

Action 2 Care Ltd

Action 2 Care

Inspection report

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Date of inspection visit:

20 February 2023

22 February 2023

Date of publication:

22 March 2023

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

Action 2 Care is a domiciliary care and supported living service that provides personal care and support to people living in their own home and included 24 hour care. The supported living services did not include communal facilities. At the time of our inspection there were 4 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

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 supported by staff to make decisions about their day to day life. This included enabling people to live in their own home with support or within supported living accommodation.

Staff supported people to achieve their goals to maintain and achieve greater independence, which included the completion of household tasks such as cleaning, grocery shopping, food preparation and cooking.

People were supported to make decisions as to how they spent their day, which included voluntary work and the pursuit of leisure activities within their local community. People were supported to maintain and develop new relationships with their peers.

Staff had a good understanding of people's needs and how to respond and support people to maximise their wellbeing when they became anxious or distressed.

Right Care:

Some improvements were needed to electronic care records for medicine management to ensure it was clear which medicine people had taken. People were supported to access health care services where required. Staff followed guidance developed by health care professionals to support and maintain people's

health and wellbeing.

People's needs were assessed and kept under review. Assessments considered all aspects of people's care, considering their human rights and lifestyle choices.

People's support plans were personalised and provided information as to how they wanted staff to support them. People and relatives were positive about the support and care provided and the impact of positive staff support on gaining confidence and independence.

People were supported by staff who were inducted into their role and had undertaken the necessary training to enable them to meet people's needs.

Right Culture:

The registered manager had a clear vision as to the service they wished to provide. Systems and processes were in place to assess the quality of the service being provided, which included a range of audits. People's views as to the quality of the service were sought and analysed. The registered manager had developed action plans to bring about improvement based on the outcome of audits and people's views.

People had access to information in a format to support their understanding and information about their communication style, communication needs were recorded within their support plans.

Staff spoke positively of the support they received from the registered manager, which included regular meetings and supervision. Communication systems amongst all staff were effective to promote good quality care and support.

Rating at last inspection

The last rating for this service was requires improvement (published 15 February 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Action 2 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides care and supported to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met 2 people who used the service. We spoke with 1 relative about their family members experience of the care provided. We spoke with the registered manager, a team leader and a support worker.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 3 staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including quality monitoring, minutes of staff meetings and staff training.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The registered manager was aware of their duty to report any safeguarding concerns and worked with local safeguarding teams to promote people's safety.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse.
- Staff were aware to raise any concerns with the management team and were aware of external organisations they could contact.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Staff supported people when they became anxious or distressed by adopting guidance developed by health care professionals to promote people's wellbeing by reducing potential risk to themselves and others.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs, which included 24 hour support where required to meet people's care needs and keep them safe.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Using medicines safely

- Systems were in place to support people with their medicines. However, improvements were required to

some electronic medication administration records to ensure medicines prescribed were individually recorded. The registered manager said they would contact the software company to enable changes to be made.

- People's records provided information about the medicine they had been prescribed and what the medicine was for. There was clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious.
- People's needs around medicine were considered as part of the assessment process. Where support was required, people's care records clearly detailed the level of support the person required and the role of staff.
- People received their medicines as prescribed. Medicine was administered by staff trained in the management of medicine who had their competency regularly assessed.

Preventing and controlling infection

- Staff had received training in infection prevention measures, and staff told us how they used hand sanitising gel, and personal protective equipment to support people with personal care and medicine administration.
- People's needs around prevention and controlling linked to laundry and household management were considered as part of their assessment. Where support was required, people's care records detailed the support the person required and the role of staff.

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 a previous inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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 assessed before they commenced using the service to ensure their needs could be met, which included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- The registered manager told us the assessment process for prospective occupants within the supported living accommodation, considered the compatibility with those already in residence.

Staff support: induction, training, skills and experience

- Improvements were needed to ensure staff undertook training in key areas linked to people's needs, health and wellbeing. For example, mental health, diabetes and epilepsy awareness. However, we found no evidence the quality of people's care was affected as staff had a good understanding of people's needs. The registered manager had an action plan in place to improve staff training.
- The registered manager since their appointment to post in August 2022 had revisited staff induction to ensure all staff were familiar with and implemented the provider's policies and procedures.
- Some staff had attained The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- Care records included information as to specific dietary requirements such as a soft diet and thickened drinks to reduce the risk of choking.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient to drink and eat.

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

- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on a person's day to day life so as staff could provide the appropriate support and care.
- A relative told us staff had supported their relative to visit both a doctor and a dentist.
- Information identifying health care professionals involved in people's care, and their contact details were

contained within people's records. For example, their doctor or health care specialist. Staff liaised with health care professionals to achieve the best outcomes for 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 MCA 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 supported to make daily decisions and choices about their care. People had confirmed and signed an agreement consenting to their care and support from Action 2 Care.
- People's capacity was assessed consistent with the MCA. People's records included information as to their capacity to make an informed decision about individual aspects of their care and support.

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 a previous inspection we rated this key question Good. The rating for this key question has remained Good. 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 were kind and compassionate in their day to day care and support of people. A person repeatedly told us, "The care is very good."
- People's care records provided information as to what was important to them, such as family or any beliefs they held, which were to be considered when supporting and caring for them.
- The provider had policies in place which supported anti-discriminatory practices and staff undertook equality and diversity training. This meant people who were protected under the Equality Act 2010 were able to access care that met their needs.

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

- People were involved in all decisions about their care. A relative told us how their family member was increasingly making decisions for themselves with the support of staff instead of relying on them, which they saw as a positive indicator of their family members wellbeing.
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People's assessment of their needs identified the support they required, so where support was not required, staff would encourage the person to continue to maintain their independence.
- A relative spoke of the increased independence their family member was enjoying and their increased confidence. They said, "They're very happy and confident."
- Staff spoke of their role as being enablers, by encouraging people to develop new skills and to gain confidence in their abilities and decision making so they could maximise their independence.
- People's privacy was respected. Staff understood when people preferred to spend time alone and ensured this happened.
- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

Is the service responsive?

Our findings

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

At a previous inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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; End of life care and support

- Individual support plans provided personalised information detailing what was important to the person, which included their goals and aspirations, which were regularly reviewed. For example, people's active role within their local community meant some people undertook a range of voluntary work supporting local charity shops and community services.
- People were supported by a consistent staff team who they had developed supportive relationships with, which for some included 24 hour support.
- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences to including religious and cultural wishes. People's views had been sought and where these had been shared had been documented within their care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had produced documents and information in formats to support people's knowledge and understanding. For example, easy read documents which included the customer guide, questionnaires seeking people's views about the service and key policies and procedures.
- People's preferred ways of communicating were known and understood by staff. Care records contained information on how to best communicate with each person to promote their wellbeing, which included periods of distress or anxiety.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to be active within their local community. For example, visiting local shops, cafes and leisure facilities. A person told us they visited the local park and enjoyed window shopping.
- A person spoke of their interest in birds and enjoyment in watching films. Staff supporting the person showed us the range of films the person enjoyed watching.
- A relative told us their family member had made new friends and was enjoying an active life.

- People's support plans provided information regarding the support people may need to maintain relationships which were important to them.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. Records were kept of concerns and complaints, including the action taken in response, which included providing a response to the complainant. A relative told us any comments they had made had been quickly addressed.
- The outcome of concerns and complaints were analysed and used to support lessons learnt. For example, improvements to support effective communication between staff where people's needs had changed.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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; Continuous learning and improving care

- The registered manager had identified where improvements were required in shaping the culture of the service to ensure care and support was consistently delivered and person-centred. The registered manager supported staff through guidance and encouragement to provide a service which empowered people; to promote people's independence and enable them to have a fulfilling and meaningful everyday life.
- The registered manager had introduced an electronic system which held records about all aspects of people's care. The system enabled the registered manager to have oversight of the care and support being provided to people as information was continually being updated by staff throughout the day.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority, were a member of the skills for care registered managers forum and kept up to date through training and reviewing of newsletters provided by the Care Quality Commission (CQC).

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to monitor the quality of the care provided, which included a schedule of audits.
- The registered manager monitored the quality of the service through robust auditing. Areas of improvement identified were recorded within an action plan, which was kept under review with target dates set for achievement.
- The registered manager advised they had regular meetings and daily support from the provider to ensure the smoothing running of the service and support good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes were in place to seek and receive feedback about the service.
- People were encouraged to provide feedback about the service, which included the completion of surveys. The results of surveys were analysed and individual comments were addressed. For example, a copy of the complaints policy was shared and discussed with people who had recorded on their survey that they were unsure how to raise a concern.

Working in partnership with others

- The registered manager and staff worked with health care professionals and other agencies to support people.
- A relative told us how staff liaised with them to achieve the best for their family member.