

Assured Social Care Ltd

Assured Social Care

Inspection report

Unit 9
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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

Assured Social Care is a domiciliary care agency providing the regulated activity of personal care. At the time of our inspection there were 39 people using the service.

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

Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. Care plans and risk assessments were regularly reviewed and updated with any changes and people's medicines were managed safely.

Staff had completed mandatory induction training prior to delivering services to people and there was a programme in place to ensure staff would receive refresher training to maintain their skills and knowledge. Staff ensured people received planned, coordinated and person-centred care when they moved between different services, for example discharge from hospital. The service worked closely with external professionals to ensure people received care which met their changing needs.

People and their relatives where appropriate were involved in their care planning and how they wished to be supported. Care plans provided clear information for staff to follow in relation to decisions people had made. People were treated with dignity and respect and staff understood the importance of supporting people to maintain their independence.

The registered manager understood the importance of monitoring the quality performance of the service. There were systems and processes in place which regularly provided this information. Care plans and risk assessments were regularly assessed and reviewed, the management team and staff had a good understanding of how to protect people from harm.

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.

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

Why we inspected

The service was registered with us on 24 February 2021 and this is the first inspection.

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.

Assured Social Care

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 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, flats and specialist housing.

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 a short period 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.

Inspection activity started on 27 July 2022 and ended on 29 July 2022. We visited the location's office on 28 July 2022.

What we did before the inspection

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. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care managers, office manager and care workers. We reviewed a range of records. This included four people's care records and multiple 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 also 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 avoidable harm. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.
- The provider had systems in place to monitor accidents and incidents. This information was analysed by the registered manager.
- People and their relatives told us they felt the service was safe. One person told us, "They [staff] are the only people I have confidence and trust in." And a relative told us, "[Person] has regular carers and she feels really safe with them."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person required staff to use equipment to support them in transferring. We found comprehensive instructions in place to guide staff in how the person used the equipment this supplemented the moving and handling training staff had received.
- Environmental risks had been assessed. This ensured staff were aware of any risks when carrying out visits to people.
- Care plans and risk assessments were regularly reviewed and updated with any changes. For example, following people being discharged from hospital or if there had been a change in their needs.

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing rotas evidenced there were enough staff deployed to provide people with the care and support they required, the provider also had contingency plans in place should there be a shortfall in staffing.

Using medicines safely

- Medicines were managed safely. Staff received training in the administration of medicines and undertook refresher training. Staff received regular observations of their practice to ensure medicines were

administered safely.

- Regular checks were completed of the medicine records, we reviewed these records and we found people had their medication administered safely and in line with the prescribing instructions.

Preventing and controlling infection

- The service had an infection control policy in place which staff followed. The service had a large Personal Protective Equipment (PPE) stock, and staff confirmed the provider always ensured they had an adequate supply.
- Staff received training in infection prevention and control. Staff told us how they managed risks in relation to COVID-19 such as how they took part in regular testing and wore PPE when visiting people.
- People and their relatives confirmed staff followed government guidance in relation to infection, prevention and control. One person told us, "PPE is always worn. [Staff] are really very good with it." And a relative told us, "Carers always wear masks and clean gloves and aprons."

Learning lessons when things go wrong

- The registered manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the registered manager had identified that improvements were required to medicine administration recordings. We could see this had been actioned and discussed in a staff meeting.
- Accidents and incidents were reported correctly by staff to the management team, these were reviewed, to identify if actions were required to reduce any further risks.

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 had their needs assessed prior to using the service. This ensured the staff team had information on a person's likes, dislikes, needs and known risks.
- People had personalised care plans in place which were reviewed regularly and reflected people's changing needs. People and their relatives where appropriate told us they had been involved in this process.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training prior to delivering services to people and there was a programme in place to ensure staff would receive refresher training to maintain their skills and knowledge. One staff member told us "I completed two week's shadowing, I could have done more if I wanted, they [management team] want you to feel confident before you work on your own."
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and observations of practice to check their competencies.
- Training was regularly reviewed, and the registered manager had identified and planned additional training to further support staff in their roles.

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

- People's care plans clearly detailed their eating and drinking needs, and when people had specialised diets staff followed professional's advice.
- People told us they enjoyed the food staff prepared for them. One person told us "There is good detail of care, they [staff] prepare tasty sandwiches and they are well presented, they go the extra mile." Staff told us how they provided 'home cooked meal calls' where they prepared fresh home cooked meals that the people chose.

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

- Staff ensured that people received planned, coordinated and person-centred care when they moved between different services, for example, discharge from hospital.
- The service worked closely with external professionals such as GP's and the palliative care team to ensure people received care which met their changing needs.

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.

- Staff had received training in MCA and understood how to support people in line with the act.
- The registered manager demonstrated a clear understanding of the MCA and steps they needed to take to ensure support was always provided within its principles.
- Where people held Lasting Power of Attorney (LPA) which meant they were legally able to make decisions on people's behalf, the registered manager had checked the LPA was in place.

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 spoke positively about the staff. One person told us, "[Staff] have a caring attitude and they are very friendly and chatty."
- Relatives consistently told us they were satisfied with the care people received. A relative told us, "(Relative) is not rushed and the carers do her make-up, lipstick and perfume and also her hair which she likes."
- Staff had received training in equality and diversity. Care plans contained information about people's choices and personal relationships and detailed the support staff were required to provide to ensure people's individual needs were met.
- People received consistent care from regular staff who knew them well. One person told us, "A regular pool of carers rotate. They are familiar people" and another told us "We receive a regular team of carers with a proper professional attitude."

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

- People and their relatives where appropriate were involved in their care planning and how they wished to be supported. Care plans provided clear information for staff to follow in relation to decisions people had made, daily care records evidenced that staff followed this.
- People and their relatives told us they had regular opportunities to suggest improvements to the service.

Respecting and promoting people's privacy, dignity and independence

- Staff explained to us how they treated people with dignity and respect. Staff understood the importance of getting to know the people they were supporting by reading their care plan and how to promote people's dignity when providing care.
- People's care plans provided staff with information on how people would like staff to support them in maintaining their independence. Staff understood the importance of this, one staff member told us, "I never take over, always allow people to what they can for themselves, we never rush anyone."

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

- Following an assessment of people's needs, care plans were developed and agreed with the person, in how they wanted to receive their care. Care plans provided staff with guidance about people's needs, choices and routines.
- People had an option to receive a schedule in advance of their visits, which detailed who would be visiting them, people told us they were informed of any changes to the schedule.

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.

- People's communication needs were detailed in their care plans and any support required to ensure these were met. For example, one person's care plan highlighted the need for staff to support the person with their hearing aids.
- Where people had requested a schedule in advance of their visits to detail who would be visiting them, the office staff ensured this information was relayed in people's preferred method. For example, one person required this information to be provided over the telephone rather than on paper.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the one complaint the service had received, we found this had been investigated and resolved promptly.
- People and their relatives told us they knew how to complain and had been provided with information on this.

End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life. The registered manager told us how they reviewed people's care frequently to ensure people's wishes were met.
- The registered manager advised that staff worked closely with other professionals to provide end of life care. Staff providing this care had received training on end of life care, the registered manager told us of

their plans to enhance this training and was sourcing additional training for staff in this area.

- The service had received many compliments about the care staff had provided, these included compliments from relatives following the care and support their family members had received at the end of their lives.

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 also provided care to the people using the service and understood their care needs. The registered manager promoted a positive and person-centred approach. A person told us, "An assessment was made and a contract set out before the care started so we knew where we stood and what would happen. Very professional and communication is always good." A staff member told us, "I love working here, it's a really good job, we are kept up to date with information, the management team are very supportive."
- The registered manager had developed staff recognition initiatives which celebrated staff success and good practice in the staff team.

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

- The registered manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.
- The registered manager understood the importance of monitoring the quality performance of the service. There were systems and processes in place which regularly provided this information including continuity of staff and medicine audits. This information was monitored and actioned appropriately.
- Care plans and risk assessments were regularly assessed and reviewed, the management team and staff had a good understanding of how to protect people from harm.

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

- The registered manager gathered feedback about the quality of the service through surveys and in person visits to people. We reviewed the responses from the questionnaire's and found all feedback to be positive. The registered manager told us how they analysed this information and in the event any concerns were raised they would use this to drive any improvements in the service.
- Staff meetings took place regularly, staff told us they were kept up to date with regular information and updates relating to people's care and policies and procedures.

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; Continuous learning and improving care

- The registered manager had identified areas that required improvement in relation to staff recordings on medicine administration records. We saw evidence this had been addressed and actioned.
- The registered manager was knowledgeable about the duty of candour, they had not had to put this into action, however they were able to explain the steps they would take.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and district nurses to support people to access healthcare and when they needed it which had improved people's outcomes.