AccuroCare Limited

AccuroCare West Herts

Inspection report

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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

Overall summary

This inspection took place on 25 and 30 November 2015, and it was announced. This was the first inspection at the service since registering with the Care Quality Commission (CQC).

AccuroCare West Herts is a domiciliary care service providing personal care and support for people in their own homes. At the time of our inspection they were providing a service to approximately 50 people.

The service has a registered manager as required by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and were supported by consistent staff who were knowledgeable and skilled. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm.

Summary of findings

The service had robust recruitment procedures in place. Staff were competent in their roles and were supported by way of spot checks, supervisions and appraisals. These were consistently completed for all staff and used to improve and give feedback on performance.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which included personalised risk assessments that gave guidance to staff on how individual risks to people could be minimised.

Staff were kind, polite and friendly. They provided care in a courteous manner, treating people with respect. Staff promoted and maintained people's dignity and provided encouragement to people throughout their support.

There was a clear management structure at the service and people, their relatives and staff knew who to raise concerns to. There was an open culture and senior members of staff were approachable. The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

Feedback on the service provided was encouraged and action plans had been developed to address any issues raised within audit processes and surveys, with a view to continuously improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us that they felt safe.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

The provider had robust recruitment processes in place.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to provide the care and support required by people.

People received care and support from consistent members of staff.

People were asked to give consent to the care and support they received.

Good

Is the service caring?
The service was caring.

People were supported by staff that were kind, polite and friendly.

Staff were aware of people's preferences and choices and knew the people to whom they provided care.

Staff were respectful and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had an effective system to manage complaints.

Good

Is the service well-led?
The service was well-led.

People were encouraged to give feedback on the service provided and this was used to develop the service.

Staff told us they felt valued and supported and that management were approachable.

The manager completed regular audits to monitor the quality of the service provided.

Good

AccuroCare West Herts

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 30 November 2015. The provider was given 48 hours' notice because as the service was a care agency we needed to be sure that they would be available on the day of the inspection.

The inspection team was made up of 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five care workers, one workforce development officer, one quality and compliance officer and the director.

We reviewed the care records, risk assessments, medicines administration records (MAR) and daily records of ten people who used the service. We reviewed how complaints were managed, looked at six staff records and the training records for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Following our visit to the service's office we spoke with seven people who used the service and a relative of one person by telephone to ask for their views of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a person told us, "I am very pleased with them…I feel very safe with them." Another person told us, "I know all the girls that come to help me and I feel very safe with them." A relative told us, "[Relative] gets various carers and they all call out when they arrive and we feel safe with them."

There was a current safeguarding policy and information about safeguarding people was displayed in the office. This included guidance for staff on how to report concerns and the contact details for local agencies. Staff told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies and demonstrated a good understanding of these processes. One member of staff told us, "I would speak to someone in the office, call the on-call person or phone social services if I had concerns about someone." Another said, "I've contacted the field care supervisor when I was concerned about someone, I'd definitely do it again if I needed to." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home. This included assessments of possible risks from the premises, access requirements, security, utilities, specialist equipment and infection control hazards. Each person also had a fire and emergencies risk assessment.

There were also personalised risk assessments in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues and emotional wellbeing, medicines, nutrition and hydration and mobility. The risk assessments provided information about the risk and the measures that needed to be put in place and had been reviewed and updated regularly to reflect any changes in people's needs. Staff were able to give us examples of how they kept people safe such as checking the environment for any issues prior to providing care, storing medicines securely and maintaining security by closing doors and windows and using people's key-safes appropriately.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

We reviewed the recruitment files for some staff. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service. The director confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service via referrals from the local authority. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support. We saw that there was an effective system to manage the rotas and schedule people's care visits.

Some people, or their relatives managed their own medicines and did not require support from staff to do this. However, the service had a medicine policy and when required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, "When I started here I was asked to complete an assessment on my knowledge of medication before completing training and since then I've had spot checks. The training has been really thorough and I feel really well

Good

Is the service safe?

trained and supported." Medicines administration records (MAR) did not name all the medicines that were prescribed for people and stated 'Contents of blister pack'. These had been handwritten by members of staff and there were no records of the medicines in tablet form that were being administered. This was brought to the attention of the director who confirmed this information would be made available to members of staff by conducting a review of the current MAR's in use and seeking possible alternative records from the dispensing pharmacies. Where medicines were not contained in the blister pack detailed information was provided. By not having detailed information regarding all medicines being administered, staff did not having sufficient information to monitor any potential side effects. A review of the daily records and MAR, showed that staff were recording when medicines had been given. Where issues with medicines had been identified by staff or gaps noted within the MAR they had been reported and appropriate action taken.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person told us, “The carers that come to me are well trained and are very good at what they do for me.” Another person told us, “My carers certainly know what they are doing.” A relative said, “The carers my [relative] get are really good and know the job.”

People were happy with the consistency of their care because they received care from regular staff who they had built relationships with. Their comments included, “I get one carer who I know very well” and “I get one carer each time and have the same carers over the week.” Results from the latest provider satisfaction survey showed that people who responded had confirmed that they had regular care staff and were satisfied with the consistency of their care.

People told us they were often introduced to new care staff before they provided their care. One person told us, “I occasionally get a trainee who’s shadowing the others to see what they need to do and how to work with people.” Staff confirmed that they had completed an induction programme when they first started work with the service and then had shadowed a more experienced colleague before working on their own. One member of staff said, "I shadowed shifts before the office checked I was ok to work alone. I asked for a bit longer which was fine.” Another said, “I had a week long induction, then shadowed shifts. I was asked if I was happy and I felt content so started out on my own calls.” Staff training records showed that staff had completed the required training identified by the agency and had further courses planned to develop their skills and knowledge. Staff told us that they kept up to date with skills relating to their roles and responsibilities and that the workforce development officer monitored their training needs and when refresher courses were required. One member of staff told us, "We get sufficient training and get asked if there are any other areas we want training on.” Another member of staff told us, “We are supported really well with training and development. Some of us have had additional training in specific areas and now we are the service’s ‘champions’ in that respect.”

Staff told us that they had regular supervision meetings and were supported through team meetings, spot checks and that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of these meetings in the records we looked at and that they were used as opportunities to discuss wellbeing, performance, training and any other support measures that the member of staff may require. Senior staff undertook spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These ‘Care Worker Compliance Assessments’ included an evaluation of the care workers’ performance, skills, attitude and timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment. One member of staff told us, “I enjoy the spot checks. I get to discuss them at my supervision and find out how I’m doing. I get the chance to find out how I might improve and where I’ve done well.”

People we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said, “They always ask if it is ok to do things for me.” Another person said, “They always ask for my consent when they are helping me.” Not all staff had received training in the Mental Capacity Act 2005 (MCA) however, it was identified as a training need for all staff and some courses had been secured. The 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. Although staff were not able to fully explain the legal implications of the Act when supporting people in meeting their needs, they understood their roles and responsibilities in ensuring that people consented to their care and support. Staff said that they always respected people’s decisions. One member of staff said, “We have to respect people’s wishes and people’s decisions about everything. You know, treat people how we would want to be treated.” The staff we spoke with were able to describe ways in which they sought consent from people prior to providing care and support. Written consent to their care plans had been provided by people, or their relatives in most of the care records we viewed. We brought to the attention of the director two plans where written consent was not documented.

People’s needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals and to eat and drink

Good

Is the service effective?

sufficient amounts by the care staff, where they needed help. One person told us, “They make what I like for breakfast and always make a hot drink for me.” Another person said, “They don’t make any meals for me but they always make sure I have a drink before they leave.” A third person said, “They always make sure I have plenty of drinks, hot and cold.” Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan to ensure that they had enough to drink. Staff confirmed they would report any concerns with regards to a person’s nutrition or hydration to the office.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One person told us, “One day my carer noticed my knee was swollen and they rang the doctor to come out and check it.” Staff told us that they sought advice from the office if they had concerns over a person’s well-being or called the person’s GP. We also noted from the care records that people had accessed other health care professionals, such as dietitians or physiotherapists, either during their assessment or when required in managing an ongoing health concern.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff and were very complimentary. One person said, “They are polite, courteous and very friendly.” Another person told us, “The care I get is excellent. Nothing is too much trouble for them. They always try and think of ways to help me.” A relative told us, “The care my [relative] gets is very good, the carers treat [them] with real respect.” Comments from a recent provider satisfaction survey included, “Staff are always happy and jolly”, “I look forward to their visits” and “I’d be lost without their smiling faces.”

People told us that care workers were respectful and treated them with dignity and took care not to rush when helping them. One person said, "They are very respectful when they talk to me.” Another person said, “They are very kind and respectful and always speak to me so nicely.” Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people which included knocking on people's doors before entering, ensuring doors and curtains were closed and that people were covered when undertaking personal care. One member of staff said, “I try to put myself in their shoes. I always ask the person if they are ok and check with them that they are comfortable.”

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us “I am very happy with the service. It is all managed very well and very flexible to change when requested.” Another person told us, “Nothing is too much trouble, they even pop to the shop if I ask.”

People confirmed that they had copies of their care plans in their homes and knew what they were for. We saw a copy of the files held in people’s homes which showed that a range of information had been included for use by people and the members of staff providing care. This included details of people’s care needs, information about the service, the complaints procedure and emergency protocols. Members of staff spoke about how they used the care plan as a guide in providing care to people and ensuring that they met their needs. However, they completed extra tasks if people requested it or if they identified someone may need extra assistance. One member of staff said, “I always ask, ‘is there anything else I can get you?’ and check they have everything to hand that they may need before the next call.”

People told us that staff encouraged them to maintain their independence. One person said, "They always help me to do as much as I can for myself, which makes me feel better about myself.” Another person said, “I am very independent and they encourage me to keep it up.” Staff said that they encouraged people and where possible, they enabled them to maintain their independence by supporting them to do as much as they could for themselves. One member of staff said “I help where it’s needed, but try to suggest people do things for themselves if I know they can do it. It keeps people active and doing stuff for as long as possible.”

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, safe storage of their rotas, keeping key-safe numbers confidential and the safe transporting of records when returning them to the office.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care. One person said, “I can’t remember the planning meeting but I know we had one. My [relative] helped organise everything.” Another person told us, “I have been getting the care for the past two years and it was sorted while I was in hospital and was a really positive experience.” A relative told us, “The care was organised between us and the social worker and was just what [relative] needed.”

People and their relatives told us how a member of staff from the service visited them to complete an assessment prior to them receiving a service. They had asked them what support they needed and wanted. One person said, “When I came out of hospital I first went to a care home to get me ready to come home. While I was there the manager came to see me to organise what I needed when I got home. They made it so easy.” Another person told us, “In the past, I was with [another care service] and the care was passed to AccuroCare. They came round and discussed all my needs and how best to serve them. It was really good.” Information from the assessments had been used to develop the care plan which outlined how people’s needs were to be met. We noted that care plans were detailed and provided clear guidance and information on the care each person required during their visits, however they lacked detail on the person’s preferences. A copy of the care plan was held in the office and at the person’s home.

People told us that staff provided a personal service and knew about them. One person told us, “The carers who come to see me do understand me and how I like things to be done.” Another person said, “My carers certainly know what I like and what I don’t like and we have an excellent relationship.” Staff were knowledgeable about people they supported. They were aware of people's hobbies and interests and their family backgrounds and had gained this knowledge from the time spent talking to them. Staff told us that they were kept informed of changes in people’s needs by telephone calls from the office, at team meetings or by reading updated care plans. Staff confirmed they would call or visit the office to ask for clarification if they were unclear about anything written in people’s care plans.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. A copy of the procedure was kept within the file in their homes and was issued in the information pack when a person began using the service. One person told us, "I have no complaints and I know I would ring the office if I had any concerns.” Another person told us, “If I did have a problem I would soon contact the office.” A relative told us, “We have no complaints.” We saw that where complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant , a copy of the letter sent in response and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

Good

Is the service well-led?

Our findings

There was a registered manager at the time of this inspection. Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the service.

People and staff felt the registered manager and office staff were available if they had any concerns and felt well supported. One person told us, “I could not be happier with the service I get. They came a few weeks ago to check how I felt about the care.” Another person told us, “I am very happy with the service I get. The office staff are very good.” A member of staff said, “Everyone in the office is nice, friendly and approachable. Really supportive. They make you feel valued.” Another member of staff said, “I don’t hesitate to contact [registered manager] at any time when I need advice or just to talk. I always feel listened to.” Staff we spoke with understood their roles and responsibilities.

The registered manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and by sending out questionnaires for them to complete. People told us, "I have had a few phone calls from the office to check if everything is alright and I have had the odd questionnaire.” Another person said, “They do ring and check on things.” A third person said, “The checks they have made were through the carer.” They went on to explain how they had been asked their opinion of the service whilst a member of staff was being assessed. A satisfaction survey was conducted bi-annually. The registered manager had analysed the results of the surveys and developed an action plan from the feedback received. People had been sent the results of the surveys and staff informed of the feedback received. This showed how the registered manager used the views of people to improve the service. We also saw action plans that had been completed by the registered manager following internal audits and external audits completed by the local authority. The registered manager had also completed a development plan following completion of the Provider Information Return (PIR) and was able to provide an update on the progress made against the key areas we assess.

The registered manager and senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The provider also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records, an explanation was given and the actions taken recorded.

The staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service. At a recent team meeting we saw that topics discussed had included feedback and compliments, call management systems, confidentiality, training and client updates. A copy of the minutes were available for all staff to read. Staff confirmed that they were given the opportunity to discuss any concerns at these meetings. A monthly newsletter was also sent to all staff employed by the service to give them information on news within the team, training and the details of the next team meeting.

We saw that records were held securely in the office and that computers were password protected. This meant that people’s information was protected from unauthorised access.