Acare Support Services Limited

Acare

Inspection report

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Date of inspection visit:
13 March 2017
15 March 2017

Date of publication:
08 May 2017

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

This was an unannounced inspection carried out on 13 and 15 March 2017. The previous inspection was undertaken on 11 February 2016 and found breaches in legislation relating to medicines management, care planning and risk management.

Acare provides care and support to adults in their own homes. The service provides short visits to mainly older people and some younger adults. At the time of the inspection there were 13 people receiving support with their personal care. The service provided care and support visits to people in Folkestone, Canterbury and surrounding areas.

The service is run by a registered manager. 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.

People received their medicines when they should and told us medicines were handled safely.

Risks associated with people's care had been assessed and steps to reduce risks were in place to ensure people remained safe.

People were involved in the initial assessment and the planning their care and support and some had chosen to involve their relatives as well. Care plans contained good detail about people wishes and preferences. People told us their independence was encouraged wherever possible and this was supported by the care plan.

People told us their consent was gained at each visit through discussions with staff. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people chose to be supported by family members when making decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood the principles of the MCA.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. People received a service from a very small team of regular staff and felt the continuity of care was excellent. Staffing numbers were kept under constant review. New staff underwent a thorough induction programme, which included relevant training courses

and shadowing experienced staff for a wide variety of tasks, until they were competent to work on their own. Staff received training appropriate to their role and most staff had gained qualifications in health and social care.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health. The service worked jointly with health care professionals, such as community nurses.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People had always been treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs very well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

People told us that communication with the registered manager was very good. People saw the registered manager regularly, because as well as undertaking assessments, care planning and reviews they worked 'hands on' delivering care every day. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. No negative feedback had been received. People felt the service was well-led and well organised.

The provider had aims and objective to promote the highest standards of care and people felt they received this.

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 received their medicines when they should and safely.

Risks associated with people's care and support had been identified and steps were in place to keep people safe.

People were protected by robust recruitment processes. There were sufficient numbers of staff to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

The registered manager understood the principles of the Mental Capacity Act and care plans contained details about people's capacity to make their own decisions and the legal arrangements they had in place to manage their affairs.

People received care and support from skilled and experienced staff that were well supported.

People received care and support from a very small team of regular staff who knew people well. People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

People felt relaxed in the company of staff and people were listened to by staff who acted on what they said.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's personal care routines including their wishes and preferences in good detail.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

Is the service well-led?

Good

The service was well-led.

There was a very open and positive culture within the service, which was focussed on people. People felt the provider's aims and objectives were met.

Staff worked as a team. People were familiar with and thought highly of the registered manager. They worked 'hands on' each day as well as managing the service.

Records were stored securely and information about people was handled confidentially.

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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 checked 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 13 and 15 March 2017 and was announced with 48 hours' notice. The inspection was carried out by one inspector due to the size of the service.

The provider completed a Provider Information Return (PIR) and returned this within the requested timescale. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, one staff recruitment file, the staff training records, visit schedules, medicine and quality assurance records.

We spoke with three people who were using the service, who were visited in their own homes; we spoke to three relatives, the registered manager and three members of staff.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support.

People said they got their medicines when they should and staff handled these safely. One relative told us "They (staff) are very conscientious (where medicines are concerned)". At the previous inspection we found shortfalls in the management of medicines and the provider had taken steps to address these.

There was a clear medicine administration procedure in place and staff had received training to administer medicines. A medicines risk assessment had been undertaken for each person. This identified who managed the person's medicines and when the arrangements were different for topical (creams and sprays) medicines. Where people managed their own medicines a risk assessment was in place and staff had assessed that this was safe. People had consented to the arrangements in place by signing their risk assessment.

Where people were prescribed medicines on a 'when required' basis, for example, to manage skin conditions or pain, there was individual guidance and body maps for staff regarding the circumstances in which these medicines were to be used safely. Guidance included topical medicines people had purchased themselves.

Medication Administration Records (MAR) charts were in place where staff administered people's medicines. Staff had not always signed a MAR chart when applying creams, but information was recorded within the daily notes.

Recommendation: Staff should record the administration of topical medicines on the MAR chart.

Previously there were shortfalls in risk management as not all risks had been assessed and some steps staff took to reduce risks were not recorded in assessments. At this inspection we found that all risks associated with people's care and support had been assessed and steps to reduce such risks were recorded. For example, the environment that staff worked, where people were at risk of falls, the use of hot water bottle and wheat bags and risks related to people's health, such as diabetes management. Risks associated with moving and handling people had been assessed and very detailed assessments were in place to ensure people were moved safely.

People told us they would feel comfortable in saying if they did not feel safe. There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected by robust recruitment procedures. We looked at the recruitment file of one member

of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure the staff member was suitable and of good character.

People said staff arrived on time, stayed the full time and did all the tasks required. People had their needs met by sufficient numbers of staff. The registered manager kept staffing numbers under constant review and was careful not to take any new packages of care unless they could be covered by staff. Staff were allocated to support people and usually worked in a geographical area. The registered manager provided care and support to some people and also covered extra visits when required. There was an on-call system in place, should people need it, which was mainly covered by the registered manager who gave telephone support and advice.

The registered manager told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to a 4x4 vehicle, communicating with families and staff working locally to where they lived, to ensure people would still be visited and kept safe.

Good

Is the service effective?

Our findings

People and their relatives were very satisfied with the care and support they received. Comments included, "Very happy with the service I receive and I like having regular carers as I have a good rapport with them" and "It's very good". People told us staff were sufficiently trained, experienced and skilled, to meet their needs.

Staff said they felt very well supported and could contact the registered manager at any time if they had any concerns. The registered manager worked with each member of staff least weekly and therefore undertook observations of their practice and staff had the opportunity to raise any concerns at this time. However these observations were not recorded. Staff had previously had an appraisal and the registered manager had recently spoken to staff about this year's appraisal and these were planned to commence the week after the inspection.

Recommendation: Observational supervision undertaken by the registered manager should be recorded.

Staff understood their roles and responsibilities. Staff had completed an induction programme until they were competent to work alone, which included shadowing experienced staff for a complete variety of tasks, accessing training courses and staff also received a staff handbook. The registered manager had signed up to the Care Certificate, which was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a three month probation period to assess staff skills and performance in the role.

Staff attended training courses relevant to their role, which were refreshed. Training included health and safety, moving and handling, emergency first aid, infection control and basic food hygiene. Staff received some specialist training, such as dementia awareness. Staff felt the training they received was adequate for their role and in order to meet people's needs. Four out of the team of five staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

People said their consent was achieved by staff discussing and asking about the tasks they were about to undertake. One person told us "They (the staff) don't tell me what to do". People had also signed their risk assessments and care plan as a sign of their consent. Care plans promoted offering choice to people, such as 'I like either toast with jam or cereal please offer me a choice'. People said staff offered them choices, such as what to have to eat or drink, how to have their hair done or what to wear. Information relating to people's capacity to make decisions was recorded in assessments.

The registered manager told us that no one was subject to an order of the Court of Protection; three people had Lasting Powers of Attorney and Do Not Attempt Resuscitation (DNAR) orders. The registered manager

said that people had the capacity to make their own decisions although sometimes people chose to be supported by family members. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated that they understood these principles during discussions and a best interest decision had been made in relation to the storage of one person's medicines.

People told us they received their service from a very small team of regular staff and records confirmed continuity was excellent with people receiving visits from between one and five staff only. The registered manager told us that following an initial phone call where they discussed people's needs, they then matched a member of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. The registered manager usually undertook the first few visits themselves and then handed over to the staff members. People were asked if they would like to receive a schedule of visits in advance and these were sent where people had requested them.

People's needs in relation to support with eating and drinking had been assessed during their initial assessment and recorded. People required minimal support with their meals and drinks if any and the registered manager told us no one was at risk of poor nutrition or hydration. Some people had adapted cups to aid their independence. The registered manager told us they liaised with some families to ensure people had a healthy diet. The registered manager said some people had special diets, such as diabetic. People talked about how staff prepared what they asked for or looked in the cupboard or freezer and offered them a choice. People said staff encouraged them to drink enough and would leave a drink or drinks for later.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health or if they were not themselves. People and relatives told us how staff always commented when they noticed any changes and sometimes suggested calling the doctor. One person talked about when they developed a cough and staff spoke with the pharmacist about cough medicine. A relative talked about how recently when their family member had been unwell staff had stayed with them until the paramedics had finished treatment. Staff were observant and reported any concerns they had about people who were at risk of pressures sores; they then worked with the community nurses to improve the person's health. One person had their visits scheduled so that these worked in conjunction with the community nurse's visits.

Good

Is the service caring?

Our findings

People and relatives told us staff were very caring and listened to them and acted on what they said. People were entirely complimentary about the staff. Comments included, "I am very happy with the staff because they are very good". "We laugh our way through things". "I think I am very lucky, I have got exceptional people caring for me". "They are particularly good and they are all good". "They (family member) receive excellent care and they (staff) consider them (family member) as a whole person and make their life better". "There's always lots of laughter and joking".

During people's care plan reviews several had commented that they "Like all the staff that come in".

Some people talked about staff that went that extra mile, but most felt all the staff were equally as good as each other. One person talked about a staff member who was "Very good and gets my newspaper each week, they are good to the cat, they look after him, which I can't do". One relative talked about how their family member had a fun 'nick name' for all the staff as terms of endearment. They told us when one staff member visited there was always laughter and they knew their family member was very safe. They said the staff member had "brought a bit of the outside in" (for their family member) and they loved staff coming in.

People told us they received "Without a doubt" person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person told us during personal care they did what they could. Another person said that staff put breakfast items on the table, but they helped themselves.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People said the registered manager visited regularly and talked about their care and support and they discussed any changes required. People and relatives felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection most people that needed support to help them with decisions about their care and support were supported by their families and no one had needed to access any advocacy services. Details about how to contact an advocate were available from the registered manager.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. Care plans promoted people's privacy and dignity. For example, one stated 'please leave me alone for a few minutes'.

Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about

them outside of their home.

Good

Is the service responsive?

Our findings

People told us they and sometimes their relatives were involved in the initial assessment of their care and support needs and in planning their care. Assessments were undertaken by the registered manager or another member of staff. In addition when the service was contracting with the health authority they had obtained some information from health care professionals involved in people's care and support, to make sure they had the most up to date information on the person.

The registered manager usually undertook the first few visits to a person and these visits, discussions and the assessments were then used to develop a care plan.

At the previous inspection not all care plans contained detailed information about what support people required. During this inspection we found that care plans contained a step by step guide to people's preferred routine, the order they liked things done and where staff would find things that they needed to support the individual. Care plans contained information about people's wishes and preferences in relation to their personal care and other support staff provided. Care plans contained detailed information what people could do for themselves in order to maximise a person's independence.

Periodically a care plan review meeting was undertaken by the registered manager and records showed that any changes were recorded within the care plan. People felt they got the care and support they wanted that reflected their preferences and wishes from a small team of staff. Staff were very knowledgeable about people's preferred routines that they visited.

Some people were supported by staff in the mornings to ensure they were ready to go to clubs and groups, such as gardening and church or to access the community. Some people told us they had family or friends visit them regularly or take them out. Other people said the visits by staff and other visitors helped break up their day, so they were not socially isolated.

People told us they felt confident in complaining, but had "No complaints at all". One person said, "If I tell (registered manager), I am sure it would be sorted out for me". People said they knew how to complain and the complaints procedure was contained within the service user guide, which people had a copy of. The registered manager told us there had no formal complaints since the last inspection although three compliments had been received. The registered manager worked 'hands on' and any issues would be identified quickly and resolved. The registered manager told us any complaints would be used to learn from and improve the service.

People had opportunities to provide feedback about the service provided and were asked for their feedback during their care plan review visit and also informally during visits made by the registered manager. Several people had commented that they were "Very pleased with how the service is going". People had previously completed quality assurance questionnaires to give their feedback about the service provided; the registered manager told us they were about to send out another questionnaire. Previous surveys responses were held in the office and were very positive.

Good

Is the service well-led?

Our findings

People and relatives felt the service was "Definitely" well-led and well organised. One relative said, "It helps it's a small organisation because we know everyone".

One person had sent in a compliment and said, "I don't know what we would have done without you".

There was an established registered manager in post. Discussions about the registered manager were very positive and we saw they had an excellent rapport with people and relatives and had different approaches to suit each person. People saw the registered manager as a dedicated and very caring person and for whom nothing was too much trouble. One relative said, "This lady is an angel". This was a very small service and the registered manager manages the service as well as working 'hands on' each day.

People were very familiar with the registered manager as they carried out assessments, people's visits and care plan reviews. People felt communication with the registered manager was very good and they said they responded well and were polite.

During the inspection there was a very open and positive culture, which focussed on people. The registered manager told us it was a team approach and they adopted an open door policy regarding communication.

Staff said they understood their role and responsibilities and felt they were very well supported. There were arrangements in place to monitor that staff received up to date training. Staff told us, they could go to the registered manager any time about anything. Comments about the registered manager included, "They are very good". "They are knowledgeable and supportive". They told us they liked working for the organisation and all the staff cared and did a good job. Staff felt the organisation was "Very well organised". "Like a small family".

There were other audits and monitoring of the service to help ensure the service ran effectively and people remained safe. These included audits on records including daily reports, MAR charts and staff sickness.
The provider's aims and objectives were included in the service user guide, which people had received a copy of. Staff told us they treated people as they would expect any family member to be treated, helped people live their lives to the full and gave the best possible care. People received care and support in line with these.
People and/or their relatives had previously completed quality assurance questionnaires to give feedback about the services provided and new questionnaires were about to be sent out. The registered manager told us they would review each returned questionnaire and if there was any negative feedback this would have been used to drive the improvements required to the service. Past surveys had all been very positive.
Staff had access to policies and procedures via the office or their staff handbook. Records were stored securely.