

Access Community Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Access Community Services Limited is based in Southport, Merseyside and provides personal care and support to people who have learning disabilities or mental health conditions. The service provides care and support to people living in their own homes including 21 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We undertook an unannounced focused inspection of Access Community Services on 15 November 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our last comprehensive inspection in July 2017 had been made. The team inspected the service against three of the five questions we ask about services: is the service well-led, is the service safe and is the service responsive. This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Access Community Services Limited' on our website at www.cqc.org.uk.

This inspection was carried out by two adult social care inspectors. At the last inspection in July 2017 the service had been in breach of three regulations. These were with respect to safe management of medicines; people's care not always being assessed and planned so it was personalised and reflected their current and ongoing care needs; and the overall management and governance being ineffective in identifying and managing areas of health and safety which exposed people to potential risk.

On this inspection we found improvements with medication management and with standards regarding people's personalised care; both of these regulations had been met. We found the overall governance of the service still required improvement to help maintain consistent standards. There were also areas of the provider's action plan from the last inspection that still needed to be implemented.

Overall, we found the service to be rated as 'Requires improvement'. This is the second consecutive time the service has been rated Requires Improvement.

At the last inspection we had found failings in the services governance [management] arrangements needed to ensure effective monitoring of safe standards of care at the supported living establishments. We found a lack of arrangements in place for checking the care environment people were living in at one of the supported living houses. We gave urgent feedback to the registered manager who put remedial measures in place and updated us of the action taken to ensure people were safe.

We found the overarching governance systems had failed to effectively monitor standards and required review. We identified management audits and checks that required further development and regular and consistent implementation as well as the service's admission assessment tool.

On this inspection we found there had been some improvements to the management systems but the provider's action plan had not been fully met and there were areas that still required development and implementation. Managers had developed some audit tools and carried out audits however in some instances, there had not been any follow up. Some audits had failed to identify and monitor key safety issues and recording of in-house safety checks. We found the 'audit cycle' had not been developed which meant managers did not have clear dates for follow up and re auditing / review. This breach had not been met.

You can see what action we told the provider to take at the back of the full version of this report.

At the last inspection in July 2017 we visited two of the supported living houses which were staffed by the service. We found, in one house, medicines were not administered safely. Medication administration records [MARs] were not completed in line with the service's policies and good practice guidance. It was unclear whether some medicines were given correctly.

On this inspection we visited three supported living houses and checked medicine management. We found medication records were clear and auditing of the medicines had also improved. The breach had been met.

At the last inspection the registered manager and deputy were able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual in line with best practice, rather than the person having to fit into a set model. We had found, however, there had been failings to properly assess a person's personal care needs and preferences; this had resulted in the person not receiving individualised care.

On this inspection the three people we reviewed were in receipt of well-planned personalised care that addressed their care needs. There were clear support plans and documentation which highlighted how staff supported people's personal care needs, as well as preferences and choices. The breach had been met.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management hierarchy. People using the service, relatives, stakeholders such as health care professionals and staff told us they felt the culture of the organisation was fair and open. The registered manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

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 not always safe.

The safety of the environment in one supported living house had improved. On-going monitoring remained an issue however, with some safety checks not being recorded, potentially putting people at risk of harm.

Medicines were administered safely. Medication administration records [MARs] were completed in line with the service's policies and good practice guidance. People had received their medicines. This was an improvement.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People's care was assessed and planned so it was personalised and reflected their current and on-going care needs. This was an improvement.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not fully well led.

Managers had developed some auditing tools to help identify areas for improvement and to monitor the service. We found these were not always robust and needed further development. There were areas on the provider's action plan, following our last inspection that still needed to be implemented.

There was a clear management structure. The registered manager provided a lead for the service and was supported by other service managers.

Requires Improvement ●

We found an open and person-centred culture. This was evidenced through the interviews conducted, care observed and records reviewed.

Access Community Services Limited

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 was an unannounced inspection which took place over a day on 15 November 2017. The inspection was 'focussed' and was carried out to follow up on previous breaches of regulations.

This inspection was carried out by two adult social care inspectors.

We reviewed other information we held about the service. This included some concerns we had received regarding the financial management of people's personal allowances. We looked at this on the inspection, as part of the overall governance of the service.

During the inspection we were able to see and interact with five of the people who received care from Access Community Services. We visited the service's central offices.

We spoke with six staff including care/support staff, the registered manager and deputy manager for the supporting living service.

We looked at the care records for four of the people being supported, including medication records, and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Is the service safe?

Our findings

We met with five people who were being supported during our inspection. All told us, directly or indirectly through their behaviour, that they were safe and had no concerns. One person told us they felt staff supported them in the right way and knew how to maintain their safety. Another person whom we had previously met and reviewed was now much more settled in their accommodation and clearly felt more relaxed. Staff we spoke with could clearly detail the individual risks to the people they were supporting and how they managed these on a daily basis. For example, one staff told us about one person who had a bed alarm to detect any seizures and to alert staff.

At the previous inspection, in July 2017, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found health and safety checks of the environment people were living in had not been made; this put people at potential risk of harm. A health and safety audit had been carried out months earlier but had not identified the issues but of concern and there had been no action taken to address them.

On this inspection we found some improvements. We revisited the same accommodation we had previously found unsafe during our last inspection. We found the accommodation to be clean and better maintained. We were shown an audit that had been carried out following our last inspection by the registered manager. This covered areas of safety such as, use of equipment, moving and handling regulations, food safety, security, first aid and fire safety. The audit action plan highlighted areas for improvement our observations showed many of these had been met. For example, the property had been cleaned and there was a cleaning rota in place. Previous fire risks had been addressed; personal emergency evacuation plans [PEEPS] for each person were in place in case of an emergency, such as a fire. The house manager had arranged a visit by the fire brigade and fire risk assessment was in place. Some pieces of equipment had been replaced, such as the cooker hob. The dates for completion of some of these were not entered on the action plan. Similar audits had been undertaken by the provider's health and safety manager in all of the supported living properties.

However, we were concerned that despite the health and safety audit having been carried out four months previously, some hazards identified on the audit had not been addressed in the property we revisited. These included identified issues regarding food storage, checks on safe water temperatures, staff training in some areas of health and safety such as, moving and handling, infection control and supplying a first aid box. The house manager told us some checks were being carried out but there were currently no records kept so it was not possible monitor this effectively. In addition, we found a window in one upstairs bedroom did not have any restricted opening in place which might present as a risk of falls for the occupant. The previous audit had stated that restrictors were in place. We reported this to the registered manager. The registered manager could not tell us when the property would be re audited and these actions completed.

Although improvements had been made to identify risks to people's safety and with some measures put in place, we were concerned that not all issues had been addressed and there was a lack of rigour to fully ensure people's safety.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

At our previous we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found medicines were not being managed safely. This was because:

The medication administration records (MAR's) in one supported living accommodation was poorly completed and the information confusing. There was no record of dates or quantities of medicines received from the pharmacy or any medicines which may have been 'carried over' from the previous month. When we tried to audit the amount of one person's medicines in stock it was difficult to establish a correct amount of medicines. There were some handwritten records on MAR's that did not meet best practice standards for checking accuracy. One external medicine [cream] was not being administered as prescribed and so may have been ineffective. One person had been experiencing pain but their regular dose of medication for pain relief had not been given.

People on medicines to be given PRN [when needed] did not always have a support plan in place or it had not been updated to help ensure consistent administration of these medicines. The risk was that staff, not familiar with the person may be unaware of the use of the medication. We found two medication audits carried out did not identify these issues.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach.

On this inspection we checked to make sure requirements had been met and we found improvements overall to medication management. The breach had been met.

We reviewed medicines for three people. All of these people were not able to tell us in any detail about their medicines. We were told by staff that all medicines were administered by designated staff members who had received the required training. Competency of staff to administer medicines was formally assessed following training and this was updated periodically. We were told in one supported living accommodation that medication competencies for staff should have been completed by September 2017; this still needed to be actioned for some staff. This helps make sure staff have the necessary skills and understanding to safely administer medicines.

We saw one staff administering medicines to a person in one of the houses we visited. This was completed with care and there was good communication with the person.

There were medication support plans in place for people we reviewed. These contained all relevant information in relation to the medication prescribed. Plans clearly detailed when particular medication should be administered and full guidance was available for staff; for example, with one person who had medication for preventing seizures. Another person had a detailed care plan regarding the administration of a medicine to be given when the person was agitated or anxious.

We looked at MARs and found records clear and accurate. We could see people had had their medicines. Any handwritten medications were signed by two staff members to help ensure accuracy of the record. Any omissions of medicines were explained by supplementary entries.

We carried out a stock check of medicines because the MAR's had recorded the quantity of medicines

received and date. It was clear how much medicine had been given. We checked stocks for two medicines and found both correct.

Audits of medicines were being carried out including stock counts. Checks on stock in one house had been carried out in July 2017 and August 2017 but none since. The house manager did not have a rational for this. We discussed the need for any audits to be carried out as part of a schedule to ensure consistent monitoring. A full medication audit had been carried out in September 2017 which covered records, policies and procedures, training for staff, and storage. There were no issues with storage of medicines.

Is the service responsive?

Our findings

At the previous inspection, in July 2017, we found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found there had been a lack of adequate assessment by the service when one person had been admitted to their accommodation. The lack of assessment centred on the person's personal care needs. Failure to assess and identify these care needs meant that the person had not been supported in their preferred choice around personal care since their placement at the house. We also found there was a lack of consistency with the review of people's care plans. Some people's care plans had not been reviewed in line with good practice and they did not reflect some of their current care needs.

On this inspection we found there had been no new admissions to the service requiring an assessment of personal care. The managers had not yet developed an assessment tool but had reviewed some examples with a view to implementing one for future assessments. We found the care plans we reviewed were detailed, personalised and had been regularly reviewed. This was an improvement and the breach of regulation was met.

All four of the care files we saw contained individual life histories and events, as well as, recording the way personal care should be delivered. We found care plans were individualised to people's preferences and reflected their identified needs. All showed evidence of regular review and update.

An example of this was a care record which contained an extremely detailed summary of the person that clearly explained their personality, likes and dislikes. For example '[Person] likes music, dancing, walking, swimming and going to the pub'. Risks and preferred ways of communication were also detailed including what made the person upset/anxious and how they would react and ways for staff to respond to this in a way that supported the person. There was also a 'PEN Profile' which was also extremely detailed and clearly explained various risks, such as, when the person was out and about and travelling.

We revisited and reviewed one person from the previous inspection. We found the person was more settled and the service had made efforts to approach the person in a more consistent way which minimised any risks. Staff reported this was made easier with more consistent staffing. We saw the person's care plan had been developed to specifically include how personal care was supported by staff. We saw there were plans for a shower facility to be installed in the accommodation and since the inspection this has been actioned.

During our inspection we observed people being supported in a positive way and staff clearly recognised people's individual care needs. For example, in one accommodation we noted continual positive interaction and communication between the staff member and the two people being supported. The staff member continuously encouraged both persons to be independent by getting them involved in the tasks they were engaged in. For example, cleaning and preparing dinner. Music was playing and the staff encouraged interaction and singing. The staff member's communication with both was calm and clearly evidenced knowledge of their individual care needs. Both people being supported were settled and clearly relaxed.

Is the service well-led?

Our findings

At our last inspection In July 2017 we found concerns regarding aspects of the management of the service. We found the service in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was a failure in the arrangements for health and safety issues, medication safety, the auditing of care documentation and overall governance. We were concerned that key checks and audits had not always been carried out or had failed to monitor standards.

We looked at the action plan sent to us by the provider and registered manager of the service in response to our last inspection. We found that some key elements of the action plan had been developed, such as, more detailed auditing tools, but there was a lack of follow up from managers with respect to the findings of some of the audits undertaken. This was most notable with the health and safety audits undertaken. Audits had identified issues for house managers to address such as recording of monitoring checks, but these were not being carried out. The registered manager had not followed up on the audits undertaken. Some health and safety issues had still not been identified [for example the possible need for window restrictors in one house].

The action plan had specified the need for an 'audit calendar' to be developed so that managers and were made aware of the frequency if the key audits carried out. We were told this still needed to be finalised. Currently the frequency and timing of follow up auditing was not fully effective. For example, checks on medication stock in one house had been carried out in July and August 2017 but not since with the house manager not having a rational for this. The registered manager could not tell us when some of the key audits would be repeated. This was similar to the last inspection.

Although some audit tools had been made more detailed to help identify areas for improvement, we found the quality assurance process had not been fully developed to include the full 'audit cycle' to help ensure consistent and regular feedback; this would include frequencies and dates for re auditing.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The registered manager and deputy were able to understand how good quality assurance processes contributed to service development. They felt that the improvements they had made in specific areas of management and monitoring of the service had been evidenced by the improvements we found. For example, medication management and care planning for people. The provider and managers had shown they could develop the service and meet regulatory requirements.

We found both managers open and receptive to the feedback we gave and there was an acknowledgment that, with more time, the whole of the provider's action plan would be completed.

This showed open communication and a willingness to learn from events and incidents. We found managers responsive to any issues raised. For example, prior to our inspection, we had received some concerns about management of people's finances and how these were monitored. The registered manager was quick to look at this and respond positively to the issues raised.

Staff we spoke with during the inspection generally felt they were supported by managers. One house manager told us they had been well supported since our last inspection and that managers were contactable and visited the house regularly. Some staff we spoke with said they would like to see more of the managers and felt they should visit supported living houses more frequently. The registered manager advised us of the staff meetings held regularly with house managers and we saw agenda and minutes for these meetings which were held at the service's office. A key communication meeting for senior managers, including the training manager and administration managers was held monthly and notes of these meetings were seen.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitor key elements of the service.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the service was displayed for people to see at the service offices and on the registered provider website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The safety of the environment in one supported living house had improved. On-going monitoring remained an issue however, with some safety checks not being recorded, potentially putting people at risk of harm.</p> <p>We found newly developed audits were not always robust and needed further development with respect to feedback and follow up. There were areas on the provider's action plan following our last inspection that still needed to be implemented.</p>