medication. We spoke to the registered provider who confirmed that a new system for competency checks was about to be introduced. There were also no audits of late calls so it was difficult for the provider to monitor any trends in this area, even though late calls had been a point of discussion at a recent staff meeting.

The registered provider had completed a number of spots checks to assure themselves of the quality of care being delivered. Staff explained to us that these were both announced and unannounced and records of these checks were seen in staff files.

Following the last inspection, the provider had updated their statement of purpose to ensure it reflected the range of people they were providing care to. This document now states that the provider is supporting younger adults with learning disabilities as well as people with physical disabilities and older people. However, CQC had not been notified of these changes. The provider had also not returned a Provider Information Return (PIR) as requested. 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, so we were not able to use this information at this inspection.

Records showed that training was made available to staff but completion rates were low. For example, only two staff were marked down as having completed infection control, safeguarding and equality and diversity training. We saw that action was being taken to address these gaps but at the time of the inspection, improvements were needed to ensure staff completed mandatory training on a regular basis. Training had been delivered to ensure staff were skilled to deliver support to the range of people now being supported, such as moving and handling.

A registered provider was in place and managed the service with care provided by a small team of staff. 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 and relatives spoke positively about the management of the service and how approachable and visible the provider and manager were. One person told us, "The manager comes out and sees me regularly which I think is really important."

Staff were happy working for such a friendly service and felt supported in their roles. One member of staff told us, "The managers are very warm and welcoming. They listen to me and are very supportive with my

child care responsibilities". Another member of staff told us about a team building day that had been organised by the provider in response to staff requests. Other staff explained that there was an on call system so that staff could always speak to a manager at any time.

The provider had developed a range of positive partnerships with other agencies for the benefit of people and staff. For example, we saw that the provider had taken an active part in supporting unemployed people back to work in partnership with local Job Centres. This had resulted in a number of good staff appointments.

As required, the provider had ensured that ratings from the last report were on display in the office. The provider was currently introducing a new website for the service and informed us that the ratings and a link to the last inspection report would be added to this website in the next few days.