

Acquire Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acquire Care Ltd is a domiciliary care agency that was providing personal care to 58 people at the time of the inspection.

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

Improvements had been made to medicines policies and procedures. Medicines were now managed safely. People told us care calls were often late. The registered manager was implementing a new electronic system to schedule and monitor calls. Systems were in place to protect people from harm and abuse.

The registered manager had implemented a number of improvements to the service and was now meeting the regulations. Some quality assurance systems had been introduced, however further improvement was needed. People were concerned that they had difficulty contacting the office. The registered manager had changed the management structure to improve people's experience and provide consistency.

Staff felt well supported and benefitted from training to ensure they had the skills and knowledge to meet people's needs. People were supported to access health care when needed. People were supported by staff who understood how to support people to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; however the registered manager had not taken steps to ensure records, policies and systems in the service always supported this practice.

People told us staff were caring and treated them with dignity and respect. People were involved in the development of their care plans. People were encouraged to maintain relationships with those who were important to them.

Care plans detailed people's support needs and how staff should support people to meet those needs. The registered manager was looking for ways to improve people's social interactions. Complaints had been investigated and recorded. Action had been taken to address issues and these were shared with people raising the complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 29 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains

rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected :This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Acquire Care 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

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. This means that they 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 we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 October 2019 and ended on 22 October 2019. We visited the office location on 22 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, operations manager, care coordinators and care workers

We reviewed a range of records. This included six people's care records and multiple 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

The registered manager provided additional information regarding quality assurance systems.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems relating to the management of medicines had improved to ensure people received their medicines as prescribed.
- Medicine administration records (MAR), were accurate and fully completed in line with current guidance. Records detailed the medicines people were prescribed and the support they required.
- Staff completed training in the management of medicines and their competency was assessed prior to them administering medicines unsupervised.

Staffing and recruitment

- Staff were not always deployed effectively to ensure people's needs were met. People told us staff were often late and they were not always notified. One person told us, "Their timekeeping varies quite a bit. They are often late and certainly never early but sometimes they do phone you up if they are going to be very late but they don't do that very often." This meant people's needs were not always met in a timely manner.
- People told us they did not get support from consistent staff and this impacted on their confidence in staff supporting them. One person told us, "The carers chop and change all the time. I don't think they should chop and change them at the last minute, that is often what makes them late coming to me."
- The provider had identified that the scheduling of care visits was not always effective and was introducing a new electronic system that would enable better scheduling and monitoring of calls to ensure any late visits were identified and action taken.
- Staff told us changes had been made to the scheduling of care visits which was improving time keeping. One member of staff told us, "When issues have been raised about travel time and scheduling these have been acted upon and it is getting better."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. However, there was not always of a record of action being taken as a result of incidents. One person had displayed distressed behaviour. The person's care plan had not been reviewed and updated to identify how staff should support the person in the event of a

reoccurrence. The care plan stated, 'no history of aggression'. This put the person at risk of not having their support needs met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by the service. One person told us, "The ones [care staff] I've ever had I have always felt safe with."
- Staff had a clear understanding of their responsibilities to identify and report any concerns relating to harm and abuse. One member of staff told us, "Our job is to protect people. If I see any bruising I have to report. If management didn't act, I'd inform CQC (Care Quality Commission) or safeguarding team."
- Where concerns had been reported the registered manager had investigated and reported to external agencies.

Assessing risk, safety monitoring and management

- Care plans included risk assessments and where risks were identified there were plans in place to manage the risk. This included risks associated with falls, choking, medicines and the environment.
- Risk management plans were detailed to ensure staff had sufficient information to support people to manage risks. One person was at risk of choking. The care plan included guidance from health professionals and photographs of the consistency of the food required.

Preventing and controlling infection

- Staff had completed training in infection control and understood their responsibilities to use good infection control procedures.

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 requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure people were supported in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However further understanding of the MCA at management level was required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us the service did not support anyone who lacked capacity to make decisions for themselves. However, records identified some people were living with dementia and displayed distressed behaviours. One person had displayed distressed behaviours, appropriate action had been taken to access professional support and relatives had been informed. The registered manager had not considered whether the person was able to consent to these actions being taken. There was no information in the person's care plan relating to their ability to make specific decisions.
- Staff had completed training in MCA and were able to explain how they would support people in line with the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff felt well supported by supervisions held in line with the provider's policy. One member of staff told us, "We have a yearly supervision meeting. We can request more meetings if we need. Management are always available if we need advice or support."
- Staff completed a range of training to ensure they had the skills and knowledge to meet people's needs. Staff competencies were assessed and 'spot checks' were completed to monitor staff competence.
- Staff whose first language was not English had their language skills assessed and were able to access support to help them improve their language skills.

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

- Care plans identified where people required support to meet their dietary needs. Staff gave people choice and confirmed that care plan provided clear guidance relating to people's dietary requirements.
- Where people had been assessed as at risk of choking, care plans included guidance from health professionals relating to the required consistency of food and drink.

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

- People were supported to access support from health professionals when needed. One person told us staff had offered to call the doctor when they were unwell. A relative explained how staff had called out of hours services for advice and had stayed with the person until help arrived.
- Staff contacted health professionals for advice and guidance relating to equipment and made referrals appropriately for reviews and assessments.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 told us staff were kind and caring. One person told us, "I get on with them, they are genuinely good."
- Staff spoke in a caring manner about people. One member of staff told us, "I enjoy being out there and make sure people are happy and well cared for."
- People were supported in a way that valued them as individuals and respected their differences. For example, respecting cultural differences.

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

- Care coordinators visited people in their own homes to develop and review care plans. This ensured people were involved in decisions about their care. One relative told us, "[Person] has a Care Coordinator, they change a bit too, but they do come around. The Care Plan is updated then."
- People told us care staff supported them in the way they choose and would offer to do additional tasks for them. One person said, "They are very good and also do little extras like putting on the washing for me or hang the washing out."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were able to give clear examples of how they would ensure they protected people's privacy and dignity when supporting with personal care.
- People were supported to maintain their independence. One person told us, "I like being independent. Overall it is going really well for me."
- Care plans detailed what people could do for themselves and how staff should support people to enable them to maintain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Care plans were person-centred. They contained information about important aspects of people's lives. This included their life history, interests and cultural needs.
- Staff supported people to improve their well-being and maintain a good quality of life. For example, one person required a piece of electrical equipment. A care coordinator supported the person to contact a local charity who provided funds for the equipment. This had a significant impact on the person's well-being.
- There were regular reviews with people to ensure care plans were accurate and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and how those needs should be met. One person was unable to communicate verbally with staff. The care plan detailed how the person used smiling and nodding to communicate and guided staff to use gestures to aid communication.
- Staff we spoke with knew how to communicate with people. One member of staff told us, "People's communication needs are in care plans such as sight and hearing. People get used to our accents and I encourage them to get me to repeat things if they don't understand. We are told about words they might use and what these are."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service recognised the importance of supporting people to maintain relationships that were valuable to them. One person had a pet that was extremely important to them. The registered manager was working with professionals to find a way to enable the person to continue to have their pet living with them.
- The registered manager was introducing a scheme called, 'Sunflower draw'. The scheme enabled one person a month to be nominated and enjoy a special occasion or event they wished to experience. The first event had been planned after a person said to a member of the care team how much they missed riding a bike. The registered manager had arranged to hire a bike that a member of staff could ride to support the person to enjoy a bike ride.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Records showed that complaints had been investigated and responded to in line with the providers policy.
- People we spoke with knew how to contact the service to make a complaint but were not always confident that complaints would be dealt with in a timely manner.

End of life care and support

- There was no one being supported with end of life care at the time of the inspection. The registered manager confirmed that they would support people to remain in their own homes if that was their wish.
- There were cards and letters of thanks to the service where they had supported people with end of life care.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to fulfil their responsibilities in relation to duty of candour. Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- Records showed that the registered manager had been open and honest when things had gone wrong and had fulfilled their responsibilities in relation to duty of candour. This included writing a letter of explanation and apology to a relative following an incident.

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

At our last inspection the provider had failed to fulfil their regulatory requirement relating to notifying CQC about specific events. Regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the registered manager had submitted notifications to CQC in relation to all specific events required in line with the regulations.

At our last inspection the provider had failed to ensure there were effective systems to assess, monitor and improve the quality of the service. Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The registered manager had implemented some additional quality monitoring systems which were effective in monitoring the service. Additional systems were in the process of being implemented and it was not possible to ascertain the impact these would have on the quality of the service.
- At the time of the inspection people told us they often experienced late care visits and were not always contacted. People also told us they were not supported by consistent staff and this impacted on the quality of the care they received. The registered manager was implementing a new system to schedule and monitor care calls to address these issues. Staff told us scheduling had improved.
- People told us that contact with office staff was not always positive. One person told us, "The office is rubbish. Oh yes, they say 'we'll phone back' but they never do. If you get through they pass you from one person to another and pass you on down the line." Relatives were also concerned about the response they received when trying to contact the office. One relative told us, "If you want to make a complaint you have to ring up lots of times." The registered manager had completed a restructure of the office staff. This enabled each person to have a named care coordinator and provided additional cover in the office to improve the responsiveness to calls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always positive about the availability of the management team and were not aware who the registered manager was. One person told us, "A coordinator or supervisor comes around from time to time. I don't know who the Manager is."
- The registered manager had introduced a newsletter which was sent out to people. Some people we spoke with told us about the newsletter and had enjoyed reading it. The newsletter gave information about new staff and contact details of other organisations they could contact for social support.
- Staff felt involved in the development of the service. One member of staff told us, "We are encouraged to come up with ideas and suggestions." Staff gave examples of ideas they had suggested that had been implemented to improve outcomes for people.
- Quality questionnaires were sent to people, relatives and staff and results were used to develop and improve the service. This included reviewing and improving the complaints policy and procedure and the implementation of the new system to schedule calls.

Working in partnership with others

- The registered manager was working closely with the local authority to improve the service.
- The registered manager was a member of the Oxfordshire Association of Care Providers which enabled them to keep up to date with good practice.