

Healthcare Access Ltd

Healthcare Access Ltd Oxford

Inspection report

Mewburn Road
Banbury
OX16 9PA

Date of inspection visit:
18 November 2021

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13 December 2021

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 this service.

Healthcare Access Ltd is a domiciliary care agency providing care to people in their own homes in the Oxfordshire area. At the time of our inspection 17 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans.

There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people. Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management to perform their role.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

The registered provider had a compliments and complaints policy which was available to people. Records confirmed any complaints were dealt with compassionately, in line with the policy.

People, their relatives and staff spoke highly of the registered manager; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the registered manager. Systems to monitor, maintain and improve the quality of the service were in place and were effective.

Rating at last inspection

This service was registered with us on 9 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of an unrated service.

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?

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

Healthcare Access Ltd Oxford

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 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.

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. 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 as we needed to be sure that the provider or the registered manager would be in present the office to support the inspection. The inspection was carried out on 18 November 2021.

What we did before the inspection

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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with three people using the service, seven people's relatives, two staff members, the care team leader and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for five people, medicine administration records, staff training records, four staff recruitment files, staff supervision and appraisal records, quality assurance audits, incidents and accidents reports, complaints and compliments records, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted a further three members of staff to obtain their opinion on the quality of the service provided.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I feel safe." Relatives comments included; "They (staff) take safety very seriously," and "The manager is very caring and pro-active. [Person] had a small nick on her leg and [registered manager] went out to see her and rang me to say she was getting the District Nurse to visit her to be on the safe side."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "If I had any concerns I would report immediately to my manager and social services."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person and contained detailed guidance for staff to manage the risks. These included risks associated with mobility, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed. One relative commented about risks. They said, "[Registered manager] is really good. She always says, 'don't worry, you know where I am and I'm always there for you.' So, I know I can ring her any time."

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service (DBS) were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "There could be more (staff), we all work extra shifts, but I think we have a good balance".
- People told us staff were usually punctual. One person said, "I've never had a problem with late calls. The carers do really well to get here on time every day." One relative said, "The carers have never missed a call, even in the bad weather. When the snow was really bad, the manager came out herself to do the call."
- The service used an electronic monitoring system that alerted the office if staff were running late. The system also evidenced there were no missed visits recorded.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely.
- We saw that most people's medicine was managed and administered by people's families.
- Medicine records were accurate and up to date. Records confirmed and staff told us competency to safely administer medicine was regularly checked. One staff member said, "I do get checked, I've been trained."

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- All accidents, incidents and near misses were recorded, and staff told us they knew the process of reporting an incident.
- Learning from incidents was used to improve the service.

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's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- One person commented on the assessment. They said, "I was fully involved in setting up my care plan and I've had reviews since then which have been very helpful. [Registered manager] contacts me anyway to check how I'm getting on so I don't worry about being forgotten."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction and shadowed an experienced staff member until they were considered competent to work alone.
- Staff received ongoing training relevant to their roles, and specific to people's needs. One staff member said, "The training was good, it gave me confidence to work with our clients."

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

- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation.
- Care plans contained details about how to support people at meal times. These listed details of what people preferred to eat and drink and how best to support them.

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 and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The service worked in partnership with people, their relatives and other agencies to support people to access the healthcare they require.

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.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One relative told us, "The carers always explain what they're doing and ask [person] permission before they do anything. They're very good at encouraging her."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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 told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. One person told us, "I can't fault my carers." Relatives also told us about the staff. One said, "The carers are lovely, we know them all and they know us."
- Staff presented an insight into the importance of understanding and respecting people's background, needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "I know my clients, they are amazing, a really good bunch."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, regular quality monitoring phone calls took place between the service and people and their relatives to ensure high quality of care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives.
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care. One person told us, "The carers are absolutely brilliant. They make sure [person] does as much as she can for herself, like they make sure her phone and TV remote are within reach before they go. And they don't patronise her, she hates being patronised."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care records included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were detailed, personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered. One relative commented on how responsive the staff were. They said, "[Person's] bed position was set too high and she couldn't get comfortable. I rang the office and the carers went straight back to sort it out."

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.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, one person's care plans contained information and guidance relating to a person who used glasses.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. Documents were available in different languages if needed.

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

- People were supported to maintain relationships that mattered to them, such as family and friendship.
- One person told us how the staff engaged with them about their family. They said, "They [staff] always remember my stories about my family and ask after my relatives. It's lovely."

Improving care quality in response to complaints or concerns

- Records showed that complaints about the service had been resolved compassionately and in line with the complaints policy.
- People and their relatives knew how to raise any complaints or concerns about the service. One person's relative told us, "I think the office people are lovely. I rang them when I was a bit worried about something and they were really kind."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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

- People and their relatives told us the service was well-led. One person told us, "The manager is very good, she rings me regularly and I feel I'm in good hands." A relative said, " [Registered manager] is brilliant. She's always on the end of a phone and she contacts me to see how things are. She's very efficient and I think she'd get anything sorted if you needed it."
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "[Registered manager] is really good, supportive and approachable". Another said, "She is lovely, she tries so hard. A really good manager who is very supportive."

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 was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs), spot checks and regular quality monitoring phone calls. Action was taken to address any identified issues.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The registered manager had an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via the telephone. Surveys were also conducted to obtain people's opinions. We saw the results of the latest survey which were extremely positive.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. This included training for staff to support people with specific conditions.

Continuous learning and improving care; Working in partnership with others

- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The registered manager was a member of the Oxfordshire Association of Care Providers (OACP) and the Outstanding Homecare Network. They said, "They are a great source of support, information and best practice."