

Acare Support Services Limited

Acare

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

About the service

Acare provides care and support to adults in their own homes in Folkestone, Canterbury and surrounding areas. At the time of the inspection there were nine people receiving support with their personal care.

People's experience of using this service and what we found

People were protected from avoidable harm and risks to people were managed safely. The registered manager promoted an open culture and acted on any concerns. There were enough safely recruited, suitable staff to meet people's needs. People were supported by a consistent staff group who attended their care visits as planned. Lessons were learnt from accidents and incidents and action was taken to prevent a reoccurrence.

People's needs were fully assessed, and care plans offered clear guidance how to support people in line with their needs. People were cared for by competent, knowledgeable and experienced staff who were supported and supervised by a skilled registered manager. Where required, staff ensured people's dietary needs and preferences were met.

People were supported to maintain good health and were referred to health professionals as needed. Staff worked with other care agencies to ensure people's needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were happy with the care they received. Staff were caring and had meaningful relationships with people, many whom had been supported by the same carer for a long time. People were involved in their care and staff knew people's needs well. People's privacy was respected, and staff upheld their dignity when providing personal care. People were encouraged to maintain their independence and were enabled to remain living in their own home.

People received planned person-centred care which was regularly reviewed to meet their changing needs. People's relatives were involved in their care where they chose. There had not been any complaints about the service, but people were enabled to make a complaint if they wanted to.

All people and staff were positive about the registered manager. The registered manager had ensured the delivery of high quality and safe care and understood their role and responsibilities. Risks had been identified and managed to reduce the risks. The registered manager worked closely with the staff to monitor the care provided and any improvements needed were made. People had been asked for their views on their care and staff were happy working for the provider.

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

Rating at last inspection

The last rating for this service was Good (published 8 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a small domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the provider who was also the registered manager and two care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and staff rotas were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. People told us they felt safe with the care staff.
- Care staff were confident the registered manager would listen and act upon any concerns quickly. Staff understood their responsibilities to safeguard people, were aware of the signs of abuse. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager promoted an open culture to encourage staff to raise any concerns. They were aware of local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to reduce the risks to people. For example, one person had a catheter, to drain urine. There were guidelines for staff what to do if there was a problem with the catheter.
- Risk assessments were in place to ensure any equipment was used safely. Staff confirmed they received training around this, for example on how to use hoists to move people. Staffing and recruitment
- Staff were recruited safely. All the required pre-employment checks were completed by the registered manager to protect people from the employment of unsuitable staff.
- There were enough staff deployed to meet people's needs. The registered manager had assessed the required care packages and had ensured these continued to meet people's needs. For example, by reviewing with people and their relatives.
- People told us staff always arrived for their scheduled care visits, were on-time and stayed for the right length of time. One person said, "Yes, if there is ever a delay, I get a call, its only ever been when it's out of their control, like a traffic accident." The registered manager monitored for missed visits and late calls and could confirm there had not been any missed visits.
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team and there was no use of agency staff. Where any cover was needed this was managed within the staff team, including the registered manager.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly by the registered manager. Staff told us they were observed to make sure they were doing it right.
- Where people were supported with their medicines, they received these as prescribed. People's medicines

records were returned to the office where the registered manager audited these to ensure they were given as prescribed.

- Staff could tell us when they needed to administer 'as required' medicines such as creams. Guidelines were in place for these medicines to ensure staff knew where people needed these. People confirmed they were supported with their creams as prescribed.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. For example, if a person had a fall their care was reviewed. Equipment was put in place, such as sensor mats next to their bed. Sensor mats were linked to a telecare system to inform relatives that the person was up.
- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of an incident such as a fall.
- The registered manager had logged incidents to identify any trends. Lessons were clearly learnt as care plans had been reviewed and appropriate action taken to prevent reoccurrence. The registered manager told us they had learnt that mobile lifelines were not always effective for some older people. When people were mobile they didn't always have them to hand. Therefore sensor mats were used to alert others.

Preventing and controlling infection

- Staff knew how to prevent and control infection, such as wearing gloves and aprons and washing their hands regularly. People confirmed that staff wore gloves and aprons. One person said, "Yes they do, they are very strict about it."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed, looked at their current situation, their needs, planned care and agreed outcomes so staff could support them effectively.
- Care plans offered clear guidance for staff how to support people in line with their individual needs. For example, risk assessments and care plans were implemented for one person to ensure they used their hot water bottle and wheat bag safely. Wheat bags are heated and applied to the body for natural pain relief.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff had received an appropriate induction to the service and the required training such as medication, moving and handling, dementia and first aid. People told us they thought staff had the right training and skills to look after them. One person said, "Yes, they have got lots of experience doing this work, no problems at all."
- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which helped them to provide effective support and meet people's individual needs. For example, supporting people living with diabetes. Staff held nationally recognised training certificates such as National Vocational Qualification's.
- The registered manager had systems in place to monitor staff training and inform staff when they were due to complete an update. Some staff were overdue refresher training. The registered manager had acted to follow up on this. This had not impacted on the care and support people received as all staff were knowledgeable and experienced in their role.
- Staff told us they were supported by the registered manager and received regular on the job supervision, competencies and appraisals. One staff said, "Yes I am definitely supported by (registered manager name). (Name) is always asking how I'm getting on with my NVQ and always asks if there any issues."

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

- Where required, staff ensured people's dietary needs and preferences were met. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance in relation to these. For example, one person at risk of malnutrition was weighed weekly.
- Staff understood the importance of people drinking enough. For example, the need to drink plenty to prevent urine infections. Staff described how they ensured everyone was left with a drink and how some people had fluid charts to monitor how much they drank. People told us staff left a drink within their reach

before they left their care visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans provided clear guidance for staff for all people's healthcare needs. People were supported to maintain good health and were referred to appropriate health professionals as required. For example, occupational therapists; and staff had worked closely with community nurses. Staff had arranged for people to have the 'flu' vaccination.
- Staff worked with other care agencies to ensure people's needs were met, for example another agency did one person's shopping, and another provided care at night for two people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were asked to consent to their care and care plans had been signed. No-one was being deprived of their liberty. People we spoke to confirmed this.
- When people were unable to make their own decisions, mental capacity assessments were completed which followed the principles of the MCA.
- Staff were aware of the principles of the MCA and clear guidance was provided to staff within people's care records.
- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had built positive, meaningful relationships with people, many whom had been supported by the same carer for a long time. People told us they were happy with the care they received and were highly positive about the care staff.
- One person described the carers as, "They are lovely, wonderful, caring and attentive. If I want to chat, they will chat to me. If I want quiet, they will be. They are very good at reading the room, they often know what I need, before I know I need it."
- The registered manager had ensured staff had read their policies around equality and diversity and promoted a caring culture.
- Staff told us they knew people well as they had supported them for a long time. One staff had been caring for the same person for over 10 years. Staff described how they could recognise if a person was becoming unwell by the changes in their behaviour.

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

- People were involved in the care they received on a day to day basis by the carers supporting them. People told us they were involved in making decisions about their care when the registered manager reviewed their care with them.
- Staff showed a good understanding of people's needs and preferences and people's care plans included details to inform staff how people expressed their needs. The registered manager had worked directly with people and knew people's views on the care provided.
- No-one was using advocacy services at the time of our inspection. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely. People were given information about the data held on them and how it was used.
- People told us staff respected their privacy and upheld their dignity when providing personal care. Staff told us how they achieved this. For example, by covering people with towels and closing doors.
- People were encouraged to maintain their independence where possible. Staff told us how they encouraged people to do as much of their personal care themselves and people confirmed this. One person when asked if their care helped them to stay independent said, "Yes it does, otherwise I couldn't live here on my own."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met. People's care was person centred and planned to meet their needs. People were given choice and control over their care and care plans were clear what people could do themselves and what support they needed. People's likes, and dislikes and routines were recorded in detail within their care plans to ensure staff supported them in the way they liked. For example, one person liked a squirt of deodorant under their arms before dressing.
- People's care and support was regularly reviewed and updated to reflect their changing needs. People's relatives were involved in person centred reviews in line with the person's wishes.
- Technology was used to support people's needs. For example, people who were bed bound had a lifeline they could use to call for help.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. Information was shared with people in formats which met their communication needs. For example, printed care plans in a larger font.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people and relatives. The registered manager told us they had not received any complaints.
- People told us they had not needed to complain but they would be able to speak to the registered manager if they needed to. People were confident the registered manager would resolve any concerns. One person said, "I would speak to (name of registered manager), I see them once a week, they are absolutely lovely and would put it right."

End of life care and support

- The service did not support people at the end of their life. Where known, people's wishes and arrangements for the end of their life were recorded in their care plans. Therefore, staff had the guidance they needed to support people in line with their wishes in the event of an unexpected death.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a caring culture in the service. All people and staff were positive about the registered manager and said they were supportive and approachable. One staff said, "Anytime something has gone wrong, (name of registered manager) is on it straight away and has done what is needed. (Name) shows a lot of compassion in the way she is with the residents."
- The registered manager demonstrated a commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The registered manager regularly worked closely and hands on with the staff to monitor the care provided. They completed spot checks, observations and on the job supervision. Staff were knowledgeable in their roles.
- The registered manager had a clear review process to ensure people received the care they needed. Actions were identified as a result and used to make improvements, for example, following an accident.
- The registered manager promoted feedback from people, relatives and staff. As the service was very small and the registered manager had regular contact with everyone, this had been achieved in an informal way. For example, improvements had been made to one person's moving and handling following a suggestion made by staff to introduce new equipment.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.
- The registered manager kept up to date with best practice through care management publications and CQC newsletters.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were as engaged with the service as they wanted to be. People were given information about the service, what they could expect and key policies. People had been asked for their views on their care and the service provided. The registered manager had built up positive relationships with people and their families.
- Staff told us they felt involved and communication with the registered manager was good. Staff were clearly happy in their roles and told us they would be listened to if they had any concerns. One staff said, "I love working for Acare, it is not stressful. I'm never made to feel I'm incompetent. I'm always helped if I need it, it's just a relaxing, calm company."
- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, other care agencies and people's power of attorneys.