

Actual Care Services 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Actual Care Services provides personal care and support to one person in a supported living setting and personal care to 16 people living in their own homes.

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

Right Support

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. Staff supported people to have the maximum possible choice, control and independence over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. Incidents of restraint had reduced as staff knew people well and were able to use distraction techniques successfully. The provider made reasonable adjustments for people so they could be fully in discussions about how they received support, including support to travel wherever they needed to go and support to attend meetings to discuss their care. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The provider had enough appropriately skilled staff to meet people's needs and keep them safe. Staff received additional specialist training in autism following the inspection. People who had individual ways of communicating, using body language, sounds, could interact comfortably with a consistent group of staff who knew them well. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff understood people's cultural needs and provided culturally appropriate care.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The provider enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 the service at the previous premises was good published on 10 November 2018.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We received concerns in relation to staff recruitment and people being supported by adequate numbers of skilled staff. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Actual Care Services Ltd on our website at www.cqc.org.uk.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well led.

Actual Care Services 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 Care Act 2014.

Inspection team

One Inspector and an Assistant Inspector carried out the inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also 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. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to ensure that people using the service were able to give consent to receive a phone call from an inspector.

Inspection activity started on 13 April 2022 and ended on 14 April 2022. We visited the office location on 13 April 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided.

We spoke with six members of staff including the registered manager, senior care and care staff. We reviewed a range of records. This included four people's care records and two medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We found gaps in the employment history of some members of staff and an explanation for these gaps had not been sought. The provider took immediate action to review the employment history of staff members and obtain explanations for the gaps identified.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Checks with the DBS [Disclosure and Barring Service] had been completed prior to staff commencing in post. Staff knew how to take into account people's individual needs, wishes and goals.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. People told us their calls were on time and they were supported by a consistent group of staff. One person told us, "I have the same group of carers and you know who is coming into your house and that is what I like." A relative told us, "They [care staff] are always on time and the same staff and well trained."
- Every person's care record contained a clear one-page profile with essential information for new or temporary staff to enable them to see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A member of staff told us, "If I've seen something wrong, I would want to make sure the service user is safe and would report to management."
- Staff had received training on how to recognise and report abuse and they knew how to apply it. A relative told us, "I feel [person] is safe and staff know them well."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A person told us, "I feel 100% safe because they [care staff] have to put me in a hoist and make sure I'm fine; the care is above and beyond."
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People were supported by staff who were aware of the risks to them and were kept up to date in changes in people's care needs. Care records were kept up-to-date and staff were informed of any changes in people's care needs in a timely manner.
- Staff were able to recognise the signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom. A relative told us, "Both guys [care staff] are

really, really good; well trained; no one else can take [person] outside, they are polite and have a very soft tone and know how to calm [person] down."

- The service helped keep people safe through formal and informal sharing of information about risks.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. A relative told us, "I'm so glad [person's] medication has been reduced; [person] is living a normal life."
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service followed shielding and social distancing rules.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Systems were in place to analyse this information on a monthly basis for any lessons to be learnt.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. A relative told us, "Staff came out prior to package [of care] to do assessment and checked everything and we have been quite happy." A member of staff told us, "We get the OT's [Occupational Therapists] out and make sure everything is in place before we go in."
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together. A person told us, "They have regular meetings with me and even arranged the transport for me to go to the office and join in on the meeting."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, and staff were aware of the strategies to use to enhance independence. A person told us, "They [care staff] encourage me to go out and always come and suggest things for me to do."

Staff support: induction, training, skills and experience

- Formal staff competency checks had not taken place during the pandemic. The registered manager took immediate action to address this and arranged for competency checks to be completed and follow up supervision meetings with staff to discuss staffs' performance. The service obtained feedback from service users on staff's competency to ensure they supported people in line with their care needs. Spot checks of staff practice were planned for the month following the inspection.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have including communication tools and positive behaviour support. Additional training in this area was also put in place following the inspection.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision. Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- Staff could describe how their training and personal development related to the people they supported. One member of staff described how their training had assisted them in supporting an individual. They told us, "We learnt how to approach [person]. We have a consistent team. [Person] is happy when they see us."
- The service had clear procedures for team working and peer support that promoted good quality care and

support.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. A relative told us, "They [care staff] need to persuade [person] to have their meals as they are very stubborn, they will do everything and are very good in that sense."
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed. This information included where appropriate, people's sensory, communication and behavioural needs.
- People played an active role in maintaining their own health and wellbeing.
- People were supported to attend annual health checks, screening and primary care services
- Multi- disciplinary team professionals were involved in support plans to improve a person's care. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff responded to situations appropriately and sought emergency healthcare where necessary.

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 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.

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

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff respected the rights of people with capacity to refuse their medicines and staff ensured that people with capacity gave their consent to medicines.

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 changed to good. This meant the service leadership was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The providers systems and processes had failed to identify the gaps in staff employment records which were found during the inspection. The registered manager took immediate action to address this.
- Following recent safeguarding concerns, the registered manager had contacted the Local Authority to alert them to the allegations made and appropriate actions were taken. However, there was some confusion on the part of the registered manager regarding the need to alert the Commission of these concerns. This was discussed during the inspection and immediate action was taken by the registered manager.
- Staff knew and understood the provider's vision and values and how to apply them in their work. Staff were proud to work for the service and of the work they did to support people.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff spoken with knew people well and were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A relative told us, "My relative is very comfortable in telling them [care staff] what they want, and this has given us [as a family] the ability to step back. They are doing exactly what we want them to."
- The provider and senior staff were alert to the culture within the service and spent time with staff, people and family discussing behaviours and values. The registered manager and senior staff worked directly with people and led by example.
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture. A member of staff said, "I feel listened to. Communication is good. The registered manager is like a brilliant mentor."
- Staff felt able to raise concerns without fear of what might happen as a result. Meetings took place with staff providing them with the opportunity to raise any concerns or share new ideas or good practice. Staff told us the registered manager was receptive to challenge and welcomed fresh perspectives.

- Management and staff put people's needs and wishes at the heart of everything they did.

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 service apologised to people, and those important to them, when things went wrong. A relative told us, "The manager comes around, or staff just to say hello and check if any issues and they will sort it for us. We have their out of hours number and can always get hold of someone."
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. A person told us, "I have my own little team and they know what I want them to do and I don't have to ask. I feel very comfortable and confident with them."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. People reported their views were regularly sought from the provider. Surveys had recently been sent out to service users and families for their feedback.

Continuous learning and improving care

- The provider acknowledged lessons had been learnt following some concerns that had been brought to their attention. An action plan was now in place to address the concerns identified. Additional quality audits were being introduced and paperwork was being reviewed in response to this.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. A relative told us, "I would definitely recommend them and in fact I have."

Working in partnership with others

- The registered manager and staff worked well and in partnership with other professionals which helped to give people a voice and maintain their wellbeing.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice. A healthcare professional described the service as 'very efficient' and found the registered manager to be 'very professional'.