

Third Door Care Limited

The AICS Group

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 

Overall summary

The inspection took place on 25 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This was the first inspection of the service which was registered on 10 November 2014.

The AICS Group is a location providing personal care and support to people living in their own homes who have an acquired brain injury. The provider was formally known as Third Door Care Limited but was in the process of changing their name to The AICS Group at the time of our

inspection. The organisation was registered in 2012 and this location was registered in 2014 when the provider moved premises. At the time of our inspection they provided personal care to nine people. The agency provided support to people in different parts of the country. The organisation was run by two directors, both managed the service and one was also the registered manager with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were procedures regarding safeguarding vulnerable adults and children and the staff were aware of these. Risks to people’s wellbeing had been assessed and there were plans to reduce these risks. People received their medicines in a safe and appropriate way.

People were supported by staff who had the skills and training they needed. The staff worked remotely and often in a different area of the country to the agency’s office. However, they felt supported and told us managers were always available when they needed them.

People’s capacity to consent had been assessed and recorded. They told us they had consented to the care and treatment they received.

People were given support to meet their health care and nutritional needs.

People had positive relationships with the staff who were supporting them. They felt their privacy and dignity were respected and they were able to make decisions about their own care and treatment.

People’s needs had been assessed and they had been involved in creating their own support plan. They told us they were happy that staff followed this and met their needs.

People knew how to make a complaint and were satisfied that the agency had responded appropriately to complaints they had made.

The agency was a small provider offering a bespoke service to privately funded people. People were involved in planning and improving their own care package.

The agency had plans for development and had recruited more staff to meet the needs of the service as it changed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were procedures regarding safeguarding vulnerable adults and children and the staff were aware of these.

Risks to people's wellbeing had been assessed and there were plans to reduce these risks.

People received their medicines in a safe and appropriate way.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and training they needed. The staff worked remotely and often in a different area of the country to the agency's office. However, they felt supported and told us managers were always available when they needed them.

People's capacity to consent had been assessed and recorded. They told us they had consented to the care and treatment they received.

People were given support to meet their health care and nutritional needs.

Good



Is the service caring?

The service was caring.

People had positive relationships with the staff who were supporting them. They felt their privacy and dignity were respected and they were able to make decisions about their own care and treatment.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and they had been involved in creating their own support plan. They told us they were happy that staff followed this and met their needs.

People knew how to make a complaint and were satisfied that the agency had responded appropriately to complaints they had made.

Good



Is the service well-led?

The service was well-led.

The agency was a small provider offering a bespoke service to privately funded people. People were involved in planning and improving their own care package.

The agency had plans for development and had recruited more staff to meet the needs of the service as it changed.

Good



The AICS Group

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.

The inspection took place on 25 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we looked at all the information we had about the provider, including notifications of significant events and information about the service when it was run from its previous location.

During the inspection visit we met one of the organisation's directors (who also managed part of the service), a compliance manager, three care coordinators and the accounts manager. We looked at the care records for four people who used the service and records of recruitment and training for five members of staff. We also looked at meeting minutes, information given to staff and people who used the service and the provider's own audits.

There was one adult and eight children using the service at the time of our inspection. Following the visit we spoke with one adult who used the service, the relatives of four children who used the service, three support workers (staff employed by the provider) and two case managers who were responsible for purchasing and coordinating the service.

Is the service safe?

Our findings

People told us they felt safe with the agency. Everyone told us the agency provided them with support which they felt was safe.

The agency had policies and procedures for safeguarding adults and children. All staff were given copies of these. The agency arranged for the staff to have training in these areas. The senior staff told us they discussed safeguarding issues as part of their supervision meetings with staff. The support workers told us they were aware of the procedures and could tell us what they would do if they suspected someone was being abused. One member of staff said, "I would tell my manager and I would contact the local authority safeguarding team." Information the agency provided for people who used the service and staff had details of emergency out of hours telephone numbers. However, the contact details for the local authority safeguarding teams were not always available and people told us they would like these contact details provided as part of their information packs.

The agency had procedures for keeping people's keys safe, and accessing people's property. People told us they were happy with the arrangement they had regarding access and felt the staff followed these procedures.

People told us they felt the agency treated them fairly and did not discriminate against them in any way and supported them to access the community and other services. For example, one relative of a child told us the staff had helped their child find ways to access a local leisure centre. They said the staff had challenged discrimination in the community when they felt obstacles and the attitude of others had prevented their child from doing something.

People told us they were happy with the way risks had been assessed and were managed. They said they had the equipment needed to keep them, or their child, safe. The agency assessed the risks to people's wellbeing, including environmental risks and risks involved with supporting the person. We saw copies of risk assessments. These had been

agreed by the person who was being supported (or their parent). The risk assessments included information on how to reduce risks and the likelihood of harm. The assessments had been regularly updated. The staff told us they were aware of the risk assessments for the people they were supporting. They told us they made sure risks were minimised in discussion with the person being supported.

People told us they were happy with the way their (or their child's) medicines were managed. One person said, "They support me to take my medicines and I am happy with this support." Another person told us, "I do not have any concerns with the way they manage the medicines, sometimes we give (my child) their medicines and sometimes the carers do, they know what to do and always give him what he needs." People's care records included details of the medicines they were prescribed. Records of medicine administration were kept at the person's home and copies of these were seen by managers to make sure they were appropriately maintained.

Each person's support package was coordinated and managed by an independent case manager who organised for the agency to provide the support needed. The agency recruited staff specifically for the support of each person. The agency carried out initial recruitment checks and sent this information to the person (or their parent) and the case manager, who selected the staff they wanted. People told us they had chosen the staff supporting them. They had been able to meet them and make a decision about whether they wanted them. The agency was responsible for carrying out reference and criminal record checks and we saw evidence of these in the staff files we viewed. The person using the service was given details of the staff member's experience, training and background. We saw copies of the profiles on each staff member which had been shared with the person using the service. People told us if they were not happy with the staff they requested new support workers. There were enough staff to support each person. The manager told us staff absences were covered by other staff working with each person, so they always had a familiar member of staff with them.

Is the service effective?

Our findings

People told us they felt the staff had the skills to support them, or their children. They said some staff had demonstrated a commitment to learning new skills about their specific child. One person told us they would like the staff to be offered more specific training about caring for acquired brain injury in children so they were more familiar with child centred approaches.

There were records of staff training and qualifications. The agency arranged for all staff to undertake a range of training when they started work. This training included health and safety, moving and handling, information about acquired brain injury and safeguarding. The manager told us they arranged additional training courses for specific disabilities and needs depending on who the staff were supporting. The agency had employed a senior member of staff to coordinate the training. We spoke with this person and they said they were in the process of assessing all the training each staff member had undertaken and were planning a training programme for the year.

The agency provided support in a number of different areas of the country. The staff teams were local to the people they were supporting and often only supported that one person for the agency. Some of the staff had other work and the training they did with other employers was recorded. The senior staff spoke about the challenges of supporting remote workers. They told us they organised group supervision meetings and also provided regular telephone and on line support to the staff. The manager told us that they received regular feedback from the person using the service (or their parents) and the care managers who coordinated the person's support. They said that any concerns regarding staff performance were addressed. Two of the people who we spoke with confirmed this. They told us they had reported concerns about specific members of staff to the agency and the agency had dealt with this. One person told us the agency had supported the staff member to make changes to their performance. People using the service told us they chose the staff who supported them and if they were not happy with their skills or the way in which they worked they requested a change of support workers and this had happened.

The staff told us they were well supported. They said they had been offered a range of training appropriate to their role. Office staff told us they worked well as a team, having regular meetings and supporting each other. Some of the office staff had been employed at the end of 2014 and in 2015. They said they had received a good induction and had "excellent" support from the managers. The support staff told us they were supported over the telephone. They said the office staff were available whenever they needed and they felt they could raise concerns. They told us they had taken part in some face to face meetings with managers, but most of their support was over the telephone. They said they had the information they needed to do their jobs.

The Care Quality Commission is responsible for registered providers comply with the Mental Capacity Act 2005. The manager and senior staff were able to tell us about their responsibilities under the Act. People using the service had their capacity to consent to care and treatment assessed. The only adult using the service at the time of the inspection had signed their consent to their care and treatment. They told us they had been involved in planning their care and they were able to give consent regarding all parts of their support. The other people using the service were under 16 years of age and their parents had been involved in making decisions in their best interest. The staff we spoke with told us they were aware of their responsibilities under the Mental Capacity Act and had received relevant training in this. The manager told us the agency was organising additional training to make sure all staff were aware and had the information they needed.

People told us that they (or their child's) health care needs were met. They said the staff had information on their health care needs and supported them to attend appointments or access health care services as needed. People's healthcare needs were recorded in care plans and the daily care notes indicated the staff monitored these.

Some people were supported with meals. They told us they were happy with this support. They said the staff listened to their choices. One relative said, "the staff are wonderful at getting (my child) to eat, in a way that I sometimes cannot." People's nutritional needs were recorded in their care plans.

Is the service caring?

Our findings

People told us the support staff were kind and caring. One person said, “The staff are very polite and kind.” Another person told us, “We are impressed with the quality of the workers, they are kind and polite and they always talk to us about what they are doing.” One relative told us, “(my child) is responding well to the carers – he is very happy.” Another relative said, “(my child) loves their carers”, they went on to say, “The carers are polite and considerate, they listen to us and they listen to what (my child) wants.”

People said the staff respected their choices and allowed them freedom to do the things they wanted. The independent case managers told us they were happy with the quality of staff provided by the agency saying that they were polite and caring towards the people they were caring for.

People felt their privacy and dignity was respected. They told us the staff attended to their needs discretely. One relative said, “They are aware of the other members of the family and make sure they offer care in a private and respectful way.” Relatives also told us the staff were respectful and kind towards the whole household. One person said, “They fit in with us and our family life.”

People told us they were enabled to make decisions about their own care. They said they had been involved in planning the support they (or their child) needed and were regularly consulted about whether this was working. One person said, “the staff enable me and support me to make decisions in my daily life.” People told us they were able to express their views to staff and to the agency and they felt listened to.

Is the service responsive?

Our findings

People told us they were happy with the support provided by the agency. One person said, "They provide support for (my child) every day, I am happy that the support staff arrive on time and do what they are supposed to do." Another person said, "We are extremely satisfied, we feel very involved and have developed a care plan with the staff." One relative said, "The (support workers) have visited (my child's) school to see how they offer support", they said that this was positive because it meant they were willing to learn new skills and the best approach to caring for their child. Another relative told us, "The staff are very good, they have managed to get (my child) to do things they have not done before."

People were referred to the service following an acquired brain injury. Their care and support was coordinated by case managers (independent from the provider) who asked the agency to provide staff to support people. We spoke with two of these case managers. They told us the agency

had provided good quality of staff who met people's needs. They said they responded well to concerns and offered telephone support to the person using the service and the staff.

People's individual care and support packages had been created with the person, or their parent. We saw these included an assessment of their skills, abilities and needs. Care and support was provided where people had a specific need. Everyone we spoke with told us the support package reflected their needs and they were happy with this.

People told us they knew what to do if they were unhappy with the service. A number of people told us they had raised concerns and these had been addressed promptly and appropriately. The information provided for each person and kept at their home included details about how to make a complaint. One person told us, "the management are usually available and are often very responsive and take on board my feedback."

Is the service well-led?

Our findings

People told us they felt the service was well managed. They said the managers were always available and they found they had responded to their views and opinions. The independent case managers said they were able to speak with the managers about support packages and felt the service was well- led.

The agency was initially registered in 2012 and then registered at this location in 2014. The manager told us they wanted to provide a service to meet the needs of people with acquired brain injury. They had a good knowledge of people with these needs and the way in which their support was organised and coordinated. They worked with independent case managers to recruit staff to meet the specific needs of individuals. The managers kept themselves informed and trained about the needs of people with acquired brain injury. They had access to a range of resources and information.

New members of staff told us they had been supported to learn about this sector and had been provided with information and training.

The agency had a range of policies and procedures which they kept under review. The business was expanding and they had employed more senior staff to make sure the service was well led and all staff had the support they needed.

The managers had plans for the future development of the service and had created a business plan for the year which they kept under review. They told us their aim was to raise the standards of providing community based care, support & rehabilitation with comprehensive knowledge and on-going dedication to the education of our staff team by providing a bespoke package of care for each person based on their needs.

The agency asked people using the service to complete annual satisfaction surveys about their experience. They also gained regular feedback from people using the service, case managers and staff through meetings, written feedback and telephone calls. People confirmed they were asked for their views and these were used to help develop and improve the service they received.