Advanced Care and Support in the Community Limited (ACSC)

Advanced Care and Support in the Community

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 12 December 2014 and was announced. We gave the registered manager 48 hours' notice as we needed to be sure they would be available for the inspection.

When we last visited the service on 20 December 2013, the service was meeting the regulations we looked at.

Advanced Care and Support provides support including personal care for people in their own homes. At the time of the inspection 80 people were using the service.

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

Summary of findings

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.

Medicines were not always handled and managed safely. There were unexplained gaps on the medicine administration record (MAR) and people did not always get the support they required to take their prescribed medicines.

Risk assessments did not always include detail of how to manage the risks associated with people's health conditions.

Recruitment procedures were robust and safe. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse. People, their relatives and staff were encouraged to provide feedback and to raise concerns. The registered manager investigated and responded to complaints and concerns appropriately to improve the service.

The service worked with social care and health care professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide effective service to people.

People said staff treated them with kindness, compassion and respect. People were supported to eat and drink appropriately. Staff provided support to people the way they wanted to be cared for. Care plans were reviewed and updated to reflect people's changing needs.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe. Individual risk management plans were not always in place for staff to follow to manage risk associated with people's health conditions..

Medicines were not always administered and managed safely. People's medicines were not recorded clearly.

Recruitment practices were robust. Only suitable staff were employed to provide care to people.

Staff were knowledgeable in recognising signs of abuse and how to report it in accordance with the organisations policy and procedure.

Is the service effective?

Good

The service was effective. Staff were supported through induction, supervision, appraisal and training. Staff understood the principles of the

Mental Capacity Act (2005) and supported people to make decisions appropriately.

People were supported to eat food and drink as required.

The service worked with health and social care professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring. Staff treated people with dignity and respect. Staff understood the needs of people and how to support them. People were involved in their care and were supported to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive. Care plans detailed the support people required to meet their needs.

People and their relatives knew how to raise concerns and complaints and these were investigated and responded to in line with policy.

The service had systems to obtain feedback from people using the service and these were used to improve the service provided.

Is the service well-led?

Good

The service was well led. There were systems for monitoring the quality of service provided.

People told us that their views were taken into account when planning the service.

Summary of findings

Staff told us that the manager was approachable and involved them in developing the service.

The service worked with commissioners to improve the quality of the service provided.

Advanced Care and Support in the Community

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 12 December 2014 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. The inspection was carried out by two inspectors and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). We reviewed this, as well as other information such as notifications we held about the service and the provider.

During the inspection we spoke with the registered manager and two team leaders. We looked at 10 people's care records to see how their care was planned, five staff records and records relating to the management of the service. These included information about complaints and the service's quality assurance process.

After the inspection we spoke with 20 people using the service, nine relatives and five staff. We also spoke with a risk assessor (the person who carries out the risk assessment) from the commissioning authority and a person in the local authority brokerage team.

Requires Improvement

Is the service safe?

Our findings

The health and well-being of people was at risk as proper steps have not been taken to protect them and to ensure they received the care and support to meet their needs. Risks associated with people's conditions were not always identified and management plans were not in place to enable staff support the people appropriately. For example, a person's care record indicated that they had epileptic seizures. However, there was no management plan for staff to follow to support the person in the event of a seizure. The care plan did not detail how this was managed and actions for staff to take to manage the risks and support the person to ensure their needs were met in this area. We also saw that another person's care record stated they had catheter in place. There was no guidance for staff to follow to support this person safely. For example, actions staff should take if there was a complication or concern. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The management of medicines was not always safe. We looked at the medicine administration record (MAR) for five people and found several unexplained gaps on them. We spoke with staff about it and they explained that some relatives administered medicines before they arrived and did not complete the MAR sheet. We asked staff how they knew that a person had taken their medicine or not. The two staff we spoke with about this were unable to tell us how they knew this. They said if the medicines were not in the blister pack, they assumed it had been administered by the person's relatives. The poor recording system could put people at risk of unsafe use medicines.

We also found that one person's MAR showed that they regularly refused their medicines. We asked staff what action had been taken to address this.They told us they had discussed it with the person's family to follow up but were unsure if this had been done. The organisation's policy stated that "GPs will be informed of refusals". We were concerned that people may not have been supported to ensure they took their prescribed medicines as required. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us that they felt safe with staff. Staff were able to recognise signs of potential abuse and they understood how to raise safeguarding concerns following relevant procedures. We saw that the manager responded appropriately to allegations of abuse. They conducted investigation with the local authority safeguarding team and took action to ensure people were protected. For example, the service had suspended a staff member while an investigation was on-going.

People were protected from financial abuse. Staff told us they followed the organisation's financial procedures where they were involved in people's finances. We saw that staff completed financial transaction sheets which demonstrated that people's money was managed safely.

Recruitment practices were robust and safe. The manager conducted necessary checks to ensure staff employed were suitable to work with people. These included assessing competence at interview, obtaining suitable references and completing criminal records checks. Applicant's health conditions were also assessed as part of the application process.

All the people we spoke with told us they had regular staff who supported them to ensure consistency and continuity of care. People told us that they had their care visits from staff but staff were not usually on time especially at weekends. We spoke to the manager about this and they told us that transportation was a problem, however, they were looking at their recruitment process to attract people from the local area to minimise this problem.

Staff knew actions to take in the event of medical emergencies. They told us they would contact the person's GP or relative or ambulance as appropriate to the situation. Incidents and accidents were reported following the organisation's procedure and we saw that appropriate actions were taken to reduce these risks in future.

Good

Is the service effective?

Our findings

People we spoke with felt the staff met their needs. Staff told us they received regular support, supervision, and training to carry out their jobs. One staff told us "I have the training I need to do my job." Another said "We get training regularly."

New staff members completed a period of induction which included classroom and shadowing an experienced staff. They were assessed as competent before they were allowed to work unsupervised with people. All new staff also went through a six months probationary period where their manager assessed their performance through observation and supervision to ensure they were competent to do the job before they were confirmed in post.

Training records showed that all staff had completed courses in safeguarding adults, first aid, food hygiene, culture and religion and dementia. Training had also been completed in specialist courses such as stoma care and challenging behaviour to enable them provide care to people with such conditions. The manager told us that they had a system to show when staff were due for refresher training. They told us it helped ensured staff had up to date knowledge and skills to do the job. A professional we spoke with told us "The carers are trained very well and are experienced."

Staff told us that their manager held one-to-one supervision meeting with them regularly. Staff also received annual appraisal. We reviewed notes from these meetings and saw that they were used to provide feedback to staff on their performance and to discuss concerns about people who used the service.

The manager showed that they understood their responsibilities within the Mental Capacity Act (MCA) 2005. Records showed that relatives had been involved in assessments and care planning process where the person needed this support to make decisions about their care and support. The manager explained that they would involve relevant professionals to carry out assessment if they had concerns about a person's ability to make decisions. The manager told us they were in the process of arranging MCA training for staff. Staff demonstrated how they involved people in making decisions about their care so that their choices and rights were promoted. They explained that they asked people for their consent before carrying out a task and if people refused care, they did not force them but encouraged them.

People were supported to eat and drink. People who had support from staff with their food told us they were happy with the support they got. The manager and staff understood their responsibility in ensuring people received the right support in this area. We saw memo sent to staff informing them of the importance of following people's dietary requirements and recommendations from GPs and dieticians to ensure people's nutritional needs were met.

Staff worked with people's GPs, district nurses and other health professionals to ensure people's day-to-day health needs were met. For example, staff worked with a specialist moving and handling risk assessor to put a plan in place to ensure people were supported safely by staff to mobilise and transfer using suitable equipment. A professional told us staff followed the plan they provided. They said "I have never had issues with them [staff].They follow recommendations given."

Good

Is the service caring?

Our findings

People were treated with respect, compassion and kindness. One person told us, “They [care staff] are very good.” Another person told us, “They [care staff] are all very nice people and I have no complaints to make.” A professional told us “The staff are really good and caring.” A relative said “The carers listen and allow choices as far as possible.”

We saw that care records included information about people’s preferences, personal histories, interests and social networks. Staff told us they knew people from reading their care plans and working with them over time. They explained they followed people’s care plans and involved them in the tasks as much as possible to give them control and to promote their independence. We saw that care plans included information about how people wanted to be treated and how they want their dignity respected. For example, one person’s care plan stated what they could do for themselves and how they wanted to be supported with their personal care. People we spoke with told us staff understood how to work with them and carried out their jobs in the way they wished. However, one relative reported that “Sometimes they [care staff] try to rush my relatives medicines and as he has swallowing difficulty this upsets him.” We spoke to the manager about this and they told us they have had discussion with staff about giving people time to do things in their pace.

Staff understood how to respect people’s privacy, dignity and independence. Staff we spoke with gave us examples of how they did these. Minutes of team meetings we looked at showed that privacy and dignity were discussed and staff were reminded of the importance of doing so. Staff had also been trained in dignity in care as part of their induction.

People told us that their views were listened to and they contributed to how their care planning. The manager told us that they endeavoured to match staff to people as closely as possible to enable positive relationship and in line with people’s preferences. We saw that people were contacted regularly by the service to find how they were being supported by staff and to check if people’s needs were being met.

Staff told us about practical actions they had taken to make sure people were comfortable and reassured when distressed. Staff gave us examples of incidents where they had stayed with people when they were unwell until a relative or ambulance arrived to ensure they were not left alone and to reduce their distress.

Good

Is the service responsive?

Our findings

People received support that met their individual needs. Care records we reviewed showed staff had undertaken a detailed assessment of people's needs when the person began using the service. Staff explained that they spent time with the person to gain understanding of the person's needs, gather information about their personal histories, background, likes and dislikes, interests, goals and preferences in relation to the way they wanted their care delivered. The manager told us this ensured staff had the information they required to support people appropriately.

People's care plans were regularly reviewed to ensure they were up to date and reflected people's wishes and care needs. Team leaders carried out close observations for people new to the service to enable them understand the person needs and then tailor the care delivered accordingly. We saw notes of these observations and actions were taken to respond to any concerns. For example, the duration of a person's care time was increased as a result of understanding that the person was slow in their functioning ability and took time to complete a task.

The service was flexible in the way they delivered care to in line with people's choices and needs. For example, a person had requested to change their care visit time to later in the morning so they could stay in bed longer to rest. We saw that this was implemented. Another person wanted an early visit to get ready for a hospital appointment and this was also done.

The service contacted people regularly to check how people felt their care service was being delivered. People's feedback was reviewed and the necessary changes were made to ensure their care was delivered as they wished. For example, changes were made to care visit times as required. The service also conducted satisfaction surveys annually. We reviewed the recent survey conducted in November 2014 and the result showed high level of satisfaction and this had improved since the previous survey in 2013. However, six out of 48 people were not satisfied with the information supplied when they first started using the service and five were not satisfied with staff time keeping. The manager was still in the process of devising an action plan to address the areas which required improvement.

People told us they knew how to make a complaint or raise a concern. One person told us that they had called the office to discuss some issues on the same day we spoke with them. They told us the service had resolved their concern satisfactorily. We reviewed the complaint log and found that the manager had investigated complaints in detail and took appropriate action to resolve them. We saw an investigation was carried out into money that had gone missing from people's homes and the manager had involved the police to resolve it. The person was happy with the outcome.

Good

Is the service well-led?

Our findings

Staff told us the manager was open to feedback and listened to them. A member of staff told us, "The management is good." Another said "The management listens and acts too." Staff told us that they had the opportunity at team meetings to give suggestions for improving the service. For example, how the rota was planned.

People told us they had regular calls or visit from the service to check if they were happy with the care they received. They felt they were able to express their views and where they had concerns it was acted on. We saw reports from monitoring visits conducted by team leaders. It noted comments from people about their views and improvement they wanted. For example, staff punctuality and time-keeping was raised as an issue and we saw minutes of a team meeting where it was discussed with staff for improvement.

The service kept staff updated with relevant information including changes in organisation's policies and developments in health and social care. Staff confirmed they received memos and newsletters regularly which they found informative and helpful. We saw some recent newsletters which provided information on day to day operational issues and a service quality update. They also provided information on specific health conditions, such as multiple sclerosis and chronic obstructive pulmonary disease. The manager told us it helped to improve staff knowledge so they can support people appropriately.

There were systems for monitoring the quality of service provided. The team leaders carried out monitoring visits where they obtained feedback from people about care provided and conduct of staff. They also checked the quality of documentation made by staff. The findings from these audits are discussed in team meetings, staff supervisions and used to identify training needs. For example, medicine training had been organised following issues found with the way medicines were handled and managed by staff.

The commissioning authority carried out a monitoring visit annually and made recommendations for improvement. We saw that the recommendations from the last report were being implemented. For example, medicine management training had been provided to staff and new medicine forms were being devised for the recording of medicines to ensure medicines were managed safely for people. The person from the commissioning team we spoke with commented that "I have no concerns about the management of the service. The manager strives to improve the service and it was evident that the manager and the team had acted on recommendations made in my previous report (March 2014) to meet the required improvements. They work with the local authority to resolve any complaints and provide any information or feedback as requested."

We saw that incidents, accidents and complaints about the service were taken seriously to ensure people were safe. The manager took actions to resolve issues quickly. Outcomes and learning from incidents were discussed at staff meetings to ensure they are used to improve 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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered provider did not take proper steps to ensure that people were protected from the risks of receiving care and treatment that was inappropriate or unsafe. (Regulation 9 (1) (a) (b) (i) (ii)).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered provider must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity.