Assured Care (North West) Limited

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Inspection report

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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 carried out this inspection of Assured Care on 23 & 25 May 2016. This was an announced inspection. We gave the provider 48 hours' notice that we would be coming as the service provided domiciliary care, and we wanted to be sure someone would be available.

Assured Care Northwest Ltd is a domiciliary care agency in Southport, which provides care and support to people in their own homes. At the time of our inspection, there were 75 people receiving care in their homes.

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.

We found a breach in respect of records regarding how mental capacity assessments were completed which suggested management and staff were unclear about how to apply the principles of the Mental Capacity Act (2005).

People told us they felt safe with Assured Care. Staff we spoke to had a good knowledge of safeguarding and how to recognise signs of abuse. The provider had procedures in place which would help keep people who used the service safe from harm. We could see these procedures were discussed as part of the induction process.

People who use the service felt staff had the right skills and knowledge to support them do their job.

The provider had risk assessments and care plans in place for people. Those we looked at contained all relevant information about the needs of the person.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

People told us there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process.
People confirmed there were enough staff available to meet their call times and durations.

People's privacy and dignity was upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

Staff were trained and skilled in all mandatory subjects. Staff we spoke with were able to explain their development plans to us in detail and told us they enjoyed the training they received.

Staff said they benefited from regular one to one supervision and appraisal from their manager. There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits were carried out and feedback was collected regularly from staff, relatives and people using the service. These were analysed and responded too appropriately. We could see the registered manager was using this feedback to continuously improve the service offered. Other quality assurance audits we saw were highly detailed and the registered manager responded appropriately to shortfalls identified within the service provision. Working action plans and target dates for completion were seen.

You can see what action we told the provider to take at the back 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?

Good

The service was safe.

Staff were recruited appropriately and the relevant checks were undertaken before they started work.

There was enough staff to cover people's allotted calls and staff were consistent.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

There were safeguards in place to support people with their medication.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not always not being adhered to when seeking consent from people. Records did not always evidence best interests were being followed for people when it came to decision making.

Staff were well supported through regular supervision and annual appraisal. Staff were trained and undertook shadowing as part of their induction.

People were supported to eat and drink and staff ensured people received support with this if they required it.

Is the service caring?

Good

The service was caring.

Everyone we spoke with told us that the staff were helpful and

caring towards them.

Staff were able to give us examples of how to protect people's dignity when supporting them in their own homes.

People's personal records were stored securely in the office

Is the service responsive?

Good

The service was responsive.

Information was respectful and incorporated people's wishes with regards to how they wanted to be supported.

Staff were able to demonstrate a good knowledge of the people they supported, such as their likes and dislikes.

There was a complaints procedure in place. People told us they knew how to complain, but any issue they had ever raised had been resolved straight away by the registered manager.

Is the service well-led?

Good

The service was well-led.

The registered manager clearly led by example and staff and people who used the service spoke highly of the registered manager.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

There were processes in place for routinely monitoring the quality of the service and these were effective.

Assured Care (North West) 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 23 & 25 May and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that staff would be available to speak with us, and the registered manager or someone in charge would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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. We also looked at the statutory notifications and other intelligence which the Care Quality Commission had received about the home.

During the inspection, we spent time with three staff who worked at the service, including the registered manager. We also spoke to three people who use the service by telephone. We attempted to contact more people, however they did not want to speak with us. Some people were in receipt of temporary reablement packages of care from Assured Care.

We looked at the care records for five people using the service, five staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People told us the service they received was safe and reliable. One person said, "Its super." They also said, "I always know who to expect, and they never rush me." Another person said "I never worry about being safe, I feel really lucky to have them [staff] looking after me." Another person commented, "They really take care of me."

People explained how the staff introduced themselves before entering their homes and show their ID badges, issued by the agency, to confirm who they are. People also confirmed that they were notified by the office if there were any changes to the regular staff team. This is important because people need to know who to expect. One person told us "They call and let me know of any changes, this makes me feel safe."

There were procedures in place for the safe administration of medication. Medication was stored in people's own homes, however the registered manager had completed thorough risk assessments of everyone's medications, including what it was used for and when the person needed to take the medication. Medication Administration Records [MAR] charts were used by the agency if people required the staff to support them with their medications. We looked at these and could see they had been filled out appropriately, and the correct codes had been used by the staff to record if someone had refused their medication.

Medication was audited frequently as part of the registered manager's quality assurance processes. We asked about the ordering and delivering of medications. As most of the people who use the agency either have family living with them who do this, or are able to do this themselves, we did not see many examples of this taking place. However, the registered manager explained the process for ordering medication and, if required, the staff were able to do this on behalf of the people who used the service. We checked the agency's statement of purpose and it confirmed that staff were able to offer this type of support. A Statement of Purpose is a document, which includes a standard required set of information about a service. This includes what services the agency can offer people. We checked this information as part of our inspection to ensure the service was delivering care and support which they were registered for.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.
The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all staff employed to care and support people within health and social care settings. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the registered manager to assess their suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended for an interview. They could not start work until they had received clearance

from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff.
We saw an example of rotas. We asked the registered manager how they ensured staff had enough time to get from one person to the next. The registered manager explained that there was always fifteen minutes built in either side of the call time to ensure staff had enough time to travel to the next person. We saw from looking at rotas that calls were within close proximity to each other and staff had time to complete all calls.

We asked about ECM [electronic call monitoring systems].ECM is a cost effective way to monitor staff appointment attendance. Using the people's home phone, the care staff dial a Freephone number where they are greeted with a message and prompted to enter their PIN code. This then updates the electronic systems in the office to say that the carer has arrived for their call. This can help mitigate the risk of missed calls not being picked up on.

Due to size and nature of the calls, the registered manager explained to us that there was no ECM system in place. However, all of the people who used the agency either could call themselves or had family members to do this on their behalf. We saw that no one had ever had their call missed.

Staff we spoke with were clearly able to describe what course of action they would take if they felt someone was being abused. One member of staff said, "I would report it straight away." Staff ID badges had the number for the Local Authorities safeguarding team on the back of them. There was a safeguarding policy, which was discussed with staff during their induction process.

We looked at the risk assessments in people's care files. We saw that risk assessments were in place and contained factual and accurate information. Risk assessments covered moving and handling, use of equipment, such as hoists, slings, and medication.

Some people had temporary risk assessments in place. This was because some of the people the agency supported had been commissioned temporary care packages from the local authority as part of a reablement process following a hospital discharge. Reablement is when an agency provides personal care and help with daily living activities and other practical tasks, usually for up to six weeks, to encourage people to develop the confidence and skills to carry out these activities themselves and continue to live at home. We saw that some people chose to remain with the agency after the six week programme and continued to fund this themselves.

As staff were expected to carry out their duties in people's own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes that the staff visited, including any parking restrictions, when staff would have to walk a far distance, and any hazards in the home, such as carpets or pets. The registered manager told us that if the environment was too cluttered or presented to high of a risk to the staff, they would respectfully ask the person for some reasonable adjustments to be made.

Requires Improvement

Is the service effective?

Our findings

We looked to see if the agency was working within the legal framework of the 2005 Mental Capacity Act (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.

Mental capacity assessments were not in accordance with the MCA. For example, capacity assessments had been undertaken generically – for no specifically identified decision -. Mental capacity assessments are undertaken to determine whether a person has capacity to make a particular 'key' decision.

We could not find any examples that best interests' processes had been followed for people who lacked capacity to make decisions about their care and treatment. For example, one person's care plan stated that they are not really 'happy' about having staff in their home, even though they need them. When we enquired about this, the registered manager told us that sometimes this person could become confused and did not always understand that the staff were there to keep them safe.

Staff were able to tell us about the MCA, however were unclear on some of the principles of the Act.

This is a breach of Regulation 11 Health and Social Care Act 2008 (RA) Regulations 2014. The provider was not always following the principles of The Mental Capacity Act 2005.

We checked to see if the service had gained individual consent from people who were able to do this. We saw from looking at people's care plans that consent had been appropriately provided for staff to provide care and gain access to people's homes.

Training was provided for staff using a mixture of social care TV and classroom based tuition. We saw from looking at the training matrix that all staff had been trained, and refresher training had been scheduled for staff who required it. We checked a sample of staff certificates against the training matrix and saw that all dates matched. Staff were encouraged to complete work based qualifications such as QCF level 2 and 3 Diploma in Health and Social Care and there was an external provider who completed these with staff. We asked the staff if they felt the training helped them within their roles. One staff member said, "I think so yes, it's quite good."

We asked about the induction of staff. We saw that staff were inducted verbally and given a full overview of the agency. In addition to this, a work-based introduction was compulsory in line with the 'common induction standards framework'. This has now been changed to 'The Care Certificate'. The Care Certificate is an identified set of standards which health and social care workers must adhere to in relation to their job roles. We highlighted this to provider at the time and they agreed to update their induction to incorporate this change. Staff told us they completed a week of shadowing with a more experienced member of staff who introduced them to the people they would be caring for. When we spoke to people who used the

service they confirmed this always happened.

There was a supervision schedule in place. Supervisions were taking place every eight weeks, and appraisals were occurring at least annually. Staff confirmed they were invited into the office for supervisions and they were always conducted by a senior line manager.

People told us that staff took their time during their call to ensure that they had sufficient to eat and drink. One person told us "They never leave without making sure I have what I need and there is cuppa for me." Another person said, "They really do go above and beyond."

We asked the registered manager how they ensured people had sufficient to eat and drink, as support is provided in people's own homes. The manager showed us paperwork that the staff were required to complete every time they prepared someone a meal or gave them a drink. This showed that the agency were communicating what food was prepared for people to minimise the risk of a repetitive diet, or malnourishment.

The registered manager told us that most people chose what they would like to eat, and were able to tell the staff. We were told some people could be forgetful, however, so documentation helped as staff were able to remind people what they had to eat on any particular day. People we spoke to confirmed this helped them make an informed choice about what food to eat.

We saw that the agency had made an appropriate referral to the Speech and Language Therapist (SALT) on behalf of a person who was having difficulty swallowing. The registered manager documented the outcome of a SALT assessment and updated the person's support plan as required. We saw later on that this recommendation had been discontinued, and this had also been documented. People told us that the staff phoned their GP on their behalf if they were feeling unwell. This was documented in people's daily notes.

Good

Is the service caring?

Our findings

People told us that the staff were caring. Comments included, "Amazing" "Super" and "Absolutely marvellous." One person said, "Hands down, the best care I have ever had." Another person told us "They are lovely people, and I really enjoy their company, sometimes I would like to pay for more time so I can be with them for longer." Other comments included "I feel like I am very lucky to have them [staff]" and "I always know it's all in hand, it's excellent."

The registered manager showed us where people's records and personal information were stored in the office. This was stored appropriately, in a way which ensured people's confidentiality was protected. We saw that staff were required as part of their induction to sign a confidentiality agreement to prevent them disclosing any information about people. The registered manager said that they always recommended, during the initial assessment process, finding somewhere safe in the person's home to store their folder. However, this could only be a recommendation as it is the person's home. We saw this had been discussed and captured as part of the initial assessment process.

From the records we looked at, we could see that staff routinely communicated with people living at the home or their families in relation to care needs. People or a family representative were involved in the initial assessment of need, the development of care plans and the regular care reviews.

We asked staff to give us examples of how they protected people's dignity and privacy. One staff member said, "We always knock and ask permission to enter their home.'' Other staff member told us "We close doors and blinds.''

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

Good

Is the service responsive?

Our findings

People we spoke with told us that the staff gave them a person centred service. This is when care is delivered centred around the needs of the person, and not the service. People gave us some examples of how the agency and the staff did this. One person said, "They get to know me. They know my little ways and how I like things" and "I can change times and duration anytime I want, I just call up and speak to someone in the office."

We found that care plans and records were individualised to meet people's preferences and reflected their identified needs from assessment and during the delivery of their care, including when any changes had taken place. This was particularly so when risk assessments were completed and new risks were identified. We saw people's mobility was re-assessed at regular intervals during their care package to incorporate any changes which might affect care delivery; for example, when a person could no longer stand unaided, and required the support of two carers instead of one.

Staff were knowledgeable about the people they supported, and how they wished for their support to be delivered. People confirmed that their care was discussed with them, and they were involved in any reviews or care plan changes.

People told us staff listened to any concerns they raised. There had been no complaints raised at the agency in the last twelve months People were encouraged to share their experience and complain if they felt the needed to. The complaints procedure was displayed in the office, and each person received a copy when their care commenced. We saw this policy encompassed the procedure of the local authority as well as the provider's own policy and procedures.

The registered manager regularly went out and met with people in their homes to review their care plans and discuss any issues they may have with their care. People could choose whether they wanted a male or female carer to support them.

We saw that people's changing needs were responded to. For example, one of the care packages provided by Assured Care had just changed from a few hours per day to twenty four hourly due to changes in the person's individual needs.

People confirmed that the communication from the office was good, and they were always informed if there was any change to their call times, or staff team. One person said, "Communication is excellent, I feel very valued."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the owner of the company.

All of the staff we spoke with told us the management team were supportive. One person said "[registered manager] is absolutely lovely." Staff told us the managers were approachable and nothing was too much trouble. All of the staff we spoke with told us they attend regular training and had regular supervisions. The training matrix and supervision table confirmed this. Staff told us they would feel confident to raise any concerns with the manager.

The registered manager and the staff were aware of every person's individual support plan and specific strategies to follow. They were also aware of each person's background.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in April 2016.

We enquired about quality assurance systems in place to monitor performance and drive continuous improvements. The registered manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that there were no incidents recorded.

The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, moving and handling, medication, and risk assessments. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required.

We saw results from a recent feedback survey undertaken by the home and the registered manager was awaiting the rest of the responses and then these results would be analysed and the data used to make any changes needed in the service. Most of the responses had already been returned and were mostly positive.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow of they needed to.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not always following the principles of The Mental Capacity Act 2005.