Acquire Care Ltd

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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

Overall summary

We carried out an announced inspection on 5 March 2015.

Acquire Care provides personal care services to people in their own homes. At the time of our visit the service was supporting 76 people. At our last inspection on 30 July 2013 the service was meeting the regulations inspected.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Staff were knowledgeable about the needs of the people they supported and provided personalised care. Care plans detailed the support people needed. People felt involved in making decisions about their care and their decisions were respected. People told us they were supported by caring staff who treated them with dignity and respect.

Summary of findings

People felt confident to make a complaint, but this was rare as people told us they were happy with the service. Complaints received were dealt with and resolved to the person's satisfaction.

People were referred to health professionals appropriately. The management team liaised with health professionals to achieve the best outcomes for people. Health and social care professionals told us the management team were responsive when contacted.

The registered manager promoted a caring culture. Staff felt valued and listened to. There was a monthly award scheme to recognise staff achievements. Staff were encouraged and supported to develop. Staff told us the management team were approachable and responsive.

The registered manager had implemented changes to the staffing structure to enable them to spend more time developing improvements to the service. A new computer system was being implemented to improve the quality assurance systems.

Records relating to people's capacity did not follow the principles of the Mental Capacity Act. We could not be sure that people's capacity had been fully considered.

We have made a recommendation about the Mental Capacity Act.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by staff who understood their responsibilities to report concerns.

People's needs were assessed and care plans contained risk assessments to minimise risk of harm.

The provider had safe recruitment practices in place to ensure staff employed were suitable to work with vulnerable people.

Good

Is the service effective?
The service was not always effective.

Records did not include assessments where people lacked capacity to consent to care and treatment.

People were supported by staff who had the skills and knowledge to support them.

People were referred to health professionals when needed.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about the caring nature of the staff.

People and their relatives felt involved in their care. Their opinions were sought and they were listened to.

People were treated with dignity and respect

Good

Is the service responsive?
The service was responsive.

People's individual needs were assessed and care plans reflected how needs would be met.

Care plans identified what people could do for themselves and their independence was promoted.

People knew how to make a complaint and felt confident that any issues would be dealt with.

Good

Is the service well-led?
The service was well led.

The management team were approachable and shared the vision of providing high quality care.

Good

Summary of findings

Staff felt supported and involved in decisions about the service.

The registered manager had implemented changes to improve the quality monitoring of the service.

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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 checked 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 5 March 2015. The inspection was carried out by one inspector. Notice of the inspection was given to make sure the registered manager would be there. One inspector carried out the inspection. At the time of our inspection the provider was supporting 76 people living in the community.

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.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We received feedback from two health and social care professionals

During our inspection we looked at six people's care records, six staff files and a range of records showing how the service was managed. We spoke to the registered manager, care manager, the assessment officer, the in-house trainer and three care staff.

Following the inspection we spoke with six people who used the service and five relatives.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included: “I feel safe, certainly”, and “Yes, definitely safe”. People felt confident to raise concerns and had the contact details to enable them to do so.

Staff we spoke with had received safeguarding training. Staff understood the different types of abuse and their responsibilities to report concerns. Staff were aware of the local authority safeguarding team and felt confident to contact them if they felt the registered manager had not taken appropriate action.

There was a safeguarding policy and procedure in place. The registered manager had reported safeguarding concerns appropriately to the local authority safeguarding team and CQC.

Before people accessed the service, an assessment was carried out. This included assessing any risks relating to people’s needs. For example one person’s risk assessment related to mobility needs. The risk assessment identified the need to use a standing hoist when supporting the person to move. The care plan detailed how the person should be supported when using the hoist. Staff we spoke with were able to tell us how they supported this person in line with the care plan.

People were supported to take risks in their day to day living. One person’s risk assessment identified the risks associated with the person’s decisions relating to some elements of their daily living. The care plan detailed the support that should be offered and the actions staff should take if support was declined.

There were enough staff to meet people’s needs. Most people told us staff arrived on time and supported them with their assessed needs. One person told us “Yes they are punctual and they have called in the past if they are going to be late”. The registered manager told us recruitment was on-going and new care packages were only accepted when they could ensure they had enough staff to meet people’s needs.

People received care from competent skilled staff. One person told us, “Staff are very knowledgeable, even new staff”. Staff completed a five day induction training programme and shadowed experienced staff before working alone.

The registered manager operated safe recruitment practices. Recruitment records showed that all relevant checks were carried out before staff began work at the home. This included a disclosure and barring service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Where people required support with the administration of medicines this was detailed in care plans. Most medicines were administered from a monitored dosage system and staff signed to confirm the number of tablets administered. Where medicines could not be administered from a monitored dosage system, systems were in place to ensure staff followed accurate instructions in line with Oxfordshire Joint Shared Care Protocols. These protocols had been agreed between stakeholders in Oxfordshire to ensure a consistent, safe approach to the administration of medicines in the community. Staff were trained in the administration of medicines.

Requires Improvement

Is the service effective?

Our findings

Most people and their relatives were complimentary about the staff and the care they received. Comments included; "The service is excellent", and "Staff are very good and very knowledgeable". Care staff had attended training which included moving and handling, food hygiene and safeguarding. Some staff had completed National Vocational Qualifications in health and social care. One care staff member was waiting to enrol on their level two qualification. Senior staff had completed a diploma in dementia care.

Staff felt well supported. Staff told us the management team were approachable and could be contacted at any time for advice and guidance. Care staff had regular 'spot checks'. This meant care staff were regularly monitored by senior staff to ensure they were had the skills and knowledge to meet people's needs.

The management team had understanding of the Mental Capacity Act 2005 (MCA). The MCA is a legal framework supporting decision making on behalf of people who cannot make some decisions for themselves. Care staff had attended training about the Mental Capacity Act but were not able to tell us about the Mental Capacity Act. However, care staff were able to explain how they assessed whether people were able to make decisions and emphasised the importance of protecting people's rights. Staff supported people to make decisions. One staff member explained how they supported one person who was not always able to make decisions. This person's care plan detailed the support needed and how the person should be supported when they lacked capacity.

Where decisions were made on a person's behalf these were done through a best interests process. For example one person had bed rails in place. The care plan showed consultation with relatives and health professionals to ensure the decision was in the person's best interest.

Records relating to capacity assessments did not follow the principles of the Mental Capacity Act 2005. Capacity assessments recorded whether a person's capacity was 'good', 'fair' or 'poor'. There was no record of a capacity assessment being completed or an understanding of capacity being considered for each decision.

Where people were assessed as requiring support with meals, people's nutritional needs were included in their care plans. One person we spoke with preferred to prepare their own meals. The person told us care staff supported them to do this. One person's care plan identified the person needed support to make a shopping list. Records showed the person was involved in deciding what they wanted to eat and a shopping list prepared based on these decisions.

Health and social care professionals told us senior staff made appropriate referrals for people. People told us staff would contact health professionals for them if asked. One relative said, "They (care staff) will always tell me if there are any issues". Records showed senior staff had contacted people's General Practitioner (GP) when there were any health concerns.

We recommend that the provider considers their responsibilities relating to the Mental Capacity Act and codes of practice.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. Comments included; “Staff are always respectful and polite”, “Carers are really nice, very caring” and “Life is easier as a result of the care”. Relatives were positive about the way their relatives were treated. One relative told us, “They are respectful and treat them [relative] with dignity. They [staff] always make sure the blinds are drawn when providing personal care”.

Health and social care professionals were complimentary about the staff. One health professional told us staff were sensitive and had a positive attitude to their role. Another health professional told us care staff were caring and treated people as individuals, providing person-centred care.

People felt involved in their care planning. Comments included, "Oh yes. Fully involved and they [care workers] explain what's going on", and "I was asked what I wanted". Relatives were involved in care planning. One relative told us, "We are involved as an entire family with my relatives developing care".

Most people told us they had consistent care staff. One person said, "I have several girls who call and they are brilliant". One relative told us care workers knew their relative well and could anticipate their needs.

Staff we spoke with had a caring attitude. One member of care staff said, "I love what I do and we are like one big family". Staff recognised the importance of building trusting relationships with people they support.

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs. People told us if their needs changed the assessment officer or care manager carried out a review. One person told us, "They will go the extra mile to help". One relative told us, "They know us very well and what's important to our family". This relative also told us how the person's cultural needs were respected and met.

Health and social care professionals were complimentary about the responsiveness of the provider. They told us about a referral for one person where the management team had been "absolutely brilliant". The management team had arranged joint visits with health professional's to the person's home and had communicated with everyone involved to ensure the person's needs were met.

Staff were knowledgeable about people's needs. One person's care plan detailed how the person liked to be supported to wake up. Staff were able to tell us about this person's needs.

People's care plans included referral paperwork from the local authority, this was used along with the providers own assessment to develop care plans to support people's individual needs. Care plans were personalised and contained information about people's preferred routines and personal preferences.

Care plans included information that promoted people's independence. One person's care plan contained detailed information relating to what the person was able to do themselves. Staff we spoke with understood the importance of people being able to maintain control over their lives.

There was a complaints policy in place. People were given information about how to make a complaint when they were introduced to the service. People we spoke with felt confident to raise any concerns with the management team. Comments included, "I've never had to complain but I could". "I'm very happy, but I have the details for a complaint if I needed it".

People who had made a complaint felt it had been dealt with in a timely manner. One person told us, "When we have complained in the past they have dealt with things effectively".

The registered manager kept a record of all complaints and actions taken as a result. All missed visits were treated as a complaint and actions taken to minimise the risk of further missed calls.

The registered manager sent out an annual questionnaire to gather people's feedback about the service. The results of the 2014 survey were positive. One person had raised a concern regarding a specific task that was not carried out in the way they wished. This had been addressed through staff training.

Good

Is the service well-led?

Our findings

People were positive about the management team. Comments included, "Communication is very good. They talk to us openly and seem professional". "I often talk to the staff in the office, they are very good". "They are superb. Will always go the extra mile".

Staff were complimentary about the organisation and felt supported by the registered manager and management team. One care worker told us, "Acquire care is a good company. They are very supportive and can be contacted at any time. The registered manager is very approachable". Staff told us the registered manager was responsive to any requests from staff. One care worker said the registered manager would "invest in things to improve the business and will invest in staff".

The registered manager had introduced an 'employee of the month' award. The award was based on staff performance. The display on the staff board showed how performance had improved since the award had been introduced. There were annual care awards for staff to reward them for their work. Staff were positive about the awards.

A monthly newsletter was sent out to all staff. This included information about the staff team and developments in the organisation. Each newsletter contained one of the organisation's values and encouraged staff to consider the value in relation to their work. Staff we spoke with were aware of the values and were committed to working to them.

Regular spot checks on care staff were carried out to monitor their performance. The outcome of the spot checks were discussed with care staff and any development needs identified. Staff files contained copies of the spot checks.

The registered manager and management team had a clear vision for the service to provide good quality care and were committed to continual improvement. It was clear talking to staff that they were involved in developments and felt listened to.

The registered manager had implemented a new staffing structure. This included the introduction of an assessment officer, a training manager, a scheduling assistant and a person responsible for implementing a new computer system. The registered manager told us delegating these tasks to individuals enabled the registered manager to concentrate on improving the quality of the service. The restructure had also created three area manager posts to improve the monitoring of the quality of care. These were new posts and staff were currently completing training for the role.

There were quality assurance systems in place. For example there was a system to monitor the timeliness of visits. The system enabled the management team to be alerted if a visit had not been made within 15 minutes of the scheduled time. They were then able to take action to ensure a visit was made.

There were auditing systems in place. The registered manager had recognised that auditing systems in place required improvement because the computer system in use did not easily allow them to monitor trends and patterns. For example care plans were audited every three months, however, there was no system to identify what action had been taken as a result of the audit. At the time of our visit a new computer system was being implemented to improve the quality assurance process. This would enable closer monitoring of visits and provide accurate information relating to audits, staff supervision and training.

The registered manager kept their skills and knowledge up to date. The registered manager was aware of the introduction of the care certificate, (the care certificate sets standards of care expected to ensure care workers are caring, compassionate and provide quality care). The registered manager was working with the training manager to review the induction training programme.

The registered manager encouraged involvement in innovative development opportunities. For example the training manager was communicating with the local authority and tissue viability service to enable the service to participate in a pilot project around improving pressure care.