Academy Homecare Services Limited

Academy Homecare Services

Inspection report

The Striders Centre
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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

The inspection took place on the 7 and 8 March 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that the manager and staff would be available. The last inspection was carried out on the 13 February 2014 and the provider met all the regulations inspected.

Academy Homecare Service is registered to provide personal care services to people in their own homes. People who use the services may have a physical disability, dementia, mental health or a sensory impairment. On the day of the inspection there were 96 people receiving support from the service in their home. There was a registered manager in post. 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.

Summary of findings

Care staff knew how to keep people safe. People using the service told us they felt safe. Medicines were being managed safely and staff knew how to support people appropriately with their medicines.

People's consent was being sought in line with the Mental Capacity Act (2005). People were not being deprived of their human rights and their independence, privacy and dignity was respected.

We found that the appropriate support was in place to ensure staff had the appropriate skills and knowledge to provide people the support they needed.

The provider had enough care staff to support people and people's needs were being met how they wanted.

The provider ensured an assessment of people's support needs was carried out and a care plan was developed to identify how people's needs would be delivered. People were involved in the decisions about how their support was provided in line with their wishes.

The provider had a complaints process to enable people to share any concerns they had about the service they received.

The provider ensured audits and checks were carried out to ensure the quality of the service people received was to an appropriate standard. People were able to share their views by way of completing a questionnaire about the quality of the service. The provider took appropriate action to analyse and make improvements where appropriate.

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 they felt safe within the service.

People were happy with how their medicines were being managed.

The provider had an appropriate recruitment process in place.

Good

Is the service effective?
The service was effective.

People's consent was being sought. The provider worked within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We found that care staff were able to get the skills, knowledge and support needed to meet people's needs.

People were able to get the support needed to access food and drink when needed.

Good

Is the service caring?
The service was caring.

People felt the care staff were kind, caring and pleasant.

People's privacy, dignity and independence was respected.

Good

Is the service responsive?
The service was responsive.

People were involved in the assessment and care planning process.

People were able to make a complaint and knew who to complain to.

Good

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

People knew who the registered manager was and felt the service was well led.

People were able to share their views on the service they received.

The provider carried out the appropriate audits and checks to ensure the quality of the service.

Good

Academy Homecare Services

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.

Our inspection took place on 7 and 8 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Due to the size of the service the manager is often out of the office supporting staff and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We asked the provider to complete 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. This information is then used to help us plan our inspection. We also reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA) and the Clinical Commissioning Group (CCG). Both these organisations have responsibility for funding people who used the service. They did not share any information with us.

We visited the provider's main office location. We spoke with five people who used the service and seven relatives by phone. We spoke to five members of staff, the deputy manager and the registered manager who was also the provider. We reviewed ten care records for people that used the service, reviewed the records for four members of staff and records related to the management of the service.

Good

Is the service safe?

Our findings

A person said, "I do feel safe", another person said, "Yes I feel very safe". A relative told us, "[Person's name] is safe, I have every confidence the staff would ensure he was kept safe", another relative said, "[Person's name] is definitely safe". Care staff we spoke with were able to demonstrate through their responses a good understanding of how they would ensure people were safe and the action they would take where people were at risk of harm. They were also able to give a number of examples of different forms of abuse. One member of the care staff said, "I would report any abuse to the office". Care staff confirmed they were receiving the appropriate training to ensure they had the knowledge required to keep people safe.

The provider had a safeguarding policy in place so care staff would have information at hand as to the action they should take in order to keep people safe from harm. Care staff we spoke with were able to confirm they had seen the policy and knew its purpose.

The provider told us in the provider information return (PIR) that they carried out risk assessments. We saw that risk assessments were in place to identify the appropriate actions needed to reduce or manage any potential risks in relation to the support people received. Care staff we spoke with were able to identify where people had risks and explain the actions they were required to take to reduce the risk. We saw that risk assessments were being completed on the environment where people lived, on care staff prompting people with their medicines and in a range of other areas where care staff supported people.

Some people told us that staff were not always on time but they were kept informed by the office when these situations arose. One person said, "Staff are sometimes late, but I am kept informed", another person told us, "The staff are always on time and regular". A further person said, "I am happy with the staff and there are no concerns". Relatives told us the care staff were fine and they were regular and consistent. Care staff told us there were enough staff working so they could meet people's needs and working in team's ensured people had consistent staff they knew. The provider told us that they had some care staff vacancies and were currently recruiting to these posts. They were not taking on any new care packages until they had more care staff. We found that care staff completed a timesheet as part of identifying the time they arrived and left people's homes. This identified the time spent supporting people and whether care staff were on time or not. This enabled the provider to know where extra care staff were needed to inform recruitment requirements.

The care staff we spoke with told us that they had completed a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of the legal requirements to ensure care staff were able to work with people and any potential risk of harm could be reduced. The provider told us the process they went through as part of how they recruited care staff. We found that the provider was able to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and a declaration process while not currently being used was being introduced to ensure care staff were able to confirm they were able to still safely work with people.

The people we spoke with did not all get support with their medicines, but those that did were happy. One person said, "Staff sort out my medication on time and the way it's supposed to be". A relative said, "Medicines are given as they should be and the staff are very good". Care staff we spoke with all told us they received training in medicines before they were able to prompt people with their medicines. One care staff member said, "I have had medicines training". We were able to confirm that the provider ensured all care staff received training before they supported people with their medicines.

Where people had medicines prescribed to be taken 'as and when required' for example for pain relief these medicines were being taken by people when required and care staff were not required to prompt people. People were only prompted by care staff where medicines were prescribed to be taken in a particular way or at a particular time of the day. We found that when people were prompted to take their medicines that an appropriate medicines administration record (MAR) was being used to log this. Where people had refused or did not wish to follow directions from the prescriber there was no key code identified on the MAR so care staff could clearly show where medicines were refused. Care staff we spoke with confirmed they were completing a MAR and that regular

Good

Is the service safe?

checks were carried out by office staff to ensure this was being done. The registered manager confirmed the MAR would be updated to show a key code for when people refused their medicines.

Good

Is the service effective?

Our findings

People we spoke with told us that the care staff knew what they were doing and had the skill and knowledge to support them. A person said, "The carer is very skilled and she knows her job", another person said, "Staff are skilled and well trained. Staff have told me they receive training". A relative we spoke with said, "Staff do what's required to a professional level". Care staff told us they were able to get support when needed. One care staff member said, "I do get regular supervision", while another said, "I do feel supported and I am able to attend staff meetings". The provider told us that systems were in place to ensure care staff had the support they needed to meet people's needs. We found that systems were in place to offer care staff support and through an appraisal process they were able to identify their development needs.

We found that the provider had an induction process in place which included care staff being able to shadow more experienced care staff and completing the Care Certificate standards. This ensured all newly appointed care staff would be inducted and trained to a national common set of fundamental induction standards in the care sector. The provider's training program ensured that care staff had the skills and knowledge they needed to support people appropriately. The care staff we spoke with confirmed they were able to access regular training and development to further their skills and knowledge.

The provider told us in their PIR that people's consent was being documented within the care planning process. People felt their consent was being sought by care staff. A person said, "The staff always do what I ask them to do", while another person said, "The staff always tell me what they are going to do". A relative said, "They do get [person's name] consent whenever I am there". Staff we spoke with told us they would get people's consent before supporting them. A care staff member said, "I always check with people what they want doing". We saw that people's consent was being documented.

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. We checked whether the service was working within the principles of the MCA. The registered manager confirmed staff had received MCA training and the care staff we spoke with were able to explain the MCA and how this impacted on how they supported people. The registered manager confirmed no one in the service was having their human rights restricted which would require authorisation from the court of protection. Where people lacked some capacity they were still able to make decisions and give consent.

Where people needed support with their meals people told us this was being done. One person said, "I have lost five and a half stones in a year. Staff are so supportive in helping me lose weight because they normally make me a salad". A relative said, "I buy the food for my mother and the care staff always make sure it's warm for her to have". Staff we spoke with told us that where they are able, or people request it, they did cook or prepare meals. One care member of staff said, "I cook a full meal for [person's name] every time I am there". Care staff knew which people were at risk of choking and there was sufficient support available to ensure staff had the appropriate skills and knowledge to support them. The provider had in place a risk assessment to identify to staff areas of concerns.

People told us that staff had contacted their doctor when they were not well. A person said, "My mother makes all my health care appointments for me. But I am in no doubt if I asked the staff they would do so". A relative said, "Staff do support [person's name] with their health care needs". Staff we spoke with were able to confirm that where people needed support to visit a health care professional for example, a dentist or chiropodist they would take them. Relatives told us that care staff had and would contact the emergency services for an ambulance where their relatives were found to need one in an emergency.

Good

Is the service caring?

Our findings

People told us that the care staff were 'Nice', 'Friendly', 'Good mannered' and 'Caring'. A person said, "They [care staff] are very friendly, they ask how I am and ask my mother how she is", another person said, "Staff are very polite; they always say goodnight and ask if there is anything else they can do". A third person said, "The staff are pleasant and understanding. I can't fault them". Relatives all told us the same that staff were 'Kind' and 'Friendly'. One relative said, "They [care staff] are caring, approachable, they [care staff] joke with [person's name] and treat him as a person".

People told us that the care staff and office staff did listen to them. A person said, "Sometimes I have to tell the carers what I need and they do listen", another person said, "They [care staff] do listen to me and to what I want. If I didn't like something they [care staff] were doing, I would tell them and they would take it on board". Relatives told us that the care staff did listen and their relatives support needs were being met how they wanted. Staff we spoke with told us that the support they gave people was based upon what people wanted. A care staff member said, "People were able to make their own choices and share their views as to the service they had".

People we spoke with told us they were able to live independently with the support of care staff. One person said, "I take my own medicines". A relative said, "Staff ensures he does what he wants. They [care staff] respect his independence, dignity and privacy". Staff we spoke with were able to explain how they supported people to ensure their independence were respected. One care staff member said, "I only do what people tell me they need help with". This showed that people were able to keep a level of independence and care staff knew how to ensure people were not de-skilled by losing their independence.

A person said, "My privacy and dignity is respected". A relative said, "His dignity and privacy is respected, staff always drew the curtains when they provided personnel care". One care staff member said, "I would ensure people were covered over during personal care".

Good

Is the service responsive?

Our findings

People told us that office staff visited them at their home to assess their needs and they were involved in the writing of their care plan. Everyone we spoke with told us they had a copy of their assessment and care plan. A person said, "They did an assessment of my needs and I was fully involved and I have a copy of my care plan". A relative said, "I was involved in the assessment process and I do believe there is a copy of the care plan in her [mum] home. A review is also carried out". Staff we spoke with confirmed they were able to access care plans if needed in the office or in people's homes and that reviews were carried out annually. The provider told us this information in their completed PIR. We were able to confirm this information and saw that review documentation was taking place as part of ensuring where people's support needs changed this was included in their care plan. The provider carried a weekly check of the support people received from care staff against their assessment and care plan. Where a change was identified this would be actioned as part of carrying out an early review of people's support needs. For example where someone was being supported to eat by care staff, but this was not part of the original support required on the care plan. An early reviewed would take place to identify if the person's needs had changed. Care staff knew how to meet people's needs and people got the support they needed when they needed it.

People we spoke with told us they knew who to complain to if they had to make a complaint. A person said, "I know how to complain I would ring the manager in the office", another person said, "I don't remember if I was given a complainants leaflet, but I have never had a complaint. The girls [care staff] are excellent". A relative said, "I have never had to complain and I was given a copy of the complaints process". Care staff we spoke with knew how complaints should be handled and who they would pass a complaint to. A care staff member said, "I would pass any complaints to the office for the manager". We found that the provider had a compliment and complaints process in place. This was part of the service users guide given to people when they first received the service. The provider had a compliment and complaints folder for logging all complaints or compliments received within the service. The provider monitored that complaints were managed appropriately and actions followed up with any trends noted as part of their quality assurance process.

Good

Is the service well-led?

Our findings

People, relatives and care staff told us the service was well led. A person said, “The manager is approachable and the service is well managed”. A relative said, “The service is absolutely first class, the management is second to none”. Care staff we spoke with told us the service was well led.

We found that people were on a first name basis with office staff and where people did not know the registered manager directly they knew her by name. One relative told us, “Any problems I would ring the manager and everything would be sorted”. The registered manager knew the service and people they supported very well and was able to describe, answer questions and explain queries to us very well. We found that there was a management structure that both care staff and office staff knew and they were able to explain the process for dealing with emergencies out of hours, for example on a bank holiday or on an evening.

We found that audits and checks were taking place within the service. The registered manager showed us all the checks they were carrying out on all aspects of the service. This included periodically checking care staff timesheets against people’s care plans to ensure the service assessed for was what was being provided. People we spoke with confirmed that checks were carried out on staff. One person said, “Office staff do unannounced visits to check what staff are doing”, another person said, “The office staff contact me to check on the service I receive”. Care staff we spoke with confirmed that the standard of their work was checked by the office. We saw evidence that a range of checks, spot checks and telephone calls were made to check on the quality of the service. The provider told us this in their completed PIR.

A person said, “I do get a questionnaire to complete”. A relative told us, “I do get an annual questionnaire to complete, the manager also visits”. We found that the provider used questionnaires as well as telephone surveys to gather views on the quality of the service people received. The information gathered was analysed and where needed actions were taken to make improvements to the quality of the service. However this information was not being shared with people who received the service. The registered manager told us they would take action to ensure people are informed in the future.

We found that the provider had an accident and incident procedure in place. This would enable care staff to know what they should do if someone had an accident or they found someone on the floor. Care staff we spoke with were able to explain how they would handle accidents and how these situations would be recorded. We saw evidence of how incidents and accidents were logged and how the information was analysed to identify trends.

The provider had a whistleblowing policy in place. This gave guidance to care staff about how they could raise concerns about the service anonymously. Care staff we spoke with told us they knew about the policy and how and when it should be used.

We found that the provider had completed andreturned theProvider Information Return (PIR) as we had requested. The registered manager was familiar and understood their responsibilities to notify us of events and understood the requirements for reporting any concerns to the appropriate external agencies.