

Alexander's Care & Support Limited

ACASA

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 took place on 25 June 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

ACASA is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who misuse drugs and alcohol, have dementia, an eating disorder, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment, as well as older people and younger adults.

ACASA also had a service called REACT Reablement which is a service working with the local authority to offer an intensive period of support for people in their own homes. Reablement staff work with individuals to support them to re-learn skills and build confidence they need to reach their maximum level of independence.

The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 120 people.

The service had a registered manager in place. 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. The registered manager supported us during the inspection. This was the first inspection since provider registration changes.

People felt safe while supported by the staff. Relatives agreed the staff supported their family members appropriately and made them feel reassured. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these in a timely manner.

People were supported by sufficient numbers of staff to meet their individual needs. Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary. The service had an appropriate recruitment procedure that they followed before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

People were treated with respect, and their privacy and dignity were promoted. People and relatives felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

Staff training records indicated which training was considered mandatory. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had ongoing support via regular supervision and appraisals. They felt supported by the registered manager and maintained great team work. People and relatives were very complimentary of the staff and the support and care they provided.

People received support that was individualised to their specific needs and were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and respected. Staff were aware of their responsibilities to ensure people's rights were promoted.

The staff monitored people's health and wellbeing and took appropriate action as required to address concerns. People and relatives felt confident they would be looked after well. Professionals agreed the service worked well with other organisations helping people maintain their health and wellbeing. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks. There were safe medicines administration systems in place which ensured that people received their medicines when required.

Staff said the registered manager and senior staff were supportive and approachable. They had good communication, worked well together and supported each other, which benefited the people. The registered manager had quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. The registered manager was able to identify issues and improvements necessary and they took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support. People and relatives agreed they would recommend this service to others needing help and support.

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 was safe. Staff knew the correct procedures to follow if they thought someone was being abused.

People felt safe and would report any concerns to staff or the management.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time.

Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ fit and appropriate staff.

Is the service effective?

Good ●

The service was effective. People benefited from a staff team that had the knowledge and skills to support them.

Staff could quickly identify any changes in a person's condition.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to appropriately.

People were supported to eat and drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and respect.

People and relatives were very happy with the staff and the support they provided.

Staff ensured people's diverse physical, emotional and spiritual needs were met in a caring way.

People's privacy and dignity was respected.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. Staff supported people with their needs and wishes. Visits were carried out at the time specified in the care plan.

Staff were knowledgeable about people's daily needs and how to provide support.

Support plans recorded people's likes, dislikes and preferences.

People and relatives knew how to make a complaint if they wanted to or share concerns with staff.

There was an appropriate complaints system.

Is the service well-led?

Good ●

The service was well-led. The registered manager had systems to monitor the quality of the service and make improvements.

The provider took actions to address any issues so it would not have negative affect on people's lives and the service.

Staff were working to ensure people were comfortable and happy.

They felt supported and happy working at the service.

The service was interested and committed to listen to all people's comments that would help improve the quality of the service.

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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 25 June 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people and/or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted 27 community professionals for feedback and received feedback from three professionals.

During the inspection we spoke with five people who use the service and five relatives. We spoke with the registered manager and received feedback from six staff. We looked at records relating to the management of the service including five people's care plans and associated records. We reviewed three recruitment records, staff training records, quality assurance records, incidents and accidents, the compliments/complaints and policies relating to running of the service.

Is the service safe?

Our findings

People felt safe in their homes and trusted the staff who supported them. Relatives explained how it was a relief that their relative was being well supported. People and relatives knew whom to call if they felt unsafe and speak with staff if they were worried. They said, "They are really nice and haven't given me any reason not to trust them", "We are so pleased our relative is safe and someone is taking care of them and they let us know if there are problems" and "I feel well looked after – it's good to know that I can be looked after in my own home rather than having to go into care". Professionals agreed the service ensured people were safe and they managed risks to individuals well so that people were protected.

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding of when to report concerns, accidents and/or incidents to the registered manager. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed this. The registered manager understood their responsibilities regarding safeguarding people who use the service and reporting concerns to external professionals accordingly, such as submitting notifications to CQC.

People's support plans had detailed guidelines to ensure staff could support them appropriately to achieve their wishes and goals such as to remain independent in their own home. The plans also included information about personal care, emotional support and consent without restricting people. Information in support plans and risk assessments was kept under review and staff reported any changes promptly.

As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity. The service assessed the risks to people's personal safety and put plans in place to minimise these risks. However, risk management plans were not always detailed to ensure staff had guidance to mitigate risks. For example, people's care records identified which equipment should be used when moving them and supporting with transfers. However, it did not always give person-specific guidance on how staff should do this safely at all times. We discussed the risk assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. They said they would review the information to ensure relevant and important guidance was easy to find so that people continued to receive safe and effective support.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. This included a health check and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history and references. The registered manager promptly rectified the error and sent us information after the inspection.

The registered manager determined the number of staff required according to the needs of the people using the service. They used staff planner for a rota, looking at staff's availability and people's needs and matching

it together. The registered manager also considered geographical staff allocation trying to keep them where they and people lived to avoid long travelling time. This way the service could also ensure there was continuity in meeting people's needs and staff did not have to rush. It helped build stronger relationships between people and staff. The registered manager also used a system called "capacity triangle" recommended by the local authority. The provider used it as a guide to compile their rotas ensuring they kept all people safe and put visits at a time that would meet their needs effectively. By implementing the capacity triangle with the support of the local authority, the provider has been able to move some people to a later time. For example, people who do not receive or have limited personal care, who are safe on their own and can independently access food and fluids and self-medicate. This allowed the provider to ensure people requiring an earlier visit due to health problems, continence care, mobility support or time specific medication could have a time that would meet their needs and they were kept safe. Professionals agreed the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs when considering new care packages.

The staff felt they had time to visit and support people. The registered manager felt the staff worked well together as a team which had a positive impact on people's care and support. They said, "The team is very good. They work well together and they support each other". There were eight missed visits in the last 12 months. The provider took appropriate actions to investigate the causes and put action plans in place to prevent this in the future. All people's visits where possible were linked to provider's electronic logging system. This way any late visits and visits not logged into by staff were automatically raised as an alert to the office staff or the on-call person to prevent missed visits. People and relatives confirmed staff took time to support and care for them appropriately, and staff stayed the right amount of time to support them. If the staff were late to visit a person or a different staff had to cover it, then people and relatives were informed. They said, "We have no concerns just praise for the staff that care for our relative", "I would say 90% of carers are on time traffic can be an issue" and "My carer is very reliable and stays for the full 60 minutes".

Staff adhered to the medicine policy and procedure in order to manage and administer people's medicines safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people organise the medicine and prompted them to take it according to the support plan. The senior staff audited medicine record sheets for any errors. We reviewed medicine record sheets for five people and we found some gaps in three files. The registered manager promptly addressed it with senior staff to find out the reason for recording error and why it was missed. The registered manager explained if there were errors found, they would take action to support people and investigate the matter. If necessary, the registered manager would book staff to attend medicine management training. After inspection, they provided us with information how they addressed the errors and adjusted medicine record sheet checks to ensure all errors were picked up during the audit.

There was a system for recording accidents and incidents. The registered manager explained how they would address these and how the support provided to people would be amended as required. They would also discuss this with the team for ideas of improvements or if things could have been done differently. Staff understood their role and responsibility to observe, monitor and report any issues or concerns to the senior staff so it can be addressed. We saw the registered manager and staff identified issues or concerns promptly and took adequate action to ensure people were safe. The service had continuity plans to ensure the staff team could continue working in the event of an emergency. There was information for staff about who to contact should they need help and advice and staff confirmed this.

Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection. People and relatives confirmed this and said this was happening while the staff supported them. One person raised some issues with staff not always using PPE. We passed this to the registered manager and they

addressed it promptly with staff.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. Care was delivered in a way that allowed the people to feel supported and reassured as it was consistent. We received compliments from people and relatives about the support they valued most. They said, "I know my relative finds personal care difficult but it is delivered with the utmost consideration and sensitivity", "No support or care is given unless the client is comfortable" and "The carers that look after my relative are very professional and always check that everything is ok before starting the care". Staff ensured the personal care people received was effective and resulted in a good quality of life.

We reviewed the latest training information provided to us which recorded the service's mandatory training. Where training was out of date, the registered manager and senior staff would book the staff to complete the refresher training. The registered manager and senior staff regularly monitored the attendance of the team to ensure they were all up to date. We received some feedback that a more in depth session or training on how to support people with diabetes would be useful to staff. Otherwise, staff felt they received enough training to help them carry out their roles effectively. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them. Staff had an opportunity and were encouraged to study for additional qualifications. Staff completed the Care Certificate as part of their role. The certificate consists of 15 standards that new health and social care workers need to complete during their induction period. People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff felt they could contact the registered manager any time to discuss various topics or ask for advice. The registered manager and staff said they always kept in touch with each other and it helped them work well as a team.

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 and relatives agreed staff respected people's wishes. Their consent and choice was always asked before proceeding with support. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. They said, "Always go through what you're doing to do prior to doing it, getting the service user involved and to help promote their independence, will also allow you to identify if they consent to it" and "Ask them, verbal agreement and let them know what you are going to do and if they are ok with it". The registered manager demonstrated a good understanding of mental capacity considerations and assuming capacity to ensure people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the registered manager and they agreed this had to be changed. After the inspection, they told us the form would be reviewed to ensure there was evidence

people's consent was sought and recorded in line with the MCA legal framework.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The registered manager and staff communicated with GPs, local authority, community nurses, occupational therapist and families for guidance and support. We saw in the records the staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration. People were checked to make sure they were supported effectively and changes were identified quickly.

The reablement service supported seven people at the time of our inspection. During a six weeks period, they were supported to gain their independence and develop skills to look after themselves following hospital discharge. The service worked in partnership with other professionals to identify people's needs and equipment required in order to enable people to live at home independently within a safe environment. The support plans reflected people's needs when the reablement service were no longer involved. This ensured people continued to receive support to achieve their goals.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with eating or encouragement with drinking and having a balanced diet, there was guidance available for staff. People and relatives said staff helped them with preparing meals following their wishes that were documented in the plan. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Is the service caring?

Our findings

People felt they were treated with compassion and kindness by the staff team and the registered manager. People and relatives praised staff's effort and care when supporting people. They delivered care and support that was caring and person-centred which had a positive effect on people. People said, "Staff explain what they are going to do before they do it and ensure I am OK with that", "The carers let me do as much as I can and make sure I am safe and I appreciate this" and "I love the fact that the carers now know me well and could get on with things but they always, always check first".

People and relatives agreed staff respected their dignity and privacy at all times. They agreed making people feel comfortable was very important and there were no issues. They told us they were very happy with the care they received. Staff were very caring, kind and patient. They quickly got used to the way people liked things done. People and relatives felt the staff showed kindness and compassion while supporting and caring for them. They said, "The carers are understanding of the need for privacy and avoiding any awkward moments" and "If we are visiting, the carers will always make sure that their client is not embarrassed or uncomfortable".

The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager and senior staff regularly checked people were happy with their support and listened to any issues or questions. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns. People and relatives said the staff had time to care and chat so the conversations took place alongside the support provided. The registered manager was complimentary of the staff's conduct towards people. They said, "They care about each other and about their service users".

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. Staff ensured people were fully involved with their care promoting independence whenever possible. They enabled people to express their views ensuring they received the care they needed and wanted. The registered manager and staff team ensured people felt they mattered and were supported and encouraged to live an independent life as far as possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their personal care or helping with some activities. Staff were there to help if someone needed assistance. They said, "If possible, encourage service users to do things with little support where they are able to" and "If they can do something for themselves, it is important to always encourage them to carry on doing this, don't take away their independence". Relatives said their relatives were encouraged to do as much as they could manage to keep some independence.

Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully. People's care was not rushed enabling staff to spend quality time with them. People felt staff took their time to complete all the tasks and provide support that was needed. Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential

information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. When staff visited, they would make sure people were comfortable and happy before they left. People received care and support that was responsive to their needs because staff had a good knowledge of this. They said the service provided a flexible approach to care visits and would adjust the visit times on people's request to meet their needs.

People received support that was individualised to their personal preferences, needs and cultural identities. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People and relatives felt staff were approachable, polite and supportive. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and support provided. This also helped staff monitor people's health and wellbeing, responding to any changes and enabling staff to make timely referrals to appropriate professionals. People and relatives said there was good communication between them and the service. They felt the staff team "removes the worries and cares for both service user and relatives especially as they are trusted".

Each person had an individual care plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. People and relatives confirmed they were involved in the care planning process. The staff team and the registered manager were responsive to requests and suggestions, and people's needs and wishes. The care plans had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. People and relatives said, "I know there is a care plan and it is reviewed regularly my son helps with this now", "Yes, all our family are always involved in discussions about the care, which is great because it's all about what is best for my parent" and "I am always asked my opinion about care plans and this is great because it makes me feel included in what is going to happen".

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand, for example, when they speak to the person to speak slowly and clearly. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would confirm all information presented was in a format people would be able to receive and understand.

There had been 16 complaints in the last 12 months. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. We saw the registered manager and senior staff addressed issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so these could be

addressed in a timely manner to avoid further negative impact. People and relatives felt they could contact the office staff or the registered manager should they needed to complain and it would be addressed. People and relatives said, "Yes, we know how to complain, it's one of the first things we found out how to do but not had to use the process yet though", "I do know how to complain and have rung about a couple of things, nothing major but I always get a call back and everything is dealt with immediately" and "I would chat to the carer before escalating anything and she would call the office if needed to get it sorted". Staff knew how to report concerns or issues to the registered manager to be addressed.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People were complimentary about the care and support and felt their care during visits was managed well. The service aimed to provide people with person centred support and care, and maintain high quality service. The registered manager and staff team ensured people, and what was important to them, were at the centre of their work. People and relatives felt respected, consulted and involved in managing their support and care aspects. They said, "I think the service is very good and I changed because of the good reputation and am very pleased", "The carers have given me freedom through their wonderful care. I am in constant pain and their care and support helps me manage better" and "They do what they say they will do and that is reassuring for me and my family".

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, quality assurance visits, care reviews, care plan evaluations and regular contact with people and their relatives. When they identified any issues, they took actions as soon as possible to make improvements. All the feedback was discussed with staff and how to ensure people had the best outcomes. The registered manager and senior staff also completed audits of the files. For example, log sheets, medicine records, visits, staff performance checks and supervisions to monitor the service quality. Any issues or gaps picked up were analysed and addressed with the staff. We spoke with the registered manager regarding the audit not always clearly indicating the actions that were completed. They told us they were looking at a more robust method of ensuring the actions were being captured and updated. The registered manager took appropriate disciplinary action if they needed to address poor performance. Records were complete, accurate and stored appropriately.

The provider carried out surveys of people who use the service and relatives in the last 12 months. We looked at the analysis of the survey and the responses were mostly positive. Where people or relatives raised some issues, the registered manager and senior staff looked into these further and took action to rectify the issues. During the inspection we raised a few queries about the service and passed the feedback from one family member about some issues with timings. The registered manager and senior staff promptly took action and provided information of what they have already done to address it. People and relatives said, "The management are always available and their visits and reviews build confidence in the service", "I think the office [staff] are helpful, they take my call and someone gets back to me the same day" and "Yes, we have been asked for our feedback, it allows me to be honest and my response is always positive".

The service worked closely with health and social care professionals to achieve the best care for people they supported. The professionals agreed the service provided was of high quality, staff were caring and responsive, and they did not have any concerns. They worked well with other organisations to achieve best

outcomes for people who use the service.

The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. People and relatives felt management team were always available including at the weekends. When they called the office, the staff would answer the phone and handle any questions or queries always being pleasant and helpful. They also said, "The staff that visit my relative are happy and focused, and there is no negativity" and "Management visit every three months and do the review and make sure all is ok".

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided.

Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by senior staff when they approached them. They said, "Everyone communicates well and we all work as a team to ensure everyone gets the great care that they need", "There has been a change to management structure which has been really positive as we have a team manager now that is more available and often works in our office, who is also very approachable" and "Yes, the management is more assertive and efficient. ACASA is a company committed towards the highest possible standard". The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team. They said, "I absolutely love it! I am still learning and [staff] support me. I am now more visible as a senior to go to and we did a lot of to improve things. I like working with [staff team]."