Quality Care and Companionship Ltd

Acer Care

Inspection report

28a Avenue Road
Great Malvern
Worcester
Worcestershire
WR14 3BG

Tel: 01684568001
Website: www.acercare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Acer Care is a domiciliary service which provides personal care to people living in their own homes. At the time of the inspection the service provided care to 63 people.

People's experience of using this service:

People and their relatives were complimentary about the service provided and said they could rely on staff to provide the care agreed.

Staff understood the risks to people's safety and supported them to reduce risks, whilst promoting their choices.

Staff knew how to identify concerns, such as allegations abuse, and understood how to protect people.

People's needs were assessed, so staff could be sure they would be able to meet their needs.

People's care was planned with them and reflected their preferences. People, relatives and staff worked together to adapt people's care plans as their needs and preferences changed.

Staff promoted people's rights to independence, dignity and privacy when planning and providing their care.

Staff had developed the skills needed to care for people, and supported people to see other health and social care professionals, so they would enjoy the best health possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People were supported by a consistent staff team, and had developed strong bonds with staff who understood what was important to them, and how people liked to communicate.

Systems were in place to take learning from any complaints or concerns raised. People and their relatives knew how to raise any concerns and complaints and were confident these would be addressed.

People were complimentary about the way the service was provided and managed.

The registered manager considered people's views as part of their quality assurance processes. The registered manger planned to further develop their quality assurance system so they were assured people's needs continued to be met.

Staff were encouraged to reflect on the care provided so improvements to the service would be driven through.

We found the service met the characteristics of a "Good" rating.

Rating at last inspection: Good. The last report for Acer Care was published on 14 November 2016.

Why we inspected: This inspection was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service and will inspect within 30 months of the report being published.

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

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 safe.

Details are in our Safe 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.

Acer Care

Detailed findings

Background to this inspection

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

Inspection team: consisted one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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:
This inspection was announced and took place on 1 May 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

Inspection site visit activity started on and ended on 1 May 2019. We visited the office location on 1 May 2019 to see the manager and office staff; and to review care records and policies and procedures. We contacted people who use the service and their relatives on 2 May 2019.

What we did:
Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used information the provider sent to us in the Provider Information return (PIR). We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five people using the service and one relative to ask about their experience of care. We spoke with the registered manager and the provider's representative. We also spoke with six care staff.

We looked at the care records for five people, two staff employment records and information relating to the quality and management of the service, including compliments received and complaints management. We also looked at the systems for managing incidents and accidents.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People were supported to understand how to keep safe and to raise any safety concerns they may have. One person told us they felt systems were working well because, "[Staff] check to see I am ok."
• Staff knew how to recognise and report allegations of abuse to the local authority and CQC, if this was identified. Staff were confident if they raised any concerns for people's safety the registered manager would address these.

Assessing risk, safety monitoring and management
• People and their relatives were positive about the way their safety needs were identified and managed. This included risks to their skin health, and mobility care needs.
• Staff had a detailed understanding of the risks to people's safety and understood how to maintain their safety and independence.
• Staff were able to seek guidance without delay, if they had any concerns for people's well-being or safety.

Staffing and recruitment
• People and their relatives told us they could rely on consistent staff providing the care and support planned.
• Staff were not allowed to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.
• The registered manager worked with people, their relatives and staff to review the timing of care and staffing levels to ensure people's needs were met.

Using medicines safely
• Where people required some support, medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. One relative told us, "We can rely on [staff] to give [person's name] their tablets."
• Staff understood most people enjoyed the independence of managing their own medicines.

Preventing and controlling infection
• Staff were supported to follow good hygiene practices to prevent infections and had the equipment they required to do this.

Learning lessons when things go wrong
• Systems were in place to take any learning from incidents and accidents.
• Staff had opportunities to reflect on people's changing safety needs and to adjust the care planned and

provided.

Good

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

Good: 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 views were central to the assessment process. Relatives and other health and social care professionals were consulted when people's needs were assessed and reviewed.

Staff support: induction, training, skills and experience
• People highlighted how well staff used their skills and knowledge when caring for them. One person told us "Training has helped [staff] to help me. I have a lot of equipment to help me get in my chair. [Staff] instinctively knew what to do to help. They work at my pace and I feel safe when using my equipment."
• Staff gave us examples of training they were required to undertake before they could care for people. For example, to develop manual handling skills, so people would receive safe care.
• New staff were supported to provide good care to people through induction programmes, working alongside more experienced colleagues and by contributing to one to one meetings with their manager. One staff member said of their induction, "They are really good at manual handling training -you do it yourself, so you know how people feel."

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to have the food and drinks they needed to remain well. One staff member said, "You make sure [people] have drinks, and jugs of water to hand."
• Staff knew people's food and drink preferences and understood how to minimise any risks people may experience when eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•Staff followed advice provided by other health and social care professionals advice to promote people's health. One person told us they had discussed their health needs together with staff and district nurses. The person told us staff adjusted their planned care so they would continue to enjoy the best health possible.
• People were supported to see health professionals when required. One person said staff noticed if they were ill and prompted them to see their GP.

Adapting service, design, decoration to meet people's needs
• People's risk assessments considered if their home environments promoted their well-being and safety. Staff gave us examples of support they had provided to people so any adaptations, such as rails, to support people to move around their home, were put in place.
• Staff considered people's changing needs and ensured people's equipment was to hand, so they would be as independent as possible.

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's capacity assessments were undertaken in consultation with them, their relatives and other health and social care professionals.
•Staff had received training to understand people's rights. Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

Good

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

Good: 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 and their relatives were very positive about the staff who cared for them, and the bonds they had developed with staff. One person said, "Staff are lovely, we know they would do anything that was necessary."
• People told us staff's consideration and kindness also extended to their family members. One person told us this meant a great deal to them and helped to reassure them. Another person said, because of staff's caring approach to them and their family member, "We both look forward to [staff] coming in."
• One relative told us, "[Family member's name] likes to make staff laugh, and they do this all the time. They sense staff like them, and staff make them laugh, too."
• Staff spoke warmly about the people they cared for and knew people well. One staff member said, "You do have time to chat to people, you do build a relationship." One person told us, "[Staff] always remember Christmas and birthdays. It's so important to us."

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged to express their views and decide what care they wanted such as what they wanted to eat, and what time they wanted to get up. One person told us staff followed their care plan, but also asked them to decide, "If there is anything else they can do."
• Staff sought people's views on the care planned through discussion with them, their relatives and other health and social care professionals. This was done through reviews of their care and people were asked for their feedback through surveys.

Respecting and promoting people's privacy, dignity and independence
• People said staff treated them with respect, for example, by providing personal care sensitively and ensuring their dignity was promoted.
• People were encouraged to maintain their independence. For example, where possible, people managed their own medicines. One relative explained they were working with staff to plan how to increase their family member's independence when making drinks.
• Staff used their equality and diversity training to promote people's involvement in their care and to meet their sensory needs.
• People's confidential information was securely stored.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans reflected their personal histories, care preferences, needs and goals.
• People were involved in planning and regularly reviewing their care plans.
• Where people wanted support from their relatives and other health and social care professionals to decide some elements of their care, their views were acted on. One relative told us, "They [staff] ask how can we help you achieve what you want for [family member's name]. They also took my needs into account and they took the cue from me regarding the care plan. This is a lovely and unique way to support [family member's name]. I feel absolutely at liberty to ask for any changes."
• Staff were supported to provide personalised care as there was sufficient information for them to understand what was important to people. For example, how important people's pets, family and homes were to them. Staff members gave us examples of how they used this knowledge when caring for people, so they would feel fulfilled and enjoy an enhanced sense of well-being.
• People and their relatives told us staff varied the care provided, for example, by changing the times of their care calls, to meet their changing needs. Staff were supported to do this though established systems to communicate changes in people's preferences.
• Staff gave us examples of additional care they had provided to people, for example, when they were ill. One staff member explained they had undertaken an additional call to check one person's needs were met. The staff member told us, "[Person's name] was so pleased with the extra attention they got. I spoke to warden and family. [Person's name] was made up and got in touch with office to tell them."
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• One relative told us, "Staff communicate in a way [family member's name] understands, if they do not get it the first time, they will rephrase. They check for genuine answers."
• Staff considered people's sensory needs when planning and providing their care.

Improving care quality in response to complaints or concerns
• People had been provided with information on how to raise any concerns or complaints they may have.
• Systems were in place to manage and respond to complaints, when needed, and to take any learning from these.

End of life care and support
• People had opportunities to discuss their end of life care preferences with staff. One staff member explained this ensured people's wishes at the end of their life were fulfilled.
• The views of people's relative and other health and social care professionals were considered when

planning and responding to people's needs at the end of their lives.
• Staff told us they were sensitively supported to provide good care to people at the end of their lives, and people benefited from care informed by specialist health and social care professionals, such as hospice staff.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People and their relatives were complimentary about the management team and their care. One person said, "The service is well run. The care we get is good and we would be lost without them."
• Staff felt supported to provide good care, which was focused on the improving people's well-being, choices and independence.
• People relatives told us the way the service was managed was open, and this encouraged them to ask for the care they wanted. People and relatives said communication with the registered manager and senior staff was good.
• Staff told us they enjoyed working for Acer Care as they felt supported to provide good care and could contact the registered manager for advice without delay. One staff member said, "I have messaged on call frequently and they are brilliant at getting back to you." This helped staff to ensure people's care and information needs were met.
• The registered manager's vision was to provide good care to people. The registered manager told us, "I want people to be safe and happy at home, with things around them with memory and meaning, and to be well supported. We provide a good service and support their choices. It is real, it's not care by spreadsheet, it's about them as individuals."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Staff had opportunities to reflect on their practice and to drive through improvements in the care provided. Staff gave us examples of how this reflection led to improvements in staff training and people's well-being.
• Continuous improvement was underpinned by a range of quality checks undertaken by the registered manger. These included visits and telephone survey conducted with people, so the registered manager could be assured they were happy with the care provided. The registered manager told us as well as checking people's experience of care, these discussions meant "They [people] know I take an interest in their life."
• The registered manager planned to introduce a new system to provide further assurance people received their calls as assessed and planned, to further reduce risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The views of people and their relatives were incorporated into quality monitoring and assurance arrangements.

• People were consulted in the way their individual care and support was provided. One person told us they regularly discussed their care requirements with staff, and their choices and decisions were listened to. This had led to additional care being provided.
• The registered manager had put systems in place to benefit people when a number of other health and social care professionals were supporting them, such as hospices and district nursing staff. This helped to ensure the service could operate flexibly to meet people's needs, so they would continue to enjoy the best possible health and a good quality of life.