Axcelence Limited

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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 announced inspection took place on 21 August 2017.

Axcelence care provides personal care for people with learning and physical disabilities living in their own homes. On the day of our inspection there were four people using the service in a shared house.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service on 4 December 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all legal requirements. However, policies and end of life care plans were still in the process of being updated. The registered manager had a plan in place to ensure these were completed in a timely manner.

People's needs were assessed before they started using the service and care plans ensured people's individual wishes, needs and choices were taken into account.

Staff had undergone safeguarding training and were able to explain the steps they would take to safeguard people from abuse.

There were sufficient staff to meet people's needs. The service had effective recruitment and selection procedures in place that ensured relevant checks were completed before they employed staff.

Medicines were managed safely by staff who had received appropriate training and competency assessment.

The service was working within the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced diet by staff who were aware of their individual preferences.

Staff treated people with dignity and respect. They helped to maintain people's independence by encouraging them to care for themselves where possible.

People attended activities based on their likes and interests and were encouraged to maintain their social and family contacts which helped meet their social needs.

There was an effective complaints system in place known by people, their family and staff.

Staff felt supported by the registered manager and received annual appraisal, regular training and supervision to ensure they delivered evidence based care.

There were effective quality assurance processes in place to ensure people's feedback was listened to and acted upon.

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 safe. People and their relatives told us they trusted staff who supported them.

Medicines were managed safely.

Staff were aware of the safeguarding procedures in place

There were safer recruitment practices in place to ensure that only staff who had undergone the necessary checks were employed.

Is the service effective?

Good

The service remains effective. People told us staff understood their needs.

Staff supported people to eat a balanced diet that suited their individual preferences.

Staff were aware of the MCA 2005 and how they applied it in their daily role.

Is the service caring?

Good

The service remains caring. People and their relatives told us staff were caring, supportive and kind.

People's privacy and dignity was maintained.

People were supported to access advocacy services where required.

Is the service responsive?

Good

The service remains responsive. People told us they were involved in planning their care.

Care plans reflected people's individual preferences and were updated as and when their condition changed.

People, and their relatives and staff were aware of the

complaints process and were confident any issues raised were dealt with by the registered manager.

Is the service well-led?

Good

The service remains well-led. People, their relatives and staff told us the manager was approachable and hands on.

There were effective procedures in place to ensure the quality of care delivered was monitored and improved.

Records of care delivered were up to date. However, some policies still needed to be updated.

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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 announced inspection took place on 21 August 2017 and was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before we visited the service we checked the information we held about this service including inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and the local safeguarding team.

Prior to the inspection, the provider completed a Provider Information Return (PIR). 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 used this information to inform our inspection.

We looked at four staff records and two care plans and four medicine administration records. We visited the supported living service and spoke with two people. We spoke with one person and two relatives over the telephone and observed people interacting with staff. We spoke with the registered manager and two care staff. We contacted and received feedback via email from two professionals who were in regular contact with people and the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Yes, I am quite safe here." Another person told us, "There is always someone to help me when I need it." A relative told us, "They have been really good at managing some behaviours and we feel [person's] well-being has improved." Staff we spoke with were aware of the procedures to follow to keep people safe. They had attended first aid training and fire training and were able to explain the procedures they would take to keep people safe. They were aware of the whistleblowing policy and told us they would not hesitate to speak up if they were concerned about the quality of care delivered. One staff said, "The management are very open and are good at listening to concerns or suggestions. I report anything without any fear."

People were protected from avoidable harm. The registered manager understood safeguarding procedures and reported to the relevant authorities in a timely manner. There were safeguarding policies in place which were known and understood by staff. Staff had attended safeguarding training and were able to explain different types of abuse and how they would respond to allegations of abuse. One staff told us, "We take any allegations very seriously. I would tell the manager who would the send a referral to the safeguarding office. We also complete an incident form and record on body map if there are any injuries."

There were appropriate arrangements in place to ensure medicines were handled safely. Staff had attended training and completed medicine administration competencies to ensure they were able to administer medicines safely. There was a medicine policy in place and we noted the registered manager carried out regular medicine audits to ensure medicines were administered correctly. We looked at Medicine Administration Records (MARS). We found that on two out of four it was not indicated on the prescription that the medicines were as required. This was rectified immediately by the registered manager who contacted the pharmacists to get corrected MARS .Staff knew the precautions they needed to take before giving specific medicines.

People told us there were enough staff to support them. One person said, "They take me out when I want." There were sufficient staff on duty to keep people safe. Staffing levels were known by all staff and confirmed by the rotas we reviewed. Staff we spoke with told us any absences were covered by the service's own permanent staff in order to promote continuity of care.

The provider had effective recruitment and selection procedures in place and carried out relevant identification checks when they employed new staff to ensure they were suitable to work in a social care environment. These included Disclosure and Barring Service (DBS) checks, two written references and proof of identification. DBS carry out a criminal record and barring check on staff who intend to work with people in social care.

We reviewed incidents, accidents and behavioural charts. We found they were completed and used effectively to monitor and support people safely. Risk assessments were in place for people and their environment within and outside the service. These were individualised and aimed at ensuring people were safe without unnecessary restrictions. They described potential risks and the strategies in place to reduce

the identified risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Good

Is the service effective?

Our findings

People and their relatives told us staff supported them effectively. One person said, "Staff are friendly. I can talk to them, they know me. We are friends." Another person told us, "They are very, very good." One relative told us, "The manager and staff are all brilliant. They have really built a good rapport with [person]." Staff we spoke with knew people well and could tell us their likes and dislikes.

People received effective care and support from staff that had attended appropriate training.
The majority of staff training was up to date. Where training was due, we saw it had been identified and planned. Staff were able to explain how they effectively delivered care and support to people living with chronic conditions such as diabetes and epilepsy and were aware of the necessary steps they needed to take to ensure these conditions were managed. When new staff started, they completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff were supported by regular supervision and annual appraisals. They told us supervision and appraisal was useful and gave them the opportunity to express what was working well and what could be improved. We reviewed supervision and appraisal records and found them comprehensive and in line with the service's policy. Staff supervision sessions included personal development, review of work objectives, training needs and any other issues.

People were supported to eat and drink a balanced diet that met their individual needs. People chose what they wanted to eat and went out individually to do their shopping supported by staff. One person told us, "I buy my food and help to cook." People also ate together on Sundays as they all preferred a "Sunday roast". Care plans described people's individual dietary needs and explained how staff could support people to maintain a healthy lifestyle. Weights and bowel habits were monitored regularly and appropriate action was taken when any anomalies were noted.

Staff were provided with information on people's communication needs and abilities, and these were clearly outlined in support plans. Staff were able to explain how they communicated with people who were mostly non-verbal and were able to tell us what different nonverbal signs and sounds meant to different individuals. An easy read version of the support plan was in place to enable people to participate in their daily care.

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment where applicable.

People were supported to access healthcare services in order to maintain their health. People and staff confirmed that the registered manager ensured staff stay with people when they need to be in hospital. A family member told us, "I take [person] to hospital appointments." Each person had a 'Hospital passport' which helped provide hospital staff with important information about people and their health when they were admitted into hospital. We saw evidence of three monthly specialist reviews, dentist checks, diabetes specialist nurses input and the learning disability nurse.

Good

Is the service caring?

Our findings

People told us staff were polite and caring. One person said, "I like all staff. They are good." Another person told us, "Staff are very good to me." People looked comfortable in the presence of staff and were assisted by staff in an attentive and friendly way. We saw staff speaking with people in a polite and respectful manner and interacting with people in a meaningful way. We saw people laughing and joking with staff. Staff told us, and people confirmed that when people had to be admitted into hospital, they were always supported by a member of staff. For planned hospital admissions the registered manager liaised with the learning disability nurse, visited the ward prior to admission, and ensured everything was in place so people's health, welfare and safety needs were met.

Staff demonstrated how they promoted dignity and respected people's privacy. They spent a lot of time listening to people and planning for the future. We observed staff knocking on doors and waiting for a response before entering people's rooms. People were encouraged to be independent and supported to manage aspects of their health especially when they had chronic illnesses. We saw people making their own cups of tea and doing some chores. One person said, "I just finished tidying my room."

People were supported to access advocacy services where required. Advocacy services help people to be involved in decisions about their lives, explore choices and promote their rights and responsibilities. We discussed advocacy with the registered manager who showed us records to confirm that an independent advocate had been at the service recently to discuss and enable a person to make a decision related to their health.

We discussed end of life care with the registered manager. They told us people did not have end of life support plans in place. However, there were plans in place to start this involving people and their relatives.

Good

Is the service responsive?

Our findings

People and their relatives told us staff listened and delivered care according to their individual needs. One person told us, "I go shopping with staff and choose my meals for the week." A relative told us, "There is a good bunch of staff who know [person] well. [Person] has found a second family."

People's needs were assessed before they started using the service and care plans were regularly reviewed and evaluated. Care plans evidenced involvement of people and their relatives at least once a year. They were person centred, which meant the person's individual wishes, needs and choices were taken into account. For example, each person's care record included important information about the person and documented what was important to them and how they wanted to be supported. Care plans included health, finances, physical, emotional, personal safety, social participation and involvement, control over daily life and dignity.

People were offered choices about their daily lives and activities. Daily records contained information about what people had enjoyed doing and what was important to them. One person had been supported until they were able to go out independently into the community and now had a part time volunteering job. For another person, different strategies such as tokens and advent calendars had been used to try and encourage positive behaviour.

People were protected from social isolation. They were encouraged to maintain contact with their family and friends. If preferred some people were supported to have relationships. One person told us, "I go out when I want and talk to my mum over the phone often. One relative told us, "I visit as often as I can and take [person] out for their birthday and on holidays."

People's activities were planned based on their likes and needs. Some liked to be on social media and others had favourite TV shows. One person had recently been supported to go and be part of the live audience for their favourite TV program. There were board games available to play and one person told us, "I play monopoly." Another told us, "I like to go out shopping."
There were regular tenants meetings, and plan for birthdays celebrations and general social events. People went to eat out when they chose and also spent time with their family.

There had not been any formal complaints recorded since our last inspection. The complaints procedure was clear understood by staff and available in a format people could understand. However, people and their relatives told us they were aware of how to make a complaint. One relative told us, "I talk to the manager whenever there is an issue and so far they have been remarkable."

Good

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was visible and helpful. One person told us, [Manager] is very nice to me." Another person told us, "They are all good to me." A relative said, "The manager is very approachable. Nothing seems to faze them. They find a way to cope and manager anything that comes up."

On the day of inspection some policies were yet to be updated and end of life care plans were still work in progress. However, the registered manager was aware of this and had allocated someone to ensure the policies were replaced with the updated versions.

On the day of our inspection the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager submitted statutory notifications when required to ensure information about important events was sent to the Commission as required by law.

The service had a positive culture that was person centred and inclusive. One relative told us, "They are very open minded and I feel I can discuss anything with the manager and staff. " A person told us, "I can tell [manager] anything. They help me a lot." Staff were aware of the values and vision of the service and told us they enjoyed their role and felt supported by the registered manager. One staff member told us, "I like working here, it's like a big family." Another said, "I enjoy enabling service users fulfil their dreams and ambition."

Staff were aware of their role and responsibilities including key working with hands on support from the directors who also had experience in supporting people with learning difficulties. The registered manager and one member of staff were currently completing their Level 5 qualification in management. Staff meetings took place regularly and staff told us these and handovers were useful and enabled them to do support people effectively.

The registered manager completed regular audits of aspects of care such as kitchen, health and safety and medicine. An annual survey was sent out to people and family to gather their opinions on the quality of the service. Clear actions were taken to address any identified shortfalls or improvements to the service such as replacing furniture and repairing the driveway.

The service had developed a positive relationship with the local community learning disability team. There were plans in place to increase the supported living provisions. The service had recently started to renovate another property close to the current service provision in order to expand and cater for the demand for learning disability placements.