

Quality Care and Companionship Ltd

Acer Care

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

The inspection took place on 17 August 2016 and was unannounced.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection approximately 40 people used the service and a registered manager was 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 and associated Regulations about how the service is run.

People told us they felt safe and that they felt safe because of the way staff supported them. People received the support they wanted at the times agreed as there were enough staff able to attend to all the calls they were expected to attend. How people received their medicines was reviewed regularly to check that people received their medicine correctly and that staff understood how to help people to manage their medicines in ways which helped them stay as safe as possible.

People received care from care staff they felt confident around and who had received training to do the job. Training was reviewed regularly so that staff could access as much training as possible and develop the skills they needed to care for people. Staff had received training so they knew how to promote people's rights.

People chose which meals they wanted prepared for them and were supported to eat and drink enough to keep them healthy. Staff supported people to access help from other professionals such as the GP or district nurse where this was appropriate.

People liked the staff that cared for them and valued their support. Care staff involved people in decisions about their care by talking with them to understand how they wanted to be cared for.

People received care which took into account their need for privacy and dignity. Staff knew what actions to take so people's privacy and dignity were protected.

People were aware of how to raise complaints and people felt they could speak to the staff in the office or the manager. Complaints reviewed demonstrated that there was a system in place for acknowledging, reviewing and responding to complaints.

People's care and the quality of their care was reviewed regularly and changes made where to further develop the quality of the service. The care being delivered was also reviewed by the registered provider who had a day to day involvement in the running of the business. The registered manager and registered provider worked in close partnership to ensure the running of the service met with the registered provider's

expectations and the registered provider was assured of the standard of care being delivered.

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 were supported by enough staff that understood how to keep them safe. People that required help to take their medicines received this.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were supported to understand their role with regular training and supervision. People were assisted to eat and drink healthily. People were supported to make their own decisions and their rights were promoted.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who they liked and who understood what was important to people. People were supported by staff who offered them choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People received care at the times they requested and from the care staff they specified. People were encouraged to let staff know how they wanted their care to be given so plans for their care were developed which met their individual needs. People also understood how to complain and felt complaints would be acted upon.

Is the service well-led?

Good ●

The service was well led.

People's standard of care was routinely reviewed by the registered manager, who people knew they could contact. The registered manager worked with the provider to ensure systems in place were robust and people benefited from receiving a service which continued to develop.

Acer Care

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 17 August 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with seven people. We also spoke with four care staff, the care co-ordinator, the registered manager as well as the registered provider.

We reviewed the care records held at the office for four people and viewed three staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks. We also reviewed minutes of team meetings, complaints and compliments as well as daily records.

Is the service safe?

Our findings

People and their families told us staff took action to support them in ways which helped them to feel safe. We asked one person if they felt stay promoted their safety and they said, "Absolutely."

Staff were able to clearly describe their understanding of safeguarding people and keeping people safe. Staff told us they had received training and they understood what to do to keep someone safe. They told us if they were ever unsure of something they would discuss it with the registered manager and if they were not available they were happy to share the information with the provider. The registered manager understood their duty under safeguarding and their obligation to report incidents.

People told us staff arrived on time for their calls. Staff attendance at calls was monitored and the registered manager would know if a staff member had not arrived for a call. The registered manager told us that some of the office based team would attend calls if there was ever a problem so that people were not left without care. Office based staff were also trained and understood how to care for people. One person we spoke with told us on one occasion when their usual staff were not able to attend other staff had attended and they had been reassured by this.

People's health and risks to their well-being were understood by the staff who supported them. Staff understood what needed to be done for each person. One staff member told us about one person who was often anxious. They staff member told us they sat with the person and reassured them in order to reduce their anxiety. Another staff member told us they understood the need to monitor one person's skin so their health and well-being would be maintained.

The registered manager undertook checks on the safety of people's homes so they knew it was safe for staff to attend calls. The Registered manager completed risk assessments of people's homes to ensure staff were safe there whilst they supported people. This included staff access to the property, parking and whether people had pets.

The registered provider completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so that the risk of recruiting inappropriate staff was minimised. Three staff files we reviewed demonstrated that the necessary checks, including references, had been followed before staff were allowed to work at the service. Staff described to us the recruitment process they went through to ensure it was safe for them to work with people. Staff also told us the checks were completed before they commenced work. The care co-ordinator understood these checks helped ensure that suitable people were employed and that people were not placed at risk through their recruitment processes.

People who were helped with their medicines told us they received the support they needed. One person told us they had their tablets before breakfast and that staff always supported them to do this. We reviewed how people's medicines were checked to ensure people who needed support received their medicines as

they should. The registered manager made regular checks to ensure staff understood what was expected of them. People's medicine records were reviewed to ensure they were completed correctly and staff who did not follow the correct process were contacted to ensure this was rectified. Staff we spoke with told us they were able to access training and that their training for supporting people with their medicines was updated regularly and staff competency checked.

Is the service effective?

Our findings

People told us they were happy with the support they received and that they felt confident with the staff helping them. One person told us care staff understood how to help them and that staff were "Very, very good."

Staff described their induction process and how this had prepared them for their role. One staff member told us their background had not been in care but the training they had undertaken had helped to develop their skills so they could provide people with good care. They told us their training consisted of a mixture of formal learning as well as shadowing other staff. This was done so they could get to know the best way to care for people with support from staff who knew people well. Staff induction was monitored to ensure that staff were competent before they could work unsupervised. Staff and the registered manager described regular spot checks to ensure that staff continued to perform as the registered manager expected. Staff told us they had regular supervisions and could discuss any further training needs they had.

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. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

People told us that staff ensured they were happy to have help with their care before staff began supporting them. For example, one person told us care staff always did their best to support them and never did anything they didn't want them to do.

Staff told us they had received training on the MCA and understood the importance of obtaining someone's consent when they supported them. Care staff described how they would offer to support people but if the person did not want their support they would respect this or try again later. Staff we spoke with also told us if they were ever unsure of anything they would consult the registered manager. The registered manager told us they would speak with the person's social worker and family to consult with them so decisions would be made in the person's best interests if needed. The registered manager did not currently support anyone that had been referred to the Court of Protection.

People told us staff always asked them which meals they would like prepared even if they had the same meal regularly. One person told us they had the same breakfast each morning but occasionally they would have something different. They told us staff would always prepare what they had chosen. People told us staff always prepared a drink and left with a drink of their choosing for them to have later. One person said,

"They always make sure I've got a drink." Staff we spoke with also told us they always asked people if they could make them a drink regardless of whether the person needed support with their meals.

Staff understood that some people may need additional medical help and what they needed to do to assist people. Two people described how they had been supported when they had recently been very poorly. Both people told us staff had called the Doctor for them. People we spoke with were confident that if they needed help to see a professional, staff would contact them on their behalf. Staff we spoke with told us if they ever became concerned for a person's health they would ensure they also contacted the office, so that other staff caring for the person were also made aware of their concerns. Staff told us they would also use the daily records to record their concerns, so other staff knew what action to take to support people.

Is the service caring?

Our findings

People spoke affectionately about the staff that cared for them. One person said of the staff, "They're like daughters to me". Another person told us, the care staff were, "All brilliant." People told us they had regular care staff to support them. One person told us about staff, "Normally it's the same ones." People we spoke with told us they were advised which staff would be supporting them and cover for staff was arranged through senior carers from the office.

Staff built trusting relationships with people by getting to know them and understanding what was important to people. One person told us they liked to have a joke with staff and the staff supporting them understood their sense of humour.

Staff we spoke with check people's care plans so they can find out about what is important to people. The information contained in people's care plans detailed their likes and dislikes and about people's background so that it was easier for staff to initiate a conversation with people.

People described how staff had helped and supported them. One person told us they had recently had a relapse in their health and that staff had supported them to recover. Another person told us, "My only complaint is that they can't stay all day and chat,"

People explained to that they felt comfortable letting staff know how they wanted their care to be given. People told us staff took action so they received the care they wanted in the way they preferred. People told us staff involved them in decisions about the care they wanted and checked if there was anything people needed. One person told us staff always asked them before they left, "Can I do anything else?" People described being able to speak with staff and explain what they wanted. Another person told us, "They'll do just what I want."

Staff we spoke with also confirmed that they always talked with people so they could understand how to help support people in the best way for them. One staff member told us they were "Very chatty with people" and that this helped people relax around them and for the staff member to understand their needs. Staff told us they knew about people's families from spending time with them and chatting with them.

People told us care staff supported them to maintain their dignity and independence. One person told us staff "Always leave everything tidy." Another person told us staff always spoke respectfully to them and that they appreciated that.

Staff also explained to us what treating people with dignity meant. One staff member described what it meant for them as "Treating someone like how you would expect your mum to be treated." Staff could relate everyday tasks and explain what this meant in practice. For example, one staff member explained that it meant ensuring people had privacy when they were having personal care or ensuring that people got to articulate what they wanted to you.

Is the service responsive?

Our findings

People and their relatives described how they met with staff to discuss their care requirements and plan their care. People and their relatives said plans were updated if the person needed something changed. One person told us they had been in hospital they had needed intensive help when they returned home. Extra care was arranged to help them. Another person told us they had initially started with a smaller package of care but then realised they needed more help and extra calls were added.

People told us they were asked about their individual preferences for care when they first joined the service and that they discussed with staff their preferences. They told us they were encouraged to discuss with staff times of calls and the days they needed care. They also told us they shared information about things they didn't like so staff understood these.

One person told us they hadn't liked one staff member and that they had told one of the senior staff. The person told us this had been resolved, and that the staff member had not undertaken any of their future calls. Another person told us that initially staff didn't always get some of the tasks completed as they preferred but once staff got to know them and they explained how they liked things done, staff always completed the tasks as asked. The registered manager told us one person had asked for a specific call time which required some staff working flexibly. Staff were consulted and were happy to meet the person's needs so that they received the care they needed.

In addition to regular meetings people had with staff to discuss their care needs, people also had opportunities to make suggestions about their own care. We saw people were invited to share what they thought about the service through questionnaires that the registered provider sent. We saw that the results were positive and most people were happy with the service they received. Where people did have suggestions for improvements, people had been contacted so that their care could be amended.

People understood that they could complain and how they could complain. People we spoke with told us they had never raised a formal complaint, although one person told us they had contacted the office. They told us, "If I don't like something, I tell them." People felt able to share and discuss any concerns they had. We reviewed how the registered manager had a system for investigating complaints. We saw that where complaints had been received, these had been investigated and responded to promptly.

Is the service well-led?

Our findings

The registered manager was known to people we spoke with and the registered manager told us, "Most of the clients know me and feel comfortable calling me." People we spoke understood the registered manager could be contacted by calling the office.

Staff we spoke with felt comfortable contacting the office and discussing things they were unsure about. One staff member told us they had recently had an incident when they had called the office and although they felt embarrassed calling the office for advice, the registered manager was able to reassure them. Staff also felt able to discuss issues that were important to them through supervision meetings. For example, one staff member described the registered manager as "flexible" because they had needed some changes made to their shift patterns and this was arranged.

Staff told us they felt part of a team and this helped to provide good care to people. Staff told us people's care was organised well. For example, staff told us people and they were given their rotas in advance. Staff highlighted the support they received, such as the training that was arranged to develop their skills further. Staff understood what whistleblowing meant and that they could escalate any concerns they may have. They also understood who these concerns could be shared with.

The registered provider reviewed a number of different areas of feedback to understand what improvements could be made. We saw that where complaints had been made, these had been investigated by the registered provider. Where improvements could be made, these were incorporated into the day to day work of the service. This included feedback relating to how staff recorded the care they had provided. We saw staff had been provided with further guidance to improve how information was recorded.

The registered provider also reviewed staff feedback. They told us staff had told them that they did not want solely E Learning and that staff now attended training that was a mixture of E Learning as well as face to face learning and that staff had been pleased with this change. They also told us they had received feedback from staff about their uniforms and that changes had been made based on staff suggestions.

Satisfaction surveys were also completed which demonstrated people were largely happy with the service they received. The registered manager had kept people informed of changes within the service by sending out regular newsletters which detailed important changes. Staff also received newsletter and text messages by telephone to ensure they had the most up to date information. This enabled people to get their needs met and for the registered manager to be able to send out a consistent message to staff.

The service was reviewed in other ways to ensure people were receiving the care they needed, For example, the manager reviewed daily records, care records as well as charts detailing people's medicines on a monthly basis. We saw that where some anomalies had occurred these had been followed through with staff to ensure staff understood what needed to be corrected for next time.

The provider described to us how they worked closely with the registered manager. Both the registered

provider and registered manager worked at the same location and could therefore discuss issues of concern quickly. They described having regular discussions about day to day issues. The registered manager described her relationship with the provider as open and transparent and that they had a good understanding of each other's expectations.