

Achievers Care Solutions Limited

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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?

Good 

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

Achievers Care Solutions Limited is a domiciliary care service registered to provide personal care support to people with a physical disability, dementia, people who misuse drugs and alcohol, younger adults and older people.

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. At the time of the inspection, one person was receiving personal care support.

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

The provider identified risks to the person who used the service. However, they did not fully assess these risks and there was lack of information on how to reduce risks. We have made a recommendation in relation risk assessments.

The person's medicines needs were met. However, the medicines administration records were not always appropriately completed. We have made a recommendation in relation to safe medicines management.

The provider had systems in place to help safeguard people from the risk of abuse. A person was supported by staff who knew how to meet their needs safely. Staff were knowledgeable about safe infection control practices.

The person's needs were assessed before they started receiving care. The person's dietary needs were met by staff who knew their individual needs.

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.

A relative said staff were caring. Staff knew the importance of treating people with dignity and respect. The person's care plan was detailed and gave information about their likes and dislikes. The provider had a complaints procedure in place. At the time of our inspection the service did not have any people receiving end of life care support. The service had an end of life care policy in place.

The relative and staff spoke positively about the management of the service. The provider had quality assurance systems in place to assess, monitor and evaluate the care delivery. However, these were not always effective. We have made a recommendation in relation to quality monitoring systems.

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

Rating at last inspection

This service was registered with us on 25/07/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Achievers Care Solutions Limited

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 carried out by one inspector.

Service and service type

Achievers Care Solutions Limited 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. 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. Inspection activity started on 31 October 2019 and ended on 13 November 2019. We visited the office location on 31 October 2019.

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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and a staff member. We were unable to speak to the person who used the service due to communication needs. We reviewed a range of records. This included one person's care records, training information and policies and procedures relating to the management and running of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative.

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 for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- The provider identified risks to the person's health. However, these were not consistently assessed, and the risk assessments lacked information in relation to how to manage the risks.
- We discussed the above with the registered manager and they told us they would review the risk assessments to ensure they provided enough information.
- The registered manager and the staff member supporting the person demonstrated a good understanding of the risks to the person and how to provide safe care.

We recommend the provider seek and implement guidance from a reputable source in relation to managing the risks to the health and safety of people.

Using medicines safely

- The provider supported the person with their medicines needs. The relative told us their family member's medicines needs were met by staff.
- There was a medicines policy and procedures in place. The registered manager and staff completed medicines administration records (MAR) after they had administered medicines. However, we found these were not always completed appropriately.
- We spoke to the registered manager about the above issue and they told us they would review and update their MARs, to ensure they were easy to follow and complete.

We recommend the provider refer to and implement current guidance in relation to safe medicines management.

Systems and processes to safeguard people from the risk of abuse

- A relative told us the person who used the service felt safe with staff.
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- The registered manager and the staff member understood their responsibilities in safeguarding people from the risk of abuse and poor care. They knew types and signs of abuse.
- There had been no safeguarding concerns since the registration of the service.

Staffing and recruitment

- At the time of the inspection, the registered manager and a staff member provided personal care support to one person. Staff rotas confirmed this.

- The relative told us they were satisfied with staff punctuality.
- The provider had a recruitment policy in place. A staff member's file contained recruitment documents and checks including employment references, proofs of identity and right to work in the UK and criminal records.

Preventing and controlling infection

- The provider had appropriate infection control policy in place.
 - The registered manager and the staff member understood how to prevent and control risk of infection.
- They used personal protective equipment when provided personal care to reduce the risk of cross infection.

Learning lessons when things go wrong

- The provider had procedures in place to report, record, and investigate accidents and incidents.
- There were systems in place to take actions when things went wrong, and lessons learnt to minimise future occurrence.
- There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

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

- The provider had systems in place to assess people's needs before they started using the service to ensure they could meet people's needs and to identify staffing and training needs.
- The registered manager visited the person and relative to assess their needs and abilities. They sought information in relation to their medical, physical, emotional, communication, social and cultural needs and the support they required.

Staff support: induction, training, skills and experience

- The provider had systems in place to provide induction and refresher training to staff to enable them to provide effective care.
- A staff member told us the training was good. They said, "I did my induction training for two weeks. I learnt about the care plan, personal hygiene, medicines, safeguarding, the Mental Capacity Act 2005, dementia. I also shadowed the registered manager. I feel confident."
- The service had systems in place for staff supervision and appraisal. The registered manager had scheduled a supervision for the staff member in line with their start date of employment.

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

- The relative told us the person received appropriate support with their dietary needs.
- The registered manager and the staff member had a good understanding of the person's dietary needs, their likes and dislikes.
- The person's care plan contained information about their food likes and dislikes, culturally specific and health related dietary needs so staff had the necessary information to help meet people's dietary needs.

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

- The registered manager worked with professionals including the doctor and the occupational therapist to ensure the person received effective care.
- The person's care plan contained the relevant healthcare professionals' contact details.

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.

- The registered manager and the staff member asked the person's consent, gave them choices and encouraged them to make decisions regarding their care. A staff member said, "I ask [person] what [person] wants to eat, what [person] wants to wear by showing [person] clothes."
- The registered manager had completed a mental capacity assessment for the person who used the service. The person's care plan detailed information related to their relative who had legal authority to make decisions on their behalf, and signed consent forms.

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

- A relative told us staff were caring.
- The person's care plan recorded their cultural, spiritual and religious needs. This enabled staff to meet their cultural and religious specific needs.
- The registered manager and the staff member were trained in equality and diversity and knew the importance of providing care that met people's individual needs in relation to their protected characteristics.

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

- The provider asked the person about their views in relation to their care and involved their relative in the care planning process to identify the care outcomes. The person's care documents confirmed this.

Respecting and promoting people's privacy, dignity and independence

- The person was supported by the registered manager and a staff member, this provided consistency in care. The registered manager told us the continuity of care was important to them and they had processes in place to ensure that.
- Staff understood the importance of treating people with dignity and respecting their privacy. A staff member said, "I make sure I provide care as per [person's] wish and interest. I keep [person's] belongings clean. I don't rush [person], I am very patient with [person]. I speak to [person] softly, when assisting with personal care I close the door."

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

- A relative said staff met their relative's personal needs.
- The person's care plan was detailed and gave information about the person's background and personal history, wishes, likes and dislikes, health and social care needs, care outcomes, preferred care timings and how they would like to be supported.

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.

- The person's care plan gave information about their individual communication needs and how to communicate effectively with them. It also included their behavioural needs and actions staff were required to take to support and reassure them.
- The registered manager and the staff member were knowledgeable about the person's preferred communication methods.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The person and their relative were provided with information on how to raise concerns and make a complaint.
- However, as no complaints had been received, we were not able to judge the effectiveness of the provider's processes.

End of life care and support

- The provider had an end of life care policy in place to support people with end of life care needs.
- However, currently no one was being supported with end of life care needs. We were therefore unable to assess whether the provider's systems to support people with end of life and palliative care needs were effective.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A relative told us they were happy with the service and the management was approachable. They said, "[Person who used the service] received excellent care."
- A staff member commented they felt well supported. They told us, "I feel supported in my job, [Registered manager] calls me every day to check how [person] is doing. If I am not happy about something I will call my manager and she listens to me."
- The registered manager had future plans in place to keep staff informed about the matters related to the service via team meetings.
- There were policies and procedures in place relevant to the service. However, at the time of our inspection we were unable to assess fully the effectiveness of these policies and procedures due to the limited service being provided.
- The provider had systems in place to ensure the safety and quality of the service. We reviewed a record of an observation visit and a spot check carried out to ensure staff arrived on time and provided care as per the agreed care plan.
- However, the provider's monitoring and auditing systems had not been fully embedded and had not identified gaps and issues with the risk assessments and the medicines administration charts.

We recommend the provider seek and implement guidance from a reputable source in relation to quality monitoring systems.

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 registered manager understood their responsibilities in relation to the duty of candour. They said, "It is about being accountable and responsible for your own actions. You acknowledge the incident, investigate, and learn lessons and improve. You inform the person, the family, the LA and the CQC."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems to formally seek people, relatives, their feedback on the quality and safety of care, and the management of the service.
- The registered manager told us they would send out annual survey questionnaire at the end of the year.

Working in partnership with others

- The registered manager told us they liaised with the local authority and professionals to ensure people received good care.