

A.C.C.E.S.S. 2016 Ltd

A.c.c.e.s.s 2016 ltd

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 ●

Summary of findings

Overall summary

This unannounced inspection was carried out on 3 August 2017. A.c.c.e.s.s 2016 ltd provides support and personal care to people living in their own homes in Sutton and Ashfield, Kirkby in Ashfield, Mansfield and surrounding villages. On the day of the inspection visit there were 11 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by regular members of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The registered manager provided leadership that gained the respect of staff and motivated them. There were systems in place, and more being introduced, to monitor the quality of the service.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People received their care and support by staff who had been trained to provide this safely.

There were sufficient and suitable staff employed.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had been trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People were supported by staff who were motivated to to carry out their duties to the best of their ability.

A.c.c.e.s.s 2016 ltd

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 3 August 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included their statement of purpose.

During the inspection we spoke with three people who used the service and six relatives. We also spoke with two care workers, a care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us staff were, "Very trustworthy, I don't worry about that (safety) at all." A relative told us they and another relative, "Both feel safe in the knowledge that [relation] is safe and secure, they (staff) care for them as well as we would." Another relative said their relation was "totally safe with them". Relatives also commented that they felt their relations were safe because they were visited by a small group of staff who they knew.

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. They described indicators that could signify a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising, as well as listening to anything that people told them. Care workers told us they knew where and how to report any concerns. A care worker told us they would report any concerns they suspected or identified during a visit to either the care manager or registered manager, but they said they had not needed to do so.

The registered manager told us they provided safeguarding training for staff, which some recently recruited care workers had still to complete. They told us they were confident that care workers would pass on any concerns they found, which they knew to report to MASH. This is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

The care and support people received from staff helped keep them safe. One person who required assistance with their mobility said this was done carefully and safely and they trusted the staff who assisted them. A relative told us, "Mobility is the main thing the carers support [name] with to stay safe." Another relative said their relation sometimes put themselves at risk by trying to stand up when they were "not having a good day". The relative said staff adapted to the person depending on how they were feeling that day.

Care workers told us they encouraged people to be safe in their daily routines. They said the biggest risk was people falling so they were continually checking that there were no trip hazards to interfere with their mobility. They spoke of feeling confident in using various pieces of equipment to support people.

The registered manager told us they undertook risk assessments as part of their assessment process when someone started to use the service. We saw risk assessments for various activities in people's care files including for the use of the shower, mobility issues and falls. These risk assessments included preventative measures such as ensuring a person was using their walking aid when mobilising. The registered manager said they carried out a visual inspection of people's properties when they first went to assess their needs but they did not record this. The registered manager said they would complete a written environmental assessment in future.

People told us they received their care and support at the time this was planned for from staff they knew and saw on a regular basis. Relatives spoke of their relations having continuity of staff and visits being

punctual. One relative said their relation, "Sees the same staff members as their shifts dictate. They are always on time."

Care workers told us that they were able to arrive at each person's call on time and there were enough staff employed to carry out people's visits as needed. They said they had enough time allowed on their rota to travel between calls and never had to leave a call until they had completed what needed to be done.

The registered manager told us they used an online rota system which alerted them if someone had not arrived at a call on time. They said on the odd occasion when a staff member had been delayed due to unforeseen circumstances, such as traffic delays, they would notify the person and inform them of the delay.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Care workers described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People who required support to manage and take their medicines were provided with this. One person told us they were able to take their medicines independently but staff always checked they had taken their medicines. Relatives told us their relations were provided with the support they needed to take these. This included collecting prescriptions and reminding or assisting people to take their medicines as well as making a record to show they had been taken.

Staff told us they had completed medicines management training and they felt confident in supporting people with their medicines. A care worker said how they always checked the medicine administration record (MAR) to ensure they were giving the person the right medicine and there had been no changes made. A care manager described how they followed good practice when supporting one person to take their medicines with them when they went to a local day centre each week.

The registered manager said they checked people's MAR sheets to ensure they had been given their medicines as intended. They said they had checked staff were providing the support needed safely but they had not completed a written competency form to show this, but this was something they would be doing in future.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person told us, "They certainly seem to know what they are doing, they have definitely had the training." Relatives also felt staff received the training they needed. One relative said staff, "Suggest things we haven't thought of so that shows their background knowledge."

Staff told us they were provided with the training and support they needed to carry out their work. Care workers said they had received an induction when they started with the service and that they received good training. One care worker told us, "Everything is explained thoroughly, they won't send you into see someone unless you are 100% sure."

The registered manager told us they had created an induction pack for new staff and provided them with a staff handbook. They explained as a new service they were gradually increasing their staff numbers and some of the more recently appointed staff still had some of the training to complete because they were working through the training programme. The registered manager said they would be introducing the Care Certificate into the staff training programme in the near future. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff spoke of having frequent discussions about their work with the registered manager and care manager which provided them with support and guidance. The registered manager said they had a work discussion (supervision) with care workers at the office and undertook spot checks when out working.

People who used the service were asked to consent for their care and support. One person said staff, "Don't push me into anything, they listen to me." The person also told us they had given written agreement to receive their care and support when they started to use the service. Relatives told us how their relations were encouraged and supported to make choices and give their consent. One relative told us their relation, "Does have a voice in that moment, so at the time can say yes or no, which staff respect." Another relative said staff, "Speak so plainly with them and give them time to answer so they can express some of their thoughts."

Care workers told us they obtained people's verbal consent before providing them with any care, and supported them to make decisions about this. One care worker said, "If someone doesn't want us to do something that is their right." The registered manager said people provided written consent to receive support with their medicines. They also said they were implementing a system for people to sign their care plans and care reviews to show they were in agreement with these.

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. We checked whether the service was working within the principles of the MCA and found that where people did not have capacity to make certain decisions the registered manager had completed a mental capacity assessment. The decisions to be made and how a best interest decision was made when the assessment determined the person did not have capacity was not as clear as it could have been. The registered manager said they would redo these making these points clearer. We also saw some mental capacity assessments had been completed unnecessarily as the person did have capacity to make the decision being assessed. The registered manager said they had been trying to be 'thorough' and removed these from people's files.

People who required support to ensure they had sufficient to eat and drink to maintain their health and wellbeing were provided with this. One person told us that staff, "Help me with any cooking I want to do." Relatives described different support their relations received. Some people had pre prepared meals heated for them and others had fresh meals prepared. One relative told us care workers prepared their relation "fresh meals" including omelettes, salads and fish dishes. They said their relation had "a wide menu."

Care workers told us people they supported did not require a lot of nutritional support as they all ate well and they did not have any concerns about any changes in people's weights. The registered manager said they prepared the types of meals they were requested to. They said staff had completed training in basic food hygiene and that if they had any concerns about someone's nutritional intake they would seek healthcare advice.

People were supported by staff who understood their healthcare needs and knew how to support them with these. One person described receiving the support they needed to manage their healthcare and added that staff "will ask me how I am feeling". A relative told us staff knew how to provide their relation with the support they needed. They said that if their relation was "feeling down" staff would "Coax them without them getting upset, it is part of the whole care package." One relative told us how the registered manager had rearranged their relation's care following a stay in hospital. They said this had included an increase of visits as well as carrying out, "A safe and well check in the morning. [Relation]'s health was deteriorating and they have risen to the challenge."

Staff told us they understood people's healthcare needs and could tell if someone was not feeling well. The registered manager told us they followed advice given by healthcare professionals and contacted them if they had any concerns. They gave an example of contacting a district nurse when they noted a person had a red mark on their skin.

Is the service caring?

Our findings

People who used the service described all the staff as caring and showing a genuine interest in their wellbeing. One person told us, "They are very caring people." Relatives praised staff with several of them referring to how staff go "above and beyond" what they expected of them. One relative told us, "I do believe they look after [relation] how they would want their relatives to be looked after. They are not over familiar they just they give the right level to show they care. They have got that quality." Another relative said they were "over the moon with them". A third relative said, "I can tell as soon as they walk in [relation] is pleased to see them, there is that bit of banter I feel secure they have [relative]'s interest at heart." They added the service, "Definitely passes the mum test."

Staff told us they enjoyed their work and found it rewarding. They spoke about people with care and compassion. The registered manager told us they asked candidates to explain what they saw caring to be as part of their interview and would not employ anyone who could not describe this in the way they expected. A relative told us, "If they employed someone who didn't match up to their criteria they wouldn't keep them to make the numbers up."

People were involved in planning their care and support and making decisions about this. One person told us, "I am very happy, they do what I ask them to do." A relative said their relation will tell staff "if they do or don't want to something". Relatives also spoke of staff being flexible to take into account their mood and how their relation was feeling. Another relative said, "They are there a lot and know [relation] well and what they like."

Staff said they respected choices people made. One care worker said, "At the end of the day it is their home and they say what goes. We have to respect that." The registered manager told us they prepared people's care plan with them and would liaise with a relative if the person wished them to.

The registered manager told us there was one person who used the service who was supported by an advocate. They said that they knew how to support people access an advocate if they wished to. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were treated with respect by staff who were polite and respectful. When we asked one person if they were treated with respect they replied, "Absolutely, they are great." Relatives spoke of care workers speaking respectfully to their relations. One relative said the way staff spoke with their relation showed they were "valued as a person in their own right."

Care workers described how they conducted themselves in a respectful way when in people's homes and respected their thoughts and beliefs. They also told us how they followed practices that promoted people's privacy and respected their modesty. The registered manager told us that issues of privacy and dignity were included in people's assessments and discussed with care workers before they start to deliver a person with any care and support. There was information in one person's plan about them not liking to be rushed so

care workers needed to be patient. The registered manager also said that all staff were signed up to become dignity champions and ways of promoting dignity were displayed in the office.

Is the service responsive?

Our findings

People received the care and support that had been planned for them and this met their needs. One person said care workers, "Help with my personal care and make my lunch which is what I wanted them for." Another person told us, "They do everything we agreed and more. If I need anything they will go and fetch it for me. They even see to my flowers if they are looking tired." A relative told us, "Their (staff) ability to adapt and understand [relation]'s needs is second to none."

Care workers told us they met people's needs and would do 'little extras' if they could. One care worker gave an example that they would fetch some milk for someone if they had or were about to run out. The registered manager said they regularly asked people who used the service if their needs were being met and whether there was anything else they required.

The length of people's calls was based on the support they had been assessed to need. For some people this included some time for shopping trips as well as their care and support needs. A person told us, "They (staff) take me shopping, I like to see what I am buying." Staff told us they met people's needs and had enough time allocated for each call to provide people with the care and support they needed.

People told us they had been given a folder which described their care and support. They also said this was used to record how they were and what had taken place during each visit. One person said, "I've got a folder where they write down whether I'm feeling unwell and what I've eaten. They check on my welfare." Care workers told us they found the care plans informative and they recorded what had taken place during each visit.

We saw people's care plans contained a description of their preferred routine for meeting their needs. These were reviewed monthly and updated when needed. There were some care plans prepared for needs people did not need any support with and the registered manager said they would remove these as they were not necessary.

People were provided with information on what to do if they had any concerns or complaints with the service. A person who used the service confirmed they had been told how to raise any concerns but said they had not needed to do so. Relatives also said they had not raised any concerns but were confident these would be addressed if they did. One relative said, "I know the procedure if I had a complaint, but I don't."

Staff were aware of the complaints procedure and the registered manager told us a copy of the procedure was included in each person's care file. The registered manager told us they had received one complaint which they had addressed with the complainant who was satisfied with the outcome. The registered manager said the record of this complaint was in the person's care file and they had not created a central record of any complaints made, but they said they would now do.

Is the service well-led?

Our findings

People felt the service was well run and had a positive culture. A person who used the service told us they thought the service was "very well organised and a great company who go above their station." Relatives shared the same view and commented about how flexible the service was and that they felt communicated with them well. One of them said, "They have definitely got the finger on the pulse in all areas of care." Another relative said, "I hope they get a good (CQC rating) because they are good. They give a really personal service" they added, "Can you make sure your report reflects how delighted we are with them."

Care workers believed the service was well run and valued them as well as the people who used the service. They said they were able to make suggestions and would be able to speak out if something was not right. One care worker said, "This is a service that is growing and going places. It is a little bit different, like the uniform we have, more relaxed and less formal." Care workers told us they could always contact a manager for advice, including out of hours. One care worker said, "If I have any problems there is someone at the end of the phone." Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The registered manager described how the name of the service (A.C.C.E.S.S.) was an acronym of their values (attentive, compassionate care, enabling and sensitive support). They told us they were still putting systems into place and developing the service. The registered manager said there was a lot of dialogue between the managers and staff on a daily basis and they welcomed any suggestions they had. The registered manager said care workers had made suggestions about the daily log format they used. They showed us the minutes from the first staff meeting held in April 2017 and told us they were planning a second one soon. There were also regular management meetings held. The registered manager showed us the electronic rota they used and said staff could access this at any time to know the calls they needed to undertake.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any event they needed to notify us of.

People were confident in the way the service was managed and had confidence in the registered manager and the care manager, who they saw on a regular basis. A person who used the service told us, "The managers are very approachable." Relatives told us both managers were easy to talk to and they had good relationships with them. One relative told us the registered manager was, "Really caring, she has got a real empathy, the care she gives is first class."

Care workers told us the managers were "really lovely and helpful" and said they felt "really at ease with them". They described the way they were managed as "brilliant" and that everyone worked well together as a team. The registered manager told us they tried to provide staff with the leadership they needed and

received positive feedback from people who used the service about the way care workers responded.

The registered manager described how they ensured people were satisfied with the care and support they received. This included discussing this with them when they undertook their care calls and making monthly courtesy telephone calls to ask their views on the service they received. We saw records made of these calls which contained positive comments. One person had commented they had, 'no issues and pleased with the care provided'.

The registered manager showed us the auditing systems they had implemented which included reviewing people's daily notes and MAR sheets. They told us they would be implementing more audits in due course with the next one being for auditing people's care plans. The registered manager also said they would be introducing quality assurance surveys for people who used the service and relatives.