

Axis Healthcare Ltd

# Axis Healthcare Ltd

## Inspection report

Regus, Regus House  
Fairbourne Drive, Atterbury  
Milton Keynes  
MK10 9RG

Tel: 01908082267  
Website: [www.axishealthcare.co.uk](http://www.axishealthcare.co.uk)

Date of inspection visit:  
28 July 2022  
29 July 2022

Date of publication:  
15 August 2022

### 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

### About the service

Axis Healthcare Ltd is a domiciliary care agency and provides personal care to people living in their own homes. At the time of our inspection there were two people receiving personal care.

Not everyone who used the service received personal care. 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.

### People's experience of using this service and what we found

People felt they received a safe service. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed.

There were enough staff to meet the needs of people using the service and recruitment was ongoing, with all necessary recruitment checks carried out. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People's needs, and choices were fully assessed before they received a care package. People's care plans included information needed to support them safely and in accordance with their wishes and preferences. Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs.

People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were treated with kindness and compassion, their privacy was respected and their independence was promoted.

People knew how to make a complaint or raise a concern. Quality assurance systems identified any areas that needed further development. Staff told us they enjoyed working for the service and told us the culture was to ensure care was person centred.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection following registration.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Axis Healthcare Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 July and ended on 29 July 2022. We visited the office location on 28 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their first registration. This included any notifications (events which happened in the service that the provider is required to tell us about).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people and one relative about their experience of the care. We spoke with the registered manager who was also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We requested and received feedback from two staff via email.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential harm. People told us they felt safe whilst supported by staff. One person said, "I do feel safe. The staff are competent."
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been assessed before the service agreed to provide care and were regularly reviewed by the registered manager.
- People's risk assessments provided staff with instructions on how to work in a safe way to either reduce or eliminate risks to people's safety. For example, if a person was at risk of skin damage then a detailed risk management plan was put in place to reduce the likelihood of any pressure sores.
- Staff were able to tell us how they supported people safely and understood people's risks. One staff member commented, "We have risk assessments in place to keep people safe." We saw that risk assessments were reviewed regularly or when a person's needs changed.

Staffing and recruitment

- There were enough staff to meet people's needs and people received support from a regular staff team. One person told us, "I have the same carers. I like that."
- Rotas were planned so that staff always had enough time to deliver people's care and support without rushing. Staff confirmed this and one commented, "We can choose when we work and we are always given time to sit with people for a chat."
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of our inspection the provider had not taken on the responsibility of administering people's medicines. However, there were systems in place and staff had been trained in the safe administration of medicines if they needed to support people with their medication.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic. The registered manager told us, "Staff have had training about infection control and COVID. We have PPE and staff always test before they visit a person's home."
- Staff had enough supplies of Personal Protective Equipment (PPE) and people confirmed staff always wore their PPE. One person told us, "The carers always wear their PPE. They are very good about that."

#### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessment tool was comprehensive and looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- New staff went through an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects. One staff member commented, "The induction was very good and very helpful, so I knew what to do and what to expect."
- The system for staff supervision and support was consistently applied. Staff told us they were supported by the registered manager through their one to one meetings. One commented, "I do have supervision with [name of registered manager] so I can discuss any issues or what training I need."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans provided details of people's dietary needs and the support they needed to prepare and eat their meals safely. One relative told us, "The carers cut up [family members] food to make sure they don't choke."
- Staff were aware of people's individual food preferences had a good understanding of people's dietary needs. If required, the registered manager sought advice and guidance from dietitians and speech and language therapists to ensure the people's dietary needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed their health needs and any support they received from healthcare professionals.
- Where people had a specific health condition for example, diabetes, there was additional information provided for staff to ensure they could meet their needs and were aware about potential risks.
- Staff knew how to respond to people's healthcare needs and had access to information about who and when to contact if they had any concerns.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We checked whether the service was working within the principles of the MCA and were satisfied staff understood the importance of seeking consent before providing care or support. People's mental capacity had been considered in line with guidance for relevant decision-making processes. At the time of our inspection there was no one subject to a court of protection order.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff treated them well, were kind caring and respected their equality and diversity. One person said, "They [staff] respect my culture and my way of life."
- Records included information about people's preferred name and other important details about their spiritual and cultural beliefs.
- Staff demonstrated a good understanding of the people they supported, including their personal preferences, likes and dislikes. One person told us, "The carers know me now and how I like things to be done."

Supporting people to express their views and be involved in making decisions about their care

- People were involved and made decisions about their care. For example, people were offered choices about their day to day decisions such as what they wanted to wear and what they wanted to eat and drink. One person told us, "I am involved in my care 100%."
- The provider arranged regular telephone calls and reviews of their care to ensure they were happy with the quality of care they received. A relative said, "We do discuss [family members] care and if there needs to be any changes. We are all involved."
- People's communication needs were assessed before people started using the service. This detailed the person's preferred way of communication to ensure information was shared effectively.
- People could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do as much as they could for themselves. One person said, "I do what I can. The carers don't try to do it for me unless I ask them."
- Care plans described what people could do for themselves and what they needed support with. This information gave staff a clear picture of what support they needed to provide to maintain people's independence.
- Staff understood how to promote and respect people's privacy and dignity, and why this was important. One person told us, "They [staff] are respectful and do make sure my care is dignified. They knock on my door before entering, close curtains and cover me up during personal care."
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs assessments were completed in detail with them and their families and were used to develop a care plan. People's care plans were reviewed regularly or when their needs changed. One person said, "My needs change often and they are flexible."
- Staff provided continuity of care, they monitored and identified any changes to people's needs swiftly.
- People's lives, their interests and what was important to them had been discussed and recorded to help care staff understand the person they cared for.
- The registered manager ensured staff were well-supported to understand and meet people's needs through learning and development. For example, one person had specific mobility needs and staff had completed training in this so they could support the person safely.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used.
- All people using the service were able to communicate verbally with staff.
- The registered manager told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or in larger print.

Improving care quality in response to complaints or concerns: End of life care and support

- People said they would feel comfortable raising a complaint if they needed to. One person commented, "I can always call the manager. I would make a complaint and the manager would sort it out for me."
- A complaints policy was available for people to access which could be made available in a different format if people required it.
- The registered manager told us there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal; verbal and written would be dealt with appropriately.
- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from other health professionals and with specific training for staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was also the provider and was passionate about delivering good quality care for people in their homes. They demonstrated an in-depth knowledge of the people they were supporting and had a clear understanding of the key principles and focus of the service.
- We received positive comments from staff about the registered manager. One said, "The management is very open and approachable. I feel comfortable to talk to them regarding any issues or requests that I might have. They don't make promises they cannot fulfil."
- People were fully involved in all aspects of their care and felt consulted, empowered and valued. The provider completed an assessment before people started to receive care and people and their relatives were fully involved in this process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The quality of service provided to people was regularly monitored. Quality checks and audits had been carried out on people's care records and action plans were put into place when areas needed to be addressed. Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs.
- Systems in place to manage staff performance were effective and reviewed regularly. There was a supervision, appraisal and training programme in place. One staff member commented, "The training is very good. It has helped me a lot."
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought about the care and support provided. This was carried out via telephone calls,

spot checks and satisfaction surveys.

- The registered manager contacted people after they started using the service to ensure they were happy with the care and support or if any improvements were needed.
- Staff were positive about the service and the management and felt their views were listened to. They had staff meetings and one to one supervision where they could share their views and opinions.

Continuous learning and improving care: Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions.