

NV Care Ltd

Accessible Care

Inspection report

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14 January 2019

15 January 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection was carried out on 10, 14 and 15 January 2019 and was announced.

Accessible Care is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people, people with dementia, learning disabilities or autistic spectrum disorder, physical disabilities and younger adults. Not everyone using Accessible Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 292 people using the agency at the time of our inspection.

The agency had 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.

At our last comprehensive inspection in May 2016 we rated the service 'Good' overall, with the responsive key question rated as 'Outstanding'. At this inspection we found the evidence continued to support the rating of 'Good' overall and 'Outstanding' in responsive. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager and management team were committed to developing the agency through continuous improvement. People and relatives told us that staff went the extra mile to ensure their needs and wishes were met. Staff went over and above the role to ensure people led a happy and fulfilled life.

Feedback was sought and acted on to improve the quality of the service that was provided to people. People were given opportunities to raise any concerns or make suggestions about improvements to the agency.

The registered manager had developed links with other agencies to promote people's safety and well-being. Staff said the service was open, transparent and that they felt supported by their managers. There were audits in place which checked the quality of the service being provided. Staff were involved in developing the service.

People felt safe and were protected from the risk of abuse. Staff had access to the branches safeguarding coordinator for advice. Potential risks had been assessed and mitigated.

People were provided with consistency and continuity of care. There were enough staff to meet people's

needs and safe recruitment procedures were followed. Staff were supported in their role by the management team and received ongoing support through their induction. Staff were trained to meet people's needs and could request additional training.

Medicines were managed safely and were administered by staff that had been trained and competency assessed. People were supported to remain healthy with support from health care professionals where required. People received support to manage their nutrition and hydration. Staff worked alongside health care professionals to ensure people's nutrition was maintained. Staff understood the importance of infection control procedures.

People's needs were assessed prior to receiving support from the agency. People were at the centre of their care and informed staff how they wanted their needs met. Care records were kept under continuous review to ensure they met people's needs. People were encouraged to be as independent as possible. People's dignity and privacy was respected. People's personal information was kept confidential.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's consent was sought from staff prior to any care or support tasks.

Further information is in the detailed findings below.

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 agency remained Good.	Good ●
Is the service effective? The agency remained Good.	Good ●
Is the service caring? The agency remained Good.	Good ●
Is the service responsive? The agency remained Outstanding.	Outstanding ☆
Is the service well-led? The agency remained Good.	Good ●

Accessible 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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the agency, what the agency does well and improvements they plan to make. We also examined other information we held about the agency. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the agency. We did this so that they could tell us their views about how well the agency was meeting people's needs.

We visited the registered office on the 10, 14 and 15 January 2019. The inspection consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. We gave the service four days' notice of the inspection visit because we needed to be sure the registered manager, staff and people we needed to speak to and visit were available.

On the 10 and 14 January we visited the registered office. On the 15 January we visited people in their own homes and the registered office. On the 16 January 2019 we made additional phone calls to people using the agency.

We spoke with ten people who used the service and with four relatives. We also visited four people in their own homes with a member of the care staff. We also spoke with the registered manager, deputy manager, recruitment coordinator and four care staff. We looked at the care records of nine people using the agency. We looked at four staff files as well as records relating to how the agency was run. These included those relating to the management of medicines, health and safety, training records and systems and processes used to monitor and evaluate the agency.

Is the service safe?

Our findings

People felt safe receiving support from the agency. Comments about what made people feel safe included, "You build that bond of trust especially having personal care", "I get fed up being alone and when they come it helps me. I can't explain it" and, "I like the security of having people come in." A relative said, "We definitely feel safe with them. It's someone else going in a second pair of eyes."

People were protected from potential harm. Staff had received training and knew how to recognise and report any concerns they had. Staff received additional support from the agencies 'safeguarding champion' alongside the policies and procedures. Records showed safeguarding concerns had been raised and discussed with the local authority safeguarding team.

Potential risks posed to people had been mitigated. Staff followed detailed guidance to reduce any potential hazards that were identified. Environmental risks within and outside of the person's house had been assessed. For example, fire safety within the house and external lighting leading up to the house.

There were enough staff to meet people's needs. Since the last inspection the registered manager had introduced a standby member of staff each day. This member of staff was used in the event of an emergency such as, sickness. Safe recruitment practices were in place to ensure that only suitable people were employed to work in the agency.

People that had support to manage their medicines told us they received them safely from staff. Staff were trained, had their competency assessed and received regular administration observation checks; by a member of the management team. People's needs were assessed and guidance was in place to inform staff of the support the person required with their medicines.

Lessons were learnt and improvements were made when things went wrong. The registered manager noticed an increase in the number of recording errors on people's medicine administration records (MAR). As a result, changes were made and a new MAR was introduced and staff received additional training. The registered manager confirmed there had been a reduction in the number of recording errors since the additional training and new MAR chart.

Steps had been taken to prevent and control infection. People told us staff always wore protective clothing such as gloves and aprons. Staff understood the importance of promoting good hygiene and cleanliness.

Is the service effective?

Our findings

People told us they felt the staff were well trained and understood their needs. Comments included, "They know how to use my wheelchair properly and they are very aware of my condition" and another person said, "Carers are good. They have all had training and know what to do. They are very capable of using the stairlift and bath seat."

People's needs and choices had been assessed prior to receiving support from the agency. People's rights under the Equality Act 2010 were fully respected, including needs relating to people's religion and disability.

Staff spoke highly of the training they received and felt it met the needs of people they supported. New staff completed a comprehensive induction which included completion of The Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care. Training updates were delivered yearly where necessary and completed more frequently if needed. Staff had been trained to meet people's specialist needs such as, dementia and oral care. Since the last inspection the registered manager had introduced a 'buddy' system for all new staff. This gave new staff an experienced member of staff to support them through their 12-week induction. The registered manager told us since this system had been implemented they had seen a reduction in the number of staff leaving during their initial employment.

Staff told us they felt supported in their role. Staff received regular supervision and guidance from the management team. Feedback was given to staff, positive and constructive feedback; where any areas for improvement were identified, staff received additional support. Staff received an annual appraisal where they reflected on the past year and set goals for the new year.

People were supported to eat and drink enough to maintain a balanced diet. People's needs were individually assessed with guidance for staff to follow detailing any support people required with meals or drinks. Staff received food safety training which helped ensure when they prepared food with people it was done so safely.

The agency worked in partnership with external health care professionals to ensure people received effective care and support. Staff followed guidance to promote people's health and well-being. Staff made sure information regarding people's health and care was shared at the end of each shift by recording what action they had taken in the daily log in the person's home.

Staff understood the importance of supporting people to maintain their health. Details of people's specific health conditions were included within their care plan. Staff were knowledgeable about people's health conditions and were vigilant for any changes in health. During our inspection staff liaised with a person's GP following an increase in the number of falls 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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the agency was working within the principles of the MCA. We found staff were knowledgeable about the MCA, and where necessary took steps to ensure people were fully protected by the safeguards contained within the Act. People told us that staff asked for their consent prior to completing any tasks.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff. Comments from people included, "They are caring, incredibly so because they are regular and we have a good bond", "They are kind and caring. They do their job and they are pleasant and polite" and, "They are very kind. They are bubbly and cheery."

One relative said, "The carers are very caring, they are happy and polite." Another said, "The carers are sincere and aware of [loved ones] needs."

People were treated with kindness and compassion by staff that knew them well. There was a commitment from the management team to provide people with consistency and continuity of care. People told us they had a small team of regular care staff that met their needs. People spoke fondly of their staff and said that they felt like friends rather than staff. People were given the emotional support they needed. Staff completed charts for some people that required support with monitoring their mood. Care plans contained information about how to give people the support and reassurance they needed, at times of anxiety.

Staff sought accessible way to communicate with the people they supported. Following a new referral, the registered manager contacted the Stroke Association to support the development of a communication aid. The person had suffered a stroke and was not able to use verbal communication. A communication board was created to enable the person to communicate their wishes when receiving care. Other people's preferred method of communication had been recorded within their care plan. The office team kept a communication log for each person; this recorded any communication between the person, the agency and others such as the GP.

People were supported to express their views and be actively involved in making decisions about their care. Each person's care plan recorded the specific support that the person wanted from the agency. Staff followed a 'daily duties' form created with people to give staff a step by step guide to follow during the care call. Care plans were individualised, they contained information that was important to the person. For example, people's preferred name which was different from their Christian name, had been recorded in their care plan and was used by staff and a specific perfume a person had chosen to wear.

People told us that staff respected their privacy and dignity at all times. For example, closing doors and covering people up as much as possible. Care plans contained guidance for staff to enable people to be as independent as possible. People told us that staff encouraged them to do as much for themselves as they're able to. One person said, "They ask me how much help I need and allow me to do what I can." Another person said, "They can see that I'm independent but they help me when I ask them to."

Systems were in place to ensure private information remained confidential. Care plans and staff records were locked away when not in use and were only assessable to authorised people. Staff understood the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

The agency continued to be extremely responsive to ensuring people received personalised care that met their needs. People and relatives told us that staff 'went the extra mile' to ensure their needs were met; and had an excellent understanding of how to meet their needs. Comments included, "It means a lot to me to have care. It has made a difference to my life, they go above and beyond" and "It would be terrible if they didn't come."

A relative told us that their loved one didn't realise the positive impact the staff have had on their life. However, the care and support had taken away a burden and improved their lives. Another relative said, "The staff are superb. The staff go the extra mile to check on my welfare and how I am."

One person told us that they were unable to wrap their families Christmas presents, a member of staff in their own time wrapped the gifts ready for the person to give. They said, "It was a great help, I was not able to do it for myself. I was so grateful; all the staff are ever so kind."

Staff noticed that another person did not have food within their house nor the money to purchase any. The management team contacted a local food bank and support the person to visit to collect some food. The person was also supported to get advice regarding their benefits from the Citizens Advice Bureau. On another occasion a person's washing machine had broken down; a member of staff washed the person's clothes using their own machine. The member of staff said, "I noticed that [name] was getting short of clean clothes so I offered to take some back home with me to wash them. This meant [name] did not have to wear dirty clothes."

A seasonal hamper funded by the provider had been sent out to people that were at risk of social isolation during Christmas. The hamper included a selection of food products from local retailers.

The PIR said the registered manager had a continuous improvement action plan; we saw this during the inspection as a live working document. There was a commitment to develop, learn and progress. The registered manager and management team would continually look at new ways of working to develop community links further. Commissioners spoke highly of the agency describing them as a 'high quality provider'. Another said the agency worked with them at 'extremely short notice picking up people that had been discharged from hospital.'

The registered manager had worked closely with the local commissioning team following the closure of another provider. This ensured that people could receive continuity of care and support at extremely short notice. The registered manager told us that it was their priority to ensure people continued to receive care and support from staff they knew and trusted. However, they had made the decision to induct all the staff from the former company; to ensure they were giving the same high level of care as other Accessible Care customers.

The registered manager had further developed links with other external professionals; training regarding

supporting people with their oral care that had been facilitated by the local authority. The management team had worked collaboratively with the fire and rescue to promote the safety and well-being of people. Referrals were made to the fire and rescue service where concerns had been identified at the point of the initial assessment; such as the person being a smoker and whether smoke detectors were available within the property. One person who was a heavy smoker had been identified as a risk and was referred to the service. As a result, the person was supplied with smoke detectors, fire blankets and fire bins to dispose of cigarettes. The person's relative told us that because of these additional safety measures being put in place they felt, "Reassured that [loved one] is now safer." Another person had been referred to the service as they were unable to hear when the fire alarm sounded; this person was given additional equipment to alert them to a potential fire.

People continued to receive care that was highly personalised and responsive to their needs. The management team promoted a strong person-centred culture which had been embedded into assessments, care plans and reviews. People's wishes were at the centre of their care, for example, one person's care plan detailed the perfume they wore and how they wanted their hair to be brushed each day. Another person had included staff to support with feeding their dog as this was important to them. Staff followed people's care plans to ensure they continued to meet their needs and wishes. Staff knew people well and were knowledgeable about their personal preferences. Care plans and risk assessments were kept under continuous review and updated when the person's needs or wishes changed. The management team continued to access a mobile printer and laptop to ensure that during reviews any changes were promptly made to the person's care plan.

People told us they knew how to raise any concerns or complaints however, they had not needed to. A complaints policy and procedure was in place and available to people within their welcome pack, this outlined who to contact to provide any feedback about the agency. Concerns and complaints were monitored by the registered manager in line with the complaints policy and procedure. Complaints were investigated and responded to and consultations were held with other organisations where necessary. Because of feedback from people, the additional standby member of staff had been implemented across seven days a week. The registered manager and management team saw any complaints positively and used these to improve the service people received.

The agency received a high number of compliments from people, relatives and health care professionals. There were 55 compliments received during 2018; these were in the form of letters, cards, emails and phone calls. A recent compliment was sent from a person who wanted to 'pass on their heartfelt thanks to [staff] for calling an ambulance and being so concerned about their health and well-being.' Another email read, 'Thank you so much to the team and all the great carers who do an outstanding job.' A relative had commented about a member of staff, '[Name] is a great carer and does everything perfectly.' The registered manager used feedback within the monthly newsletters for staff and towards the 'carer of the month' award.

The registered manager told us that the agency did not currently support anyone at the end of their life. However, they have worked with the local hospice team to deliver training to all care staff regarding caring for people at the end of their life; and the process and meaning of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation would not be attempted if the person stopped breathing. Staff had access to a care plan template to support people nearing the end of their lives.

Information had been produced to ensure it was accessible to people and to ensure it met the 'Accessible

Information Standard¹. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand.

Is the service well-led?

Our findings

People and their relatives told us they felt the agency was well-led. The registered manager was supported by a deputy manager, three care co-ordinators and three care assessors. The entire management team were aware of their individual roles and their role within the wider organisation.

Staff were aware of their role and responsibilities and knew who they were accountable to. Each member of staff had been given a job description, contract of employments and an employee handbook. Staff told us they enjoyed their role and working for the organisation. One member of staff said, "I really love my job." Staff had access to relevant policies and procedures at the registered office and online. Policies and procedures were reviewed regularly and amended when this was needed.

The registered manager and management team promoted an open and inclusive culture with the staff team. Staff told us they felt there was an open culture where they were kept informed and asked for their ideas and suggestions. Regular team meetings were held which gave staff an opportunity to discuss any concerns or make suggestions about their role. The registered manager sent out monthly newsletters to all staff; these included any changes or updates to policies and procedures, information about training and a learning topic which contained general information. For example, the newsletter from November 2018 included information about sepsis, what it is and how it can be identified.

The registered manager was committed to developing the agency and kept up to date with best practice. They had signed up to receive updates and best practise within health and social care; attending forums, networks and receiving email updates. The registered manager was supported by a Head of Clinical Governance who visited the branch monthly and spoke with the registered manager weekly. The provider promoted a rewards and recognition between the staff with a 'carer of the month' award being given to all staff. The provider had signed up to be an active employer and agency at promoting equality and diversity. The registered manager told us that there was a commitment to promoting everyone's equality and diversity.

People and their relatives were involved in the development of the service being provided to people. People and their relative's views about the service were sought through questionnaires that were given to people quarterly at their review. These were written in a way people could understand and were anonymous. The results were collated and people were informed of any action that the agency had taken. For example, individual praise staff had received had been shared with them and the team. Staff surveys were sent out twice yearly and provided staff with another opportunity to make any suggestions or to provide feedback about their role. Following feedback from the recent survey the office staff attended customer care training and the care staff attended further end of life care training.

Systems were in place to regularly monitor the quality of the service that was provided. An audit schedule was in place to monitor the quality of the service being provided to people. This included observational audits by the management team to discuss people's experience of using the agency.

The registered manager worked in partnership with other health care professionals and commissioners to ensure people were receiving the appropriate care and support to meet their needs. For example, referrals had been made to health care professionals when required and working to reduce prolonged hospital admissions.

The registered manager understood their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The latest CQC inspection report rating was on display within the registered office and on their website. The display of the rating is a legal requirement, to inform people or those seeking information about the service and visitors of our judgements.