

AccuroCare Limited

AccuroCare Home Care Services (West Herts)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection commenced on 29 March 2018 and was announced.

AccuroCare Home Care Services (West Herts) is a domiciliary care agency and provides personal care to people living in their own homes and flats in the community. At the time of our inspection 51 people were being provided with a service.

Not everyone using AccuroCare Home Care Services (West Herts) received the 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 take into account any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious 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.

At this inspection we found the service remained Good.

The service had 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.'

Why the service is rated Good

People felt safe receiving care and support from staff and reported no concerns.

Staff had a good understanding of safeguarding people and were supported by the providers policies, procedures and systems to take action should they have any concerns.

Medicines were managed safely, and appropriate infection control practices were in place.

People were supported by adequate numbers of staff, however some people reported inconsistencies in the timings of their visits. The registered manager had identified this concern and had taken action to address this issue. Safe recruitment practices were consistently followed.

People felt staff were well trained. Staff spoke positively about the support and training they received. Training plans were in place and staff were supported by regular supervision meetings and spot checks.

People were supported with their nutritional needs where necessary and were supported to access the

services of health professionals when identified as required.

Staff understood the Mental Capacity Act and gained consent prior to any care being delivered. People are 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 and their relatives felt staff were kind and caring and treated them with respect. People's dignity was promoted throughout their support and they were encouraged to be independent.

Care plans were personalised setting out individual needs, likes, dislikes and preferences. Plans were regularly reviewed and updated when necessary, with the involvement of people and their relatives.

Feedback on the service was routinely sought from people. Any concerns or complaints received were recorded and investigated by the registered manager and any learning from these was shared with the staff and provider organisation.

The provider had an effective quality assurance process in place to monitor the service and drive improvements which included audits of care file, staff files, spot checks and feedback from people who received a service.

Staff meetings were held regularly which staff found a positive experience. People, relatives and staff felt the registered manager was open, approachable and supportive.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

AccuroCare Home Care Services (West Herts)

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.

We gave the service 24 hours' notice of the inspection visit as we needed to be sure that the registered manager, or a delegated representative, would be available to support the inspection process.

Inspection activity started on 29 March 2018 and ended on 6 April 2018. It included contacting people who used the service and their relatives by telephone and speaking to and receiving written feedback from members of care staff.

We visited the office location on 29 March 2018 to see the manager; and to review care records, policies and procedures.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of service. The expert used for this inspection had experience of a family member using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information available to us such as notifications. A notification is information about important events which the provider is required to send us.

We looked at three people's care records to see if they were reflective of their current needs. We reviewed

three staff recruitment files and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality assurance in order to review how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People told us that they had consistent members of staff however; some people told us they experienced inconsistencies with the timings of their visits. One person told us, "It depends on the traffic whether they're early or late. Sometimes they're 20 minutes either way." Another person told us, "They're not always on time." A relative told us that staff were "mostly on time" and explained, "when they're late it's because they've been held up at the person before us or traffic." We spoke to the registered manager about the inconsistencies people were experiencing with their visit times who explained to us that a number of the care worker 'routes' were being reviewed to address this. The registered manager was confident that the changes once made would have a positive impact on the service.

People and their relatives told us that they had no concerns and felt safe receiving care and support from the service. One person told us, "I've got some lovely ones (members of staff). There is no reason for me to not feel safe." Another person told us, "Oh yes, [Name of member of staff] talks to me all the time. It's reassuring." A relative told us, "We don't have any worries about them at all."

The provider had policies in place to keep people safe, such as safeguarding and whistleblowing. Staff were trained in safeguarding and had a clear understanding of what could constitute abuse and how to report any concerns. The registered manager told us they used lessons learnt from safeguarding in team meetings and staff supervisions to prevent issues reoccurring. All staff demonstrated a clear knowledge of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required.

Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever there was a change in need. Risk assessments were comprehensive and clearly identified the risks posed and the guidance for staff detailing how to reduce and mitigate any risk of harm. An environmental safety risk assessment was also completed to ensure staff were working safely in people's homes.

A record of all incidents and accidents was held, with evidence that they had been reviewed by a senior member of staff, and appropriate action had been taken to reduce the risk of reoccurrence. Records showed that incidents had been reported by staff in a timely manner and that care plans and risk assessments were updated to reflect any changes to care as a result of these.

Staff we spoke with told us that they thought there were enough team members to provide the care required. One member of staff told us, "There are enough of us to make all the calls we currently have. I know that we are recruiting so when we have some more staff on board I think we will be, perhaps, under a little less pressure and can offer a bit more flexibility." Another member of staff told us, "We are never short of staff because there is always someone available. All the office staff are trained as well, or are being trained, so all calls can be covered." We saw that there was an effective system to manage the rotas and schedule people's care visits.

There were effective recruitment and selection procedures in place. We reviewed the recruitment files for

three staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff.

The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted. Where issues with medicines had been identified by staff they had been reported promptly with appropriate action taken and recorded. We found that monthly audits were completed by senior staff to check the accuracy of the administration and documentation of all medicines and that action was taken to rectify any discrepancies.

Staff received training in infection control and had access to personal protective equipment such as uniform, gloves and aprons. Senior members of staff monitored members of care staff compliance with infection control policies and procedures as part of their spot checks.

Is the service effective?

Our findings

People and relatives told us they were happy with the service and told us that staff had the skills and knowledge to meet their care and support needs. One person told us, "Oh yes, they're very efficient at what they do." A relative told us, "They seem to be trained in what they're doing. They shadow when they begin, watch everything and learn."

Staff told us that provider and registered manager had a positive attitude towards training. We reviewed the training arrangements for the service and found staff completed regular training and refresher courses to meet the needs of the service and the people they provided care to. The service had recently recruited a training co-ordinator who was responsible for the monitoring and delivery of required training and support to staff.

A training matrix was in place which enabled the training co-ordinator and registered manager to respond to the training needs of the staff team and plan future training. Staff told us they enjoyed the training and felt they had the knowledge and skills to support the people using the service. One member of staff told us, "It's really good now that we have [Name of training co-ordinator] on board as we never have to wait for training at all. If we need to do a course, it can be arranged straight away. The training covers everything we need to know."

Supervisions were consistently provided to staff, allowing them the opportunity to receive support and guidance, discuss their training needs and reflect on their practice. Supervisions were conducted via face to face meetings or following spot check visits and a planner was in place to ensure that all staff received regular meetings and observations. Staff we spoke with told us that they felt supported by senior staff and the registered manager and received regular feedback on their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

All staff we spoke with were aware of the MCA and understood the principles of the act. One staff member told us, "People are always supported to make their own decisions about their care and how we support them. If anyone refuses any care I would always ring the office to let them know."

Staff told us they always sought consent from people before engaging in any support and people confirmed this. One person told us, "They do check it's okay to begin when they arrive." Another person told us, "They always make sure I'm ready to get on with things."

Staff supported people with their nutritional needs where necessary. People told us staff always asked what they preferred to eat and prepared it for them, if needed. Staff were aware of people's needs and the action

to if they were concerned about a person's nutritional intake. One staff member told us, "I would record it in the daily notes so that family members would be aware but would also report it to the office."

Where appropriate people had access to health professionals as required. Care records contained information of the health care professionals involved in people's care and any guidance provided by them. Staff we spoke with were aware of the action to be taken if they had concerns about a person's wellbeing and records showed occasions where staff had contacted the person's GP when requested by the person or they had identified it as being required.

Is the service caring?

Our findings

People and their relatives told us that they felt the service was caring and were complimentary about the care and support provided. People told us they were treated with care and kindness and received all the support they needed as agreed in their care package.

One person told us, "They're all lovely." Another person told us, "They're all so kind, they can't do enough. I look forward to them coming." A relative told us, "They are very efficient and friendly. They do everything they are meant to as well as extras. They're always asking her if there is anything else they can do."

Staff told us they developed positive relationships with the people they supported. One staff member told us, "I love supporting all of the people I go to. I've really got to know them over time and enjoy my visits to them." During our inspection a person raised a concern regarding an incident not related to the agency. It was clear from the responses of the registered manager, senior members of staff and care staff that they knew this person well and demonstrated a genuine concern for their wellbeing. Immediate action was taken to provide reassurance and support in a way that would maintain the persons independence but also ensure that the appropriate action was taken and reported to the relevant agencies. From the discussions heard amongst staff it was clear that they all understood the person's needs well and spoke of them fondly.

People told us that staff listened to them and acted on their wishes. One person told us "I am always listened to. If there was something I wanted doing differently, I am confident they (staff) would do it." Another person told us, "Staff are good. They have a good attitude, they chat while they work and ask me about everything."

People told us that care workers were respectful, treated them with dignity and took care not to rush when helping them. One person said, "They make sure the door is closed and they respect that I want to be independent. It's all done in as dignified way as possible." A relative said, "They talk to her all the time and take an interest in her. It sounds like it's family." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people which included ensuring they provided personal care in a respectful manner, ensuring that care was provided in privacy and they spoke to people in a dignified way.

Is the service responsive?

Our findings

People told us that they received a service that was personalised and responsive to their needs. One person told us, "We went through everything together." A relative told us, "It's all working so well. We don't really need anything more."

Care plans were personalised and contained details regarding all aspects of a person's individual circumstances and needs. We saw that they reviewed frequently and updated whenever there was a change in need.

People were issued with a copy of their plan of care and support for their information. In addition, an information pack was also provided which gave guidance and details of the service, the provider organisation, the local authority and other agencies that may be relevant to their needs such as charitable organisations.

People and their relatives told us they knew how to make a complaint and felt confident in doing so. Comments included, "The staff are very helpful, very good at sorting things", "I haven't had to complain but I know just to ring. The office staff are helpful" and "They have responded to small issues before when I have called."

The provider had a complaints policy and procedure in place which was shared with people as part of their information pack. Records were kept of any concerns that were reported to the office, such as a late call or a concern from a relative. The registered manager had investigated all concerns and where appropriate had given an apology, spoke to staff or put in measures to prevent any further incident. Records were maintained to demonstrate the corrective action taken by the service and any improvements made to the quality of the service.

People were also asked about their views on the service through telephone interviews and a quarterly questionnaire. We saw records of calls from the office which were made to people by senior staff to ensure they were happy with the service they received and to give an opportunity to provide feedback on the service they received. Any feedback from these calls was shared with the registered manager and with the care staff working with the person.

Is the service well-led?

Our findings

The service 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.'

People and their relatives were consistently positive about the quality of the service they received and told us they thought the management of the service was good. People felt the registered manager was open and approachable. Comments included. "Very nice and helpful", "They know me by name when I ring them. They're very friendly to me" and "I would recommend the service but I always say, I'm not going to share my carers with anyone. They're too nice."

Staff told us they felt supported in their roles by the registered manager. Comments included, "I find [Name of Registered manager] really easy to talk to and supportive. I can go to them about anything", "[Registered manager] is fantastic. Always available to us and listens" and "I think [Registered manager] is brilliant. The team work between us all, led by her, makes all the difference." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued.

Frequent staff meetings were held amongst different groups of the staff team; such as office staff, carers and senior members of staff, and the staff we spoke with told us they found them a positive experience. One member of staff told us, "Team meetings are really good. It's the chance to get together and discuss what's been happening, any upcoming changes and anything the management need to share with us for our learning such as complaints or new guidance." Minutes from each meeting were circulated to all relevant staff.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. Senior staff also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was given, and the actions taken recorded. We also saw action plans that had been completed by the registered manager following internal audits and external audits completed by the local authority.

The provider also completed regular audits using CQC's Key Lines of Enquiry (KLOEs) as a method of monitoring compliance. KLOEs are questions and prompts that inspectors use to gather evidence in order to make a judgement when inspecting a service. The audits seen did not identify any shortfalls which required action however the provider explained that should any shortfalls be found they were included in an action plan, were addressed and then signed off by the registered manager. The audit process also covered staff files, MAR charts and spot checks.

The registered manager was aware of their responsibilities in line with regulatory requirements. We found

records demonstrated statutory notifications were submitted to CQC when appropriate. The registered manager ensured staff had access to current information by way of a noticeboard in the office.