Acacia Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 28 July 2017 and was announced We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people and we wanted to be sure someone would be available to assist with the inspection.

The last inspection of this service took place on 10 and 11 May 2017 when we identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risk assessments were not in place for people who had been identified as having specific risks related to their health or support needs and the administration of medicines were not recorded accurately. The quality assurance systems of the provider had also not been very effective and they had not identified these areas for improvement that we identified, so the provider could address these.

Following the inspection in May 2017 the provider sent us an action plan which confirmed that improvements would be made by 13 July 2017. At this inspection we reviewed the actions identified in the action plan and we found improvements had been made.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ' Acacia Homecare Limited' on our website at www.cqc.org.uk.

Acacia Homecare Limited is a domiciliary care agency that provides personal care to around 38 people in their own homes. The people using the service were paying for their own care.

The provider had developed risk assessments for specific issues related to a person's health or support needs which had been identified during the initial assessment process or subsequent reviews of a person's care plan.

The provider had procedures in place and followed these for the safe management of medicines. The registered manager and the provider had identified people who required assistance in relation the administration of their medicines and the appropriate recording systems were now in place.

The provider had implemented monthly audits in relation to the recording of medicines which were effective in identifying issues which needed to be improved.

Following the inspection in May 2017 the service was rated Requires Improvement overall with the key questions, 'Is the service safe?' and 'Is the service well–led?' rated as Requires Improvement. Following the inspection in July 2017 the ratings for the Safe and Well-led key questions have been changed to Good with the service now given an overall rating of Good.

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.

There were procedures in place for the safe management of medicines and staff completed records relating to medicines as required by the provider's systems.

Risk assessments were in place to ensure specific issues related to each person were identified and guidance provided as to how to reduce any possible associated risks.

We have improved the rating for this key question, from 'Requires Improvement' to 'Good'.

Is the service well-led?

Good

The service was well-led.

The provider had a range of audits in place and improvements had been made to the audit in relation to the recording of medicines which was now effective in identifying issues.

We have improved the rating for this key question, from 'Requires Improvement' to 'Good'.

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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 the 28 July 2017 and was announced. The 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. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 10 and 11 May 2017 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements."

One inspector undertook the inspection and before the inspection we reviewed the action plan we received from the provider following the previous inspection.

During the inspection we spoke with the registered manager and the provider and looked at the care plan for one person, the Medicine Administration Record (MAR) charts and medicines audits for two people.

Good

Is the service safe?

Our findings

During the inspection in May 2017 we saw the provider had completed general risk assessments for people using the service but detailed risk assessments for specific risks were not in place. These risks included those associated with developing pressure ulcers, managing incontinence, bone fractures, falls and choking. This meant that care workers might not have been aware of any increased risks in relation to the person's specific support needs and how to reduce these risks.

At the inspection on 28 July 2017 we saw improvements had been made in relation to the risk assessments. The registered manager confirmed assessments for specific risks had been developed following the initial assessment of people needs. The people we had identified requiring risk assessments for specific risks during our previous inspection were no longer receiving support from this service. During the inspection we saw one person had been identified as living with diabetes and a risk assessment was being developed. The provider sent us a copy of the completed care plan following the inspection and we saw it provided detailed information for care workers in relation to how the person should be supported with their diabetes and what action should be taken if the person was identified with either low or high blood sugar levels.

During the inspection in May 2017 we saw the provider had a medicines management policy in place but medicines administration was not recorded accurately to confirm people received their medicines as prescribed. At the inspection on 28 July 2017 we saw the recording of the administration of medicines had improved. At the time of the inspection six people had their medicines administered by care workers. We saw the Medicine Administration Record (MAR) charts for two people and these included clear information relating to how their prescribed medicines had been recorded. The MAR chart for one person indicated the frequency their eye drops should be administered and the number of drops per eye. MAR charts were in place to record the application of prescribed creams and a body map identifying where the cream should be applied was included in the person's care plan.

The registered manager explained if the staff were unsure of the information provided on the MAR charts they would go to the person's home to check the information provided with the blister pack or on the original medicines packaging and make amendments if required. This help to ensure that the information on MAR charts remained accurate.

Good

Is the service well-led?

Our findings

During the inspection in May 2017 we saw the provider had a range of audits in place but those in relation to the management of medicines were not effective in identifying issues. The provider had introduced an audit of MAR charts earlier in 2017. However, this had not been completed regularly and the MAR charts for people who had medicines administered had not been checked as they had not been collected from the person's home.

At the inspection on 28 July 2017 we saw the medicines audit was being completed monthly in relation to the MAR charts completed by care workers. A system had been put in place for all the MAR charts to be returned to the office by a set date each month so none were left in the person's home for a long period of time and not checked. The registered manager explained if any issues were identified in the way the administration of the medicines was recorded it would be noted on the audit. An email would then be sent to the care worker explaining what had been identified and how they should be completing the form. The care worker had to respond to the email to confirm they had received it, read it and understood what action they needed to take. This meant the provider had a record that the care worker had received the guidance in case similar errors occurred in the future so they could ensure the care worker received appropriate support and training.

The provider identified, managed and mitigated risks to people as they had implemented risk assessments and detailed guidance for care workers in relation to specific risks identified during the assessment process.