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AA-I-Care - 35 Southwell

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

AA-I-Care - 35 Southwell is a domiciliary care service registered to provide personal care to people in their own homes. 28 people were receiving personal care at the time of our inspection. Most of these people were older adults with needs associated with physical disability, dementia or long term conditions. There were also a small number of younger adults with disabilities receiving care.

The owner of the service was the registered provider and the manager and this meant there was no registration requirement for a registered manager to be in post. As registered provider, they were a 'registered person'. 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.

At our last inspection in October 2014 we had concerns about how feedback from staff and people was used to improve quality. There was a breach of regulation. At this inspection we found improvements had been made. Feedback from people and staff was now captured formally and informally and used to improve the service people received.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their care. Care plans did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and providing care that was in a person's best interests.
Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet these needs. They told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills to do their job effectively.

People felt safe and well cared for. They were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. They knew how to access the contact details of agencies they should report concerns about people's care to. Care and treatment was delivered in a way that met people's individual needs and promoted their independence and dignity. Staff kept accurate records about the care they provided.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by AA-I-Care staff they told us this was prepared well. People were left with access to drinks and food appropriately. People received their medicines as prescribed.

People were positive about the care they received and told us the staff were friendly and compassionate. Staff treated people and each other with respect and kindness throughout our inspection.

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. People felt safe and were supported by staff who understood their role in keeping them safe.

People received their medicines as prescribed.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

Is the service effective?

Requires Improvement

The service was mostly effective. However, where people could not consent to their care this was not clearly recorded as having been decided within the framework of the Mental Capacity Act 2005.

People were cared for by staff who understood their needs and felt supported.

People were supported to have the food and drink they needed. They told us their food was prepared well.

People were supported by staff to access healthcare in a timely manner and any changes in their health were reflected appropriately in their care plans.

Is the service caring?

Good

The service was caring. People received compassionate and kind care from staff who also felt cared for by the management team and their colleagues.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect and their privacy was protected.

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received care that was

responsive to their individual needs. Care plans reflected the care people needed and staff were confident in describing people's needs and preferences.

People were confident they were listened to and any grumbles received were tracked to ensure they led to a satisfactory outcome.

Is the service well-led?

Good

There were systems in place to monitor and improve quality including seeking the views of people and staff.

Staff had a shared understanding of the ethos of the service and were committed to providing high quality care.

People held the staff and management of AA-I-Care in high esteem.

AA-I-Care - 35 Southwell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 and 16 May 2016 and was announced. We gave the provider short notice of this inspection in line with our published methodology for inspecting domiciliary care providers. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had sent us a Provider Information Record (PIR). A PIR 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 had received this information in December 2014, however we were able to gather current information contained in this form during our inspection.

During our inspection we observed care practices, spoke with five people receiving care, ten members of staff and the owner. We also looked at seven people's care records, and reviewed records relating to the running of the service. This included staff training and employment records; quality assurance survey responses; concern and complaint tracking records and policies and procedures.

We also spoke with two social care professionals who had worked with the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I feel safe with each and every member of staff." Another person told us: "I do feel safe with them." People were relaxed and confident with staff during visits in people's homes. This was apparent when people did not use words to communicate their feelings.

Staff confidently and consistently described the ways they kept people safe. For example they described how they reduced risks relating to people's health, their mobility and their social needs. We observed care designed to reduce risks being delivered as it was described in people's care plans. For example, people used equipment that reduced the risk of them falling; staff provided personal care that reduced the risk of people developing sore skin and staff ensured that people had personal alarms with them between visits. Staff were confident they would notice indicators of abuse and knew how to report internally and where the contact details of other agencies were if they needed to report any concerns they had. The provider had a policy on whistleblowing which was held in the policy file available to all staff. Staff told us they were confident in highlighting any concerns they had and that their managers encouraged open discussion. They told us they would follow the whistleblowing policy of this became necessary.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example we saw that input was sought from health and social care professionals and care plans were reviewed in response to accidents and incidents. The risks to staff were considered alongside the risks to people to ensure safe outcomes.

Staff were recruited safely with appropriate checks in place to reduce the chances of employing people who were not suitable to work with vulnerable adults. There were enough staff to meet people's needs safely. People told us they did not usually wait to receive care and staff spent the full visit time with them. They told us that they were called if there was a change to their visit time and felt they were kept informed. Staff told us that they were usually able to get to all their visits without difficulty. They told us that when there were issues with the scheduling that they could contact staff in the office to resolve any problems.

People received their medicines safely. Staff told us they had been trained to administer medicines and spot checks were carried out on their competence to do so safely. We looked at records relating to medicines administration. People told us they received their medicines as prescribed. One person described how staff made sure they attended at set times and they were confident in this system. Staff monitored the risks associated with people taking medicines respectfully and discretely. For example one person was confused about their medicines and staff explained the situation to them and informed staff in the office of the change in the person's understanding. This meant that the situation could be reviewed and a change in administration could be planned for to keep the person safe.

Requires Improvement

Is the service effective?

Our findings

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.

People who were able to make decisions about their care told us that they did so both in consenting to their care plan and on a day to day basis agreeing how staff would provide the support they required at that time. Some people receiving care did not have the capacity to make decisions such as the decision to consent to their care plan. There was not a clear record that the principles of the Mental Capacity Act 2005 (MCA) had been followed for these people. For example, there was no record of a capacity assessment or how people's best interests had been considered as laid out by the law and staff were not able to describe the decisions they made to people within the framework of the MCA. This raised the risk that people could receive inappropriate care and that staff would act without the protection of the MCA. Care plans were, however, designed to meet people's needs and staff described how they promoted people's ability to make decisions and respected the decisions they made. They explained that if people who did not have capacity to agree to their care were to refuse care they would discuss this with the people who knew them well and senior staff.

We recommend that the service seeks guidance from a reputable source about the recording of mental capacity act assessments and best interest decisions and ensures staff understand the framework of the MCA.

People told us the staff had the skills they needed to do their jobs. One person said: "They are all very able." Staff told us they felt they were trained and supported to do their jobs and described how people's care plans and handovers enabled them to keep up to date with people's current needs. One member of staff described this support saying: "I have confidence to go out and do my job knowing there is a team behind me. That's what we are a team." Staff spoke confidently about the care needs of people they provided care to. There was a robust system in place for ensuring that staff kept their training current and staff told us they received specialist training when this was appropriate to people's needs. For example some staff had been trained in stoma care and others had received training that enabled them to support a person with epilepsy safely. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria to be enrolled on it.

People who had help with food and drink commented that this was done to a good standard. People were left with access to drinks and snacks between visits. One person who had live in care told us that the staff were good cooks. Staff were aware of people who were at risk of not eating or drinking enough and kept clear records and communicated effectively with each other to reduce the risks this posed people.

People told us they were supported to maintain their health. During our inspection staff identified that a person may be developing an infection and ensured that appropriate action was taken. Another person told us that staff had identified a potentially serious health condition and encouraged them to seek medical input in a timely manner. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. For example two people's needs were changing quickly due to their health conditions. Their care was being kept under review and changes made frequently to reflect the care they needed.

Good

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person told us: "They really go above and beyond. It is clear that they care." Another person said: "They are all kind." People told us they were treated respectfully and that they trusted that their privacy was respected. They told us that staff were compassionate and this made them feel cared for. One person described how they had felt able to confide in a member of staff and that this had led to a distressing situation being resolved for them as the member of staff have shared this information appropriately with the person's permission. Staff also described AA-I Care as a caring organisation and gave examples of when colleagues and managers had supported each other through difficulties.

Staff explained that they had time to build relationships with people because they worked with them regularly. One worker who provided live in care commented on how continuity of care was maintained and we heard from a person living with dementia how important this was to them. Staff communicated with people in individual ways. They were attentive to people and were both familiar and respectful in their conversations. They told us that they always sought to understand people as individuals and to communicate with them in a way that reflected this. There was information about people's communication skills and needs in their care plans and staff told us they used this information to develop relationships, support independence and encourage people to control their own care. We heard from people and saw that they were encouraged to retain their skills and that this was a particular priority when people's abilities varied due to their health. For example when people had varying mobility staff provided assistance that met those varying needs.

People felt listened to by the staff from AA-I-Care. They were supported to make choices throughout the day when they had a live in carer and during visits by domiciliary care workers. One person reflected on this saying: "They will always do what you ask." Another person told us that there was a routine to visits but this could be adapted to reflect their wishes. We observed people being asked about all aspects of the care they were provided during visits to people's homes. Where people had struggled to have their wishes heard by other agencies they told us AA-I Care had supported them when appropriate or helped them make contact with a local advocacy service.

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but staff spoke respectfully to people and to each other. This promoted a relaxed and friendly atmosphere in people's homes whilst care was being provided and in the office.

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. People told us that staff throughout the service listened to them and responded and that they had been involved in planning their care. One person told us: "If you want something changed you can let them know." People told us they felt well cared for, one person told us: "I couldn't say one thing negative about my care."

People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Staff knew people well and were able to describe their support needs and preferences with confidence. They told us that care plans reflected people's needs and that they raised any changes with office staff who would arrange for a review. Records showed that people's needs were reviewed frequently and reflected changes. For example, during our inspection one person's needs were changing substantially and this was kept under constant review with staffing changes and changes to risk assessments being carried out as necessary. This included changes being put in place out of hours. Records indicated that when appropriate relatives and friends were kept informed about their loved one's health and well-being and their knowledge was valued.

The care staff kept accurate records which included: the care people had received; physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The records were taken to the office from people's homes on a monthly basis and some were reviewed each month against people's care plans. This meant that changes in need that had not been noted by staff providing care could be identified.

People told us they felt listened to and were able to approach all the staff. One person told us they would always phone with concerns and the staff in the office made it comfortable for them to do so. A tracker system had been instigated in the office to ensure that concerns and grumbles all led to an identified resolution and could not be lost in the day to day running of the service. Actions were evident for all the items logged on the tracker. For example the time of a person's call was adjusted. We spoke with the member of staff who had implemented this and they explained that it enabled them to improve the service and improve people's experiences. There was a complaints policy that explained to people how complaints would be managed.

Good

Is the service well-led?

Our findings

AA-I-Care was held in high esteem by the people and the staff. People told us they thought the service was "very good". One person told us that all the staff went "above and beyond" to make their life better.

At our last inspection we found that the provider did not have an effective system in place to capture the views of people and staff and use these views to improve the quality of the service. There was a breach of regulation. At this inspection we found that improvements had been made. People's views had been gathered formally in a survey and informally through improved recording and monitoring of conversations held throughout the year. The survey reviewed people's opinions on important indicators for the quality of service provision such as regular staff being provided, whether dignity and respect were promoted, whether people felt safe and that their comments were addressed. Feedback had been analysed and where improvement was identified as necessary a plan of action was put in place. For example the need to improve cultural support was identified and a plan put in place to focus on these needs at assessment. Staff had also completed a survey and areas for improvement identified. This included the need to improve communication. We heard form staff that communication had improved and regular meetings ensured that all senior staff were informed and involved with service development. One member of staff said: "There is a strong management team… I feel listened to by them."

There was commitment to improving practice throughout the service. The senior staff team and owner reflected this commitment and highlighted that they sought input from other professionals in order to achieve this. One member of staff told us: "This is a really good company – we try to ensure the best care." There were systems in place to monitor the quality of the service such as regular spot checks on staff practice and audits of records such as medicines and care delivery records.
Staff described a learning and open working culture and reflected how they were challenged to be as good as they could be and also felt able challenge senior staff and the owner. One member of staff described how they knew they would be told if they needed to improve their practice but they also felt they could say if they thought a decision made by senior staff should be changed. This reflected the views of senior staff and the owner who told us they were working to develop an increasingly open culture.

The staff team worked with other agencies to ensure people received good care. Records and feedback from professionals indicated that they were proactive in seeking guidance and information. A social care professional told us that senior staff had always played a professional role in resolving complex care situations.