

ACSC Limited

Advanced Care and Support in the Community

Inspection report

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18 April 2017

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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

Advanced Care and Support provides support including personal care for people in their own homes. At the time of our inspection 75 people were using the service.

This inspection took place on 11 and 18 April 2017 and was announced. We gave the registered manager 48 hours' notice as we needed to be sure they would be available for the inspection. At our previous inspection of the service on 12 December 2014 the service was rated good. At this inspection they remained rated 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.

Medicines were handled and administered safely. People received their medicines as required because staff understood and followed the organisation's medicines policy. Risk assessments were in place and detailed actions to manage identified risks and to keep people safe. Recruitment procedures were robust and safe. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse.

Staff understood their responsibilities within the Mental Capacity Act 2005. Staff were supported through effective induction, supervision, appraisal and training to provide effective service to people. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements.

The service worked with social care and health care professionals. People were supported to arrange appointments to ensure their health needs were met. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People told us staff treated them with kindness, compassion and respect. Staff provided support to people the way they wanted to be cared for. People and their relatives were involved in their care planning and these were reviewed and updated regularly to reflect people's changing needs.

People and their relatives were given opportunity to feedback about the service provided. The registered manager investigated and responded to complaints and concerns appropriately to improve the service.

The registered manager checked the quality of service delivered. Regular spot checks and audits were carried out to identify shortfall in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service remains Good | Good ● |
| Is the service effective? The service remains Good | Good ● |
| Is the service caring? The service remains Good | Good ● |
| Is the service responsive? The service remains Good | Good ● |
| Is the service well-led? The service remains Good | Good ● |

Advanced Care and Support in the Community

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 11 and 18 April 2017 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. The inspection was carried out by one. Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. 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. We also reviewed the other information such as notifications we held about the service and the provider.

During the inspection we spoke with the registered manager, two team leaders and one care staff who was also the recruitment officer. We looked at 15 people's care records to see how people's care was planned, eight staff files including their recruitment and supervision records. We also checked others records relating to the management of the service including complaints and quality assurance systems.

After the inspection we spoke with 12 people using the service, five relatives and four staff. We also spoke with a risk assessor (the person who carries out the risk assessment) and a care manager from the local authority to gather their feedback about the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff in their homes. One person said, "I feel safe. They [staff] are good people. I trust them in my home." Another person told us, "I most definitely feel safe." A third person said, "I am not in any way unsafe with them." A relative said, "We feel safe with them." Another relative told us, "Oh yes, we are safe with the agency. They [staff] are very careful when assisting [relative] so that they don't hurt [relative] or make [relative] feel pain."

People's risks of avoidable harm were minimised by the service. Risk assessments were sent to the service as part of the documents received from the referring authority. This covered risks to people's physical and mental health, behaviour, eating and drinking, moving and handling. The service also completed risk assessments which identified potential hazards while undertaking personal care, medicine management, moving and handling and environment. For example, risks of trips, falls and neglect. Risk management plans were developed to reduce the risks identified. For example, one person had plan in place to support and manage their risk of choking. The plan detailed what food was safe for the person and how to position them while eating. Two staff carried out moving and handling tasks where it has been assessed as a way to reduce risk and ensure safe transfers. The service involved appropriate professionals in assessing risks and devising action plan. For example, they worked with a qualified risk assessor from the local authority to carry out moving and handling risk assessment for people with mobility problems. The risk assessor supported the service to develop a safe moving and handling plan and ensured appropriate equipment where available for safe transfers. This meant people's risks were identified and alleviated.

People received their medicines as prescribed. The service supported people with their medicine in line with their assessed needs. People's care records detailed the level of support they required. Where a person required support to order repeat prescription or to administer their medicine, this was provided. One person told us, "The staff help me to take my medicines. There have been a lot of changes with my medicine. They help me put the medicines out for me to take." There were clear guidelines in place for staff to follow to support people safely with their medicines. One person's medicines were provided in liquid form where possible due to their difficulty in swallowing. Some of their medicines had to be in tablet form. There was clear instruction from the pharmacist for staff to follow to support the person to take this medicine safely. Staff had received training in medicine management and on how to support this person safely. Medicines administration records [MAR] sheets we checked were legibly signed. The team leaders and registered manager regularly audited MAR sheets to ensure they were accurate.

People continued to be safe because the service had ensured all staff had been trained in safeguarding adults from abuse. Staff knew how to identify alleged abuse and how to respond in line with the provider's safeguarding procedures. Staff told us they would report any concerns to the registered manager or team leaders who would then investigate the concerns. The registered manager remained aware of the actions to take to address any safeguarding concerns. They had followed their procedure and cooperated with the local authority safeguarding team to investigate a recent allegation of abused. They notified CQC of this as required.

People continued to receive support from staff who were recruited in a robust and safe way. The registered manager ensured that potential staff completed applications which confirmed their employment history. Applicants were interviewed to test their suitability for the role they applied for. References and criminal record databases were checked to ensure the applicant was not barred from working with vulnerable adults. The recruitment officer explained that it was important to conduct proper checks before staff started working with people to ensure people were safe with staff recruited to deliver their care.

People told us they received care from staff when they needed it. The service organized staff rotas to meet people's needs. They considered the geographical locations of people and staff and people's preferred times and availabilities. These helped reduce the risk lateness as staff were assigned to work within their locality as much as possible. Staff received their rotas in advance giving the addresses of people they were to visit, times and tasks to be delivered. The registered manager showed us an electronic system they used to manage visits to people. It showed when staff logged in and out from their visit. That way the management were aware of late or missed visit early and they ensured they arranged a cover immediately. They registered manager and team leaders were hands-on and were available to cover emergency short falls if required. This meant the risk of missed visit was reduced and people received care from staff to meet their needs.

People were supported by staff who knew how to respond appropriately to any emergency. The service had procedures in place for staff to follow in the event of unplanned events. Care records provided details of who to contact and what actions to take in the event of emergency. Staff told us they would contact people's GP if a person was unwell. The ambulance service would be contacted immediately if a person was unconscious or in severe pain.

People had suitable arrangements in place for how staff should gain entry into their home. For example, some people had key safe that had a key pad and contained a set of keys. Staff had guidance on the actions to take if they were unable to gain access to people's home to provide care. This included contacting the office so named family members would be contacted. If required, emergency services were called. This meant the service took steps to ensure people's safety.

Is the service effective?

Our findings

People continued to be supported by staff who had the experience, skills and knowledge to deliver care effectively. One person told us, "They [staff] help me wash, dress and prepare my meals. They do it the way I want." Another person said, "They [Staff] know what they are doing. They [staff] help me alright." A third person told us, "The care workers are good at the job. Of Couse, some are better trained and experienced than others but they all work hard." A relative told us, "The girls [staff] are all well trained and get on with things. They have experience in caring for people definitely I would say." Another relative said, "The carers are fantastic and fabulous. They do an amazing job in the way they care for us. I am delighted." A professional told us, "I have found that the staff are experienced, knowledgeable in the job and in providing effective care to people. The front line carers are very good. I will mention that the "Field Supervisors" who are very experienced and professional and make a big difference in the positive outcomes of some of my more challenging situations that have arisen."

Staff told us and records confirmed that staff continued to receive on-going training in their jobs. We saw that new staff members received an induction and training when they started. This included classroom based training and a period they spent working alongside experienced staff. Staff told us they found their induction useful as it helped them develop good practice and in delivering effective care to people. Records showed that all staff had completed training in safeguarding, medicine administration, infection control, moving and handling and other areas relevant to their roles. Staff also received training in areas specific to the needs of people they supported such as dementia, catheter, diabetes and PEG feeding. Staff completed refresher courses to keep their knowledge and skills relevant.

Staff remained supported through one-to-one supervision sessions, appraisals and direct observation while carrying out their work. Staff told us and notes of these meetings showed that issues about people were discussed. Staff also had opportunity to discuss their training needs, work schedule, and relationships with colleagues and people's relatives. The registered manager also used these meetings to address staff performance with them. We saw that where a staff member had failed to follow the organisation's procedure, the matter was discussed with them. The registered manager had emphasized the importance of complying with procedure with members of staff and had provided them with retraining. This meant people had their care and support delivered by staff who were supported in their roles.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received the MCA training

and understood people's rights under this legislation. Staff were aware that they cannot impose decisions on people. One member of staff told us, "People have a right to accept or refuse care. We can only encourage them and report to our managers." We saw that the registered manager and field supervisors had involved social services in best interest meetings about people's mental capacity in relation to managing their medicines and personal care and safety. This meant people's rights were promoted.

People received the support they required to meet their assessed nutritional requirements. One person told us, "The carers help me prepare my food." Another person told us, "They [staff] prepare my breakfast and see that I eat." People's care records detailed their nutritional requirements and the support they needed to maintain it. One person required support to prepare soft diet due to their swallowing difficulty. Staff supported them in line with this requirement. The registered manager liaised with the person's family to provide the right equipment to enable staff prepare the food appropriately.

People continued to be supported to maintain their health. One professional told us, "Staff have liaised with me, and follow advice and recommendations made. They also give advice and make recommendations to other professionals as they are very experienced and competent." Where required staff supported people to make appointments with healthcare professionals and recorded outcomes as required.

Is the service caring?

Our findings

People continued to be cared for by staff who were gentle, kind and compassionate in their approach. One person told us, "They [staff] are friendly and nice to me." Another person said, "My carers are kind, gentle and respectful to me." A third person told us, "The [staff] are lovely and always polite." A relative told us, "I am absolutely delighted about the way we have been treated. They [staff] come with a smiling face. They say hello us and check how we are doing. They listen to anything we have to say before they start their work. I couldn't be more pleased. It makes your day." Another relative said, "They [staff] are brilliant in their approach. They are kind and professional."

People were cared for by staff who knew them well and respected their wishes. Care records stated people's likes and dislikes, their communication needs and how people liked to be called. One person's record stated, "I like to have a full body wash in bed daily." Another person's care record stated they communicated by lip reading and facial expressions as the person was deaf. People told us staff involved them in day to day decisions about their care and support and followed their wishes. One person said, "They [staff] give us choices. They [staff] ask what we want." People also told us that staff respected their choices. One staff member told us, "You need to give them [people] choices of what to wear and eat. It's what they want." Another staff member said, "I give them [people] opportunity to tell me what they want because it's about what they like."

People told us staff understood and followed their routines. One person said, "They [staff] know how I like things to be done and they [staff] do it that way." Another person said, "My carers know to put on the TV and make me a cup of tea before they leave." One relative said, "They [staff] get on with things exactly how we want it." People told us they had regular staff who visited them and they had built a relationship with them. One person said, "I have a carer that comes regularly. When she is not available they let me know who to expect." A relative told us, "They [agency] do try to keep it [staff] the same but of course it's not always going to be possible due to leave and sickness." This meant people received care in a consistent way.

People's privacy, dignity and independence were respected. Staff gave us examples of how they promoted these when carrying out tasks. One staff member said, "I encourage them [people] to do the little they can do by themselves even it's just brushing their hair." Another staff told us, "You don't expose people unduly." Staff had been trained in dignity in care as part of their induction and discussed these subjects in team meetings and newsletters.

Is the service responsive?

Our findings

People continued to receive support from staff that met their individual needs. People told us that the service met with them to discuss their care requirements before their service commenced. Care records showed that the assessment covered people's needs, requirements, goals and preferences in relation to the way they wanted their care delivered. People's care visit times, the duration of the visits and the tasks to be undertaken. These were discussed and agreed with people and shared with staff. People were supported to maintain their personal hygiene. People's care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.

People told us they knew the staff scheduled to visit them and the time they expected the staff to arrive and were informed when there was a change of staff or time. One person told us, "I know who [staff] is coming to see me. They inform me of changes to my care arrangement. They sometimes come late but nothing to worry about." Another person said, "They [staff] usually get here on time. Only occasion lateness which they call to let me know." A relative said, "They [staff] get here about the time. Sometimes a few minutes late but nothing major." However, a relative told us, "They [staff] don't always get here at the agreed times and don't always inform us which causes some anxiety." We informed the registered manager of this concern and they agreed to address it.

People told us the service was delivered in a flexible manner to accommodate their needs and requirements. One person said, "Sometimes the carers stay longer than their time if I need it and they don't complain." One relative said, "They [service] are flexible with the care arrangement. They are happy to change the time of visit if it doesn't suit us. They have also cancelled visits at our request. They are very understanding." The registered manager told us times of care visits were adjusted as people wished. Staff were able to support people to get ready early for their appointments if required. The registered manager also told us and records confirmed that duration of people's care visits were increased or decreased as appropriate to their needs. For example, staff spent extra time with people if they were unwell or needed it more time. Records showed that staff were flexible to the way and support they offered people. Records showed one person had regular support to complete non care tasks such as keeping their home clean and dealing with housing related matters. This meant that people were in control of how their services were delivered.

People told us they knew how to raise or make a complaint. Details about how to complain were included in the service user's handbook given to people when they started using the service. One person told us "I most definitely know how to make a complaint and I will if the service falls short." Another person said "I can complain to the manager or team leaders if I am unhappy." Complaints record we reviewed showed that the service had followed their procedure in responding to complaints raised about the service. An investigation into the complaint was conducted in line with their procedure.

Is the service well-led?

Our findings

The service remained well managed. People, staff and professionals told us the service was well-run and well led. One person said, "The managers listen to us. They try to resolve any problem quickly." Another person told us, "The senior staff are very helpful. I am satisfied with the way they run the service." A relative told us, "[Registered manager name] and supervisors understand the business. They have passion for it and care for the people they look after." Another relative said, "They [management] are very good. They listen and want to see that we are happy with what we get." One professional said, "I therefore do not have any concerns about the service. I would recommend their service to others." Another professional told us, "I always observed that ACSC staff and the Agency as a whole has a culture where they encourage enable and empower people to be as independent as they can be. I have never had any concerns about the management, in fact I enjoyed working with people who work to such a high level."

People told us they had regular monitoring spot checks through face-to-face visit or calls from the service to check if they were happy with the care they received. One person said, "The senior staff around call often to check if we are happy." Another person told us, "[Registered manager name] and the other supervisors come around to check the carers are doing things as they should." Reports from spot checks conducted checked if staff arrived on time, staff conduct, communication with people, the quality of their work and documentation. People also gave feedback about how staff cared for them. The service had addressed health and safety issue noted following a spot check visit through staff meeting and memo.

The registered manager gathered the views of people and their relatives about services provided through surveys. Surveys looked at quality of care, staff attitude and attendance. The last survey was conducted in September 2016. There was high level of satisfaction across all areas surveyed. However, there were some comments about lateness. One feedback read, "Company could do better when running late or by sending a cover I haven't had before by keeping me informed!" Another person commented, "Carers are nice and do their job, but never come on time and leave 5 minutes after. I've raised this with Management, so we'll see how it goes." We saw that attendance and time keeping were regularly discussed at team meetings. The registered manager told us they were looking at ways to improve the rota system to reduce lateness.

The registered manager held regular meetings with staff to share their views and provide them updates with policies. Notes of team meeting meetings showed discussions with staff about various matters such as rotas, team work and safeguarding. Memos and newsletters were also used to provide staff information about issues relevant to their work and the organisation. We saw a memo was used to discuss poor practices relating to punctuality and to remind staff of the importance of following the organisation's policies. One newsletter also provided educative information on dementia care. Staff told us they found these useful in keeping up to date.

The registered manager continued to comply with the conditions of its registration and continued to send notifications to CQC, as required.