Mr & Mrs L Alexander

ACASA

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

This inspection took place on 26 July 2016 and was announced. ACASA is a domiciliary care service which offers support to people in their own homes. The service supports approximately165 people with diverse needs who live in the community. Services offered include a wide variety of support packages. The service registered in September 2015 and was in the process of reviewing its management arrangements.

There is a registered manager running the service. A registered manager is a person who has registered with the CQC 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, staff and others were kept as safe as possible. Staff were appropriately trained and followed health and safety procedures. They knew how to recognise and manage any form of abuse or risk of harm. High quality risk assessments advised staff how to reduce risks, as much as possible. The recruitment procedure checked that staff were safe and suitable to provide people with care. The service carefully assessed what support people needed to take their medicine, Care staff provided the help needed, safely.

People were encouraged to make decisions about and plan their own care. People's capacity to make decisions was recorded, if appropriate and necessary. Care staff made sure they provided people with care that met their individual needs, preferences and choices.

People's legal rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision.

People's privacy and dignity were respected and promoted by a knowledgeable staff team. Staff understood how important it was to maintain people's privacy and dignity and knew how to do so. People's diversity was understood and people's care reflected any special needs they may have had.

The service was well-led by a registered manager who had been in post since the service was registered in September 2015. Staff felt valued and supported by the management and senior staff team which reflected on the standard of care they were able to give people.

The management team constantly monitored and assessed the quality of care they offered, especially whilst establishing the new service. Shortfalls and improvements had been identified and had been or were being acted upon. The service had stabilised, improved and was continuing to develop and make further improvements.

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.

People were protected, as far as possible, from all types of abuse or poor practice.

Any risks to people or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

The service was as sure, as possible, that the staff chosen were suitable and safe to work with vulnerable people.

People, who needed help, were supported to take their medicine safely, in the right amount and at the right times.

Is the service effective?

Good

The service was effective.

People were encouraged to make their own decisions and choices about their care.

Care staff were properly trained to make sure they were able to provide people with good care.

People's needs were met in the way they preferred.

Is the service caring?

Good

The service was caring.

People were provided with care by staff who were kind and caring and treated them with respect.

Staff developed a good relationship with people because people were, generally, visited by the same group of staff.

Staff had enough time to spend with people so they could help them with their care in a relaxed way.

People's differences were recognised and respected.

Is the service responsive?

Good

The service was responsive.

People were offered care that met their individual needs, in the way they wanted.

People's care needs were regularly looked at and their care plans were changed, if necessary.

People were involved in the assessment and care planning processes.

People knew how to make a complaint, if they needed to. They were listened to and things were put right.

Is the service well-led?

Good

The service was well-led.

Care staff felt they were valued and well supported by the management team.

The registered manager and staff team made sure that the quality of the care they offered was continually improved.

People, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

ACASA

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 26 July 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with five staff members, the registered manager and one of the partners providing the service. After the day of the inspection we received written comments from a further staff member. We contacted six local authority and other professionals and received no responses. We spoke with three people who use the service and received written comments from a further four people.

We looked at a sample of records relating to individual's care and the overall management of the service. These included eight people's care plans and daily notes, a selection of policies and a sample of staff recruitment files and training records.

Good

Is the service safe?

Our findings

People told us they felt happy and safe with staff who visited their homes. One person said, "Yes I do feel safe and well-treated." Another reflected the views of others when they commented, "Since being with ACASA my wife and I feel we are safe and have always been well-treated by her carers and have never felt uncomfortable or unhappy when they have been in our home."

People were kept safe from any form of abuse by care staff who were provided with up-to-date safeguarding training. Staff members were able to describe what action they would take if they had any concerns about people's safety. They understood the importance of their role with regard to keeping people safe from abuse of any kind. Care staff were, "… totally confident" that the management team would respond immediately if there were any concerns about people's safety. One staff member gave an example of a person possibly being assaulted by a member of the community and the action the service had taken to ensure the person's safety, as far as possible.

People, staff and others were kept as safe from harm as possible. The service had a comprehensive health and safety policy and work based risk assessments were in place. These instructed staff how to work safely to minimise risks to themselves and others. General risk assessments included driving for work, lone working and stress. Staff were issued with safety equipment such as aprons and gloves to ensure they adhered to infection control procedures. The service had a detailed business continuity plan to ensure people's safety and the continuity of the service, as far as possible. The plan covered numerous emergency situations such as, unavailability of staff and adverse weather conditions. A business continuity officer, emergency team and incident manager had been identified to deal with and provide learning from any emergencies or incidents. The plan had been reviewed and up-dated in April 2016.

People had individual risk assessments which identified any areas that posed a significant risk to people or care staff. These included health and safety risk assessments for people's homes and assessments for areas of care that could pose a risk. The environmental risk assessment noted where water stop cocks, electricity fuse boxes and gas mains were located. People were offered a fire safety inspection or advice from the fire brigade to make sure their homes were properly protected. Individual risk management plans such as, moving and positioning were detailed and fully described the actions (agreed with people) to reduce risk, as effectively as possible.

People were assisted to take their medicines safely by properly trained care staff who followed the comprehensive, up-to-date medication policy and procedure. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked a minimum of annually. Medicine administration sheets (MAR) were completed on a daily basis and returned to the office at the end of each month. People had a detailed risk assessment and risk management plan, relating to the administration of medicines, in place if appropriate. Additionally a medicines administration profile further described the care staff's responsibilities for administering or supporting individuals with their medicines. Medicine administration errors or omissions had been responded to by staff being taught to complete a six point check. This involved staff checking care plans, prescriptions and other areas prior to giving people

their medicine. Staff told us that this had, "really improved medication administration".

The service only offered packages of care if they had enough staff to provide the amount of care required. The service began operating in September 2015 and there had been 13 missed calls since then.The missed calls had been appropriately dealt with and there had been no significant harmful impact on people as a result of these. The service and staff team had stabilised and the number of missed calls had reduced over the months to no missed calls in July 2016.

People were provided with staff who had, generally, been recruited using a system which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for references but these were not always checked and verified, when necessary. The provider undertook to ensure references were verified retrospectively, if appropriate.

Application forms for most staff members were fully completed and any gaps in work histories were explained. However, some work histories contained omissions due, in part, to the application form format. The provider undertook to review and complete all the application forms and developed a new comprehensive application form, on the day of the inspection visit. The service had recently recruited a large number of care staff from services that had been transferred to them and from the community. The number of staff now being recruited had stabilised and the records for the newest applicants were complete.

Good

Is the service effective?

Our findings

People's identified needs were met in the way they preferred. Care plans were person centred documents which detailed all areas of care, the outcomes that people wanted and how staff should complete their visits. Plans included areas such as health care, mobility details and emotional needs. Care staff were advised of what action to take if people's needs changed or their health and well-being caused them any concerns. Staff told us they called emergency services, the office or families (as agreed by individuals) depending on the circumstances of the identified health or well-being issues.

People were helped to obtain the required amount of nutrition to keep them healthy, as identified on the individual plans of care. Care plans included a nutritional assessment and staff helped people with food preparation and eating and drinking, according to the needs of the individual. Nutritional records were included with daily notes, as necessary. All care staff had received food hygiene and infection control training, both were refreshed every two years.

Care staff recognised how important it was for people to make their own choices and decisions and to retain control over their life. Care plans included people's agreements to areas such as outcomes expected, how they wanted their support managed and actions to reduce risks. Consent to care and any necessary information with regard to people's capacity and ability to make decisions was clearly noted. If the individual did not sign the consent documents staff described who had signed it and why and the person's involvement in the decision making process.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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. Applications to deprive people of their liberty must be made to the Court of Protection. Currently, no applications had been made as no-one was being deprived of their liberty. Staff had received MCA training which was refreshed every year and staff's understanding of the act was tested, regularly. Staff were able to describe the impact of the MCA on their daily work.

People told us that staff arrived on time and stayed the correct amount of time. They said that they were usually advised if staff were delayed. One person told us that the office staff did not let them know that care staff were going to be late. However, they also commented that care staff were very rarely late. Staff were given time to travel between calls to make sure they could reach people within the correct time frame. The service was piloting a shift based system of staffing in one area. This created flexibility of work patterns and meant that staff would be paid for the whole time they were working rather than on an hourly basis. Staff told us they had time to give safe and effective care. One staff member said, "it can be a bit tight but we always stay as long as we need to." Staff told us that on-call or office staff supported them in an emergency

and covered calls if they stayed with people longer than their allocated time.

People were supported by care staff who were trained to enable them to meet people diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. The service kept a training matrix which showed the training staff had received and when their training needed to be up-dated. Of the 65 direct care staff, 19 had obtained a relevant qualification in social care and six were in progress. Another 14 staff were on the waiting list for vocational training and were to be registered on the course, at the rate of three per month. Staff told us they could request any training they felt they needed to do their job more effectively and meet the needs of individuals. Specialised training provided included dementia awareness,which 55 staff had completed.

Robust induction training ensured that staff did not work with people until they and the management team were confident they were able to do so safely and effectively. All care staff had completed the care certificate (a set of 15 standards that new health and social care workers need to complete during their induction period). This served to refresh more experienced staff's knowledge and remind them of 'good care' and adequately prepared new staff for their role.

People were given care by staff who felt they were well supported by the management team and senior staff. Senior staff completed one to one supervisions with staff at, approximately, two monthly intervals and more often if necessary. Supervision notes were kept in staff files and included competency assessments and discussions about staff performance. Staff were 'spot checked' (daily work observations) once a month during their first three months of work and as a one to one supervision at intervals thereafter. Staff told us they were supervised regularly and received an annual appraisal. They said they felt they were, "Always well supported and advice is always available, if we need it." One staff member told us they were given a choice of supervisors as it was understood some staff worked better together than others.

Good

Is the service caring?

Our findings

People were supported by kind, committed and caring staff. People told us they were treated with respect and dignity at all times. A relative described the care staff as, "Excellent." A compliment received by the service said, "Thank you for all the care and kindness" and another said, "Thank carers for going over the top in helping [name] last night."

People's individual, diverse needs were respected by care staff who understood equality and diversity. Staff had received equality and diversity training which was to be up-dated every three years. Care plans included areas such as lifestyle choices and culture. They noted any support people might need to meet their diverse needs, as appropriate to the package of care. Staff members were able to give us examples of how they respected people's diversity. Examples included offering same gender care and learning about and understanding conditions such as dementia.

People received care from care staff who were able to meet their needs. Care staff were 'matched' to people, as far as possible. Staff were specifically recruited, if possible, to meet any special needs people may have. Staff gave examples of staff with particular knowledge of a language being sought and a staff member who was learning a language from a person they care for. The provider told us their contract with the local authority stated that they had to offer a package of care within 48 hours. However, they would not do so unless they were able to identify staff with suitable skills and characteristics to meet the needs of individuals.

People were provided with unhurried care because staff were given enough time to meet people's needs. Care staff told us that new half hour calls could be, "A bit tight but once we get to know people we generally have adequate time." The service did not, generally, offer visits of under half an hour because the provider believed that it was difficult to offer any type of effective care in fifteen minutes. However, the service had inherited some short calls but do not accept them now and will not accept them in the future.

People's privacy and dignity was respected and promoted by staff who were able to describe how they managed this. Care staff gave numerous examples, such as encouraging relatives to remain outside of bathrooms. Ensuring people were not exposed during personal care and talking to people all the time to put them at their ease. One staff member said, "You treat people as you'd want yourself or your loved one to be treated."

People were provided with continuity of care, as far as possible. Continuity was a problem when the service first registered but people told us this is now much better. One person said, "At times I have had lots of different carers but after speaking with ACASA it is more settled now…". Care staff were, generally, allocated people who they visited regularly. One staff member told us this, "really helped me to make relationships with people." People told us they were happy with their care staff, both regular and those who came more occasionally. They confirmed that their care was provided by the same care staff, or staff they knew, whenever possible.

People were given a welcome letter which contained information about the service, what it offered and people's rights. They were given information about any relevant areas such as complaints and safeguarding processes and procedures. Up-to-date care plans were available in people's homes.

Good

Is the service responsive?

Our findings

One person told us, "The system seems to be responsive and helpful." Another person said, "The carers have always listened and responded to our requests." Staff told us they always listen to what people want on the day and respond to their requests, if possible.

People's needs were assessed by a senior staff member prior to them receiving a service. Assessments were completed with individuals and other relevant people, if appropriate. The assessment was used to develop exceptionally good quality and comprehensive person centred care plans. People told us they had been involved in planning their care and in the review process. The individualised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Care plans included information such as, "all about me", "what is important to me" and, "how to manage my support."

People benefitted from receiving up-to-date care because care plans were reviewed a minimum of every three months and/or whenever necessary, to ensure appropriate care was being provided. Staff were informed of and responded quickly to people's changing needs. Any changes to people's plans or immediate changes in their needs were communicated to staff by a senior member of staff. Texts, e-mails and telephone calls were used for information sharing. Staff told us they called their supervisor or the office if there were any issues or concerns with regard to individuals. They said senior staff respond promptly to any queries or issues that arise.

People's immediate, non-planned needs were responded to, as necessary, Care staff were able to respond to unusual situations such as, if people were ill or needed additional time. Staff told us that the office supported them to ensure their availability to stay with people if they were distressed or ill or needed extra time for other reasons. A compliment received said, "I am writing to express my thanks and appreciation of the support you gave me to cover the emergency with my husband." Care staff told us they were reminded to respond appropriately to infrequent occurrences. They gave examples such as extreme heat and described how they were texted to ensure they and people drank extra water.

People could feedback their views on the service they received in a number of ways. Examples included surveys which had been sent to people twice since registration and three monthly reviews when people were asked if they were satisfied with the service. When senior staff completed performance spot checks they included the views of the people who were cared for in their evaluation.

The service had a robust complaints procedure which people told us they knew how to use. We noted that there had been a number of complaints at the start of the service. These were generally about missed calls and the lack of continuity of staff. The service responded appropriately to complaints received. Senior staff fully investigated all complaints and recorded the actions taken in response. One person said, "…yes there have been problems but once I speak with them it gets sorted." The number of complaints had reduced and were continuing to do so as the service became more established. The number of compliments was rising as the complaints reduced. Recent compliments received included, "I would recommend ACASA without

hesitation, probably more so because of the difficult times as those difficulties were overcome so efficiently."

Good

Is the service well-led?

Our findings

The service registered with the Care Quality Commission (CQC) in September 2015 and the registered manager had been in post since that date. She was supported by a team of senior staff as she managed an additional service and supported training, throughout the organisation. The management and supervisory arrangements of the service were being reviewed by the provider. Some staff were not totally sure of the registered manager's role but were very clear about where they would seek advice or help. Staff felt well supported and described the management team and provider as open, approachable and supportive.

People benefitted by receiving care from staff who were positive and committed to their work, in part, because they were treated well by the organisation. One staff member told us, "The company is very good to work for, they support us personally as well as professionally." (An example of personal support was given). Another said, "It is a good company to work for. They are amazing, flexible to work around families and very caring." Other staff confirmed these views and told us that even though they're flexible for staff they, "always put the client first." One staff member said, "Staff have to give good quality care. The managers are very fair but have very high standards we have to meet."

People were regularly asked their opinions of the care they received. For example, at the three monthly service reviews, 'spot checks' on staff performance and through regular surveys. Staff meetings were held approximately every four weeks. They were used for information sharing and based around different issues and topics such as fluids in extreme weather and confidentiality. Staff told us they were happy to approach any of the senior staff team with any ideas, concerns or other issues. They said they felt valued and, "part of the family." Staff commented that they felt part of the team and had been involved in improving and stabilising the new service. Information such as new policies and procedures were E-mailed to staff, included in the three monthly newsletters, discussed at staff meetings and in one to one supervisions.

People were provided with good quality care which was being closely monitored and improved. The service was relatively new and staff told us, "the quality of care is really high and has improved enormously" and "It is going well, it's been a long haul and very hard work but things have really improved over the past three months." Another said, "Things have improved dramatically over the past few months." The service had surveyed people who use the service twice since it became operational. There was a very noticeable difference between the first survey completed at the end of 2015 and the second one completed in June 2016. The survey in 2015 showed that staff and people were negative about the service. Lack of satisfaction focused around areas such as communication, times of calls, changes of carers and the way ACASA dealt with concerns. However, the survey in 2016 was much more positive with people making comments such as, "…they are a lot better than my last provider" and, "knowing someone's coming makes me feel really safe."

The service had developed a quality assurance process. This included an annual internal audit which measured the service against the CQC domains. Although the service had not been operational for a year they had audited the service. An action plan had been produced which noted the improvement actions that needed to be taken, by whom and when. Identified improvements included, investigating how to ensure Mental Capacity Act 2005 (MCA) information was made available to people and their relatives and updating

the business continuity plan. Actions had different time scales and those which were noted to be completed before the end of July had been implemented. Various audits were completed. These included monthly medication administration sheets, general medication and staff's understanding of the MCA and other relevant legislation.

People's care was supported by very good quality individual care plans which were up-dated regularly. People's current needs, preferences and any risks to them or others were reflected accurately in their records. Records relating to other aspects of the running of the service, such as staffing records were, generally, well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality Commission. Records kept supported the safety and quality of care provided to people who use the service.