

ACAH Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

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

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 23 people were being supported with personal care.

People's experience of using this service

The provider had taken steps to improve the service and ensured people received care from staff who were supported through supervisions and team meetings. The provider had implemented systems to ensure they maintained effective oversight of the quality and safety of the service.

Staff training requirements had been met. All staff had received the provider's mandatory training and there was improved oversight; the provider checked what training had been completed or was required.

People and their relatives had been given an opportunity to feedback about the quality assurance of the service. Feedback we viewed was positive and complimentary of the service provided.

The provider had developed a more detailed auditing system which ensured better oversight of the management of the service. The provider was continuing to make improvements to quality assurance processes and how the feedback received could be collated and presented to people using the service and their relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 11 March 2020) when there was a breach of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 April 2020.

Why we inspected

This was a targeted inspection based on the warning notice we served on the provider following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice.

We undertook this targeted inspection to check they now met legal requirements. This report only covers our findings in relation to the governance of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our well-led findings below.

Inspected but not rated

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The provider was also the manager registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the provider. We reviewed a range of records. This included managerial audits, care audits, training and quality assurance feedback.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice, enough timely action had been taken and the provider was no longer in breach of regulation 17 in this key question.

At our last inspection the provider had failed to demonstrate good governance. Action had been taken to make improvements.

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

- The provider had improved auditing processes to include increased managerial checks and had introduced monthly audits on care documents, supervisions, training and information relayed to staff.
- All staff had completed the provider's mandatory training. The provider developed a tracker, which evidenced when staff had received supervision, appraisal and attended staff meeting; either face to face or by video call.
- The 'on site review of the care-package' document had been reviewed on a monthly basis and information analysed and records updated. For example, a care plan had been updated when new moving and handling equipment had been put in place.
- The provider ensured people and their relatives had an opportunity to feedback about the quality of the service. Information from this was in the process of being collated to drive improvements.
- The provider made changes to the policies relating to the frequency of team meetings. This change ensured that staff were able to attend, and meetings were more consistent and purposeful.
- We directed the provider to sources of good practice to continue to improve their managerial oversight.