

Acacia Homecare 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

Acacia Homecare Limited is a domiciliary care agency that provides personal care to people in their own homes. Not everyone using Acacia Homecare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The service provides day care and live in care. At the time of our inspection the service provided a regulated activity to 31 people.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated good

People were encouraged and supported to live as independently as they could. Risk to people's health, safety and wellbeing were identified and actions were put in place to manage and mitigate the risks to keep people safe.

People received care that met their needs and staff knew them well. People were involved in planning their care and the manager and staff valued their views. Staff were trained and supervised appropriately to ensure that they provided effective care.

People told us they felt they were treated in a caring way and with kindness. People's privacy and dignity was respected by staff. People had positive relationships with staff.

Staff were aware that they had to obtain people's consent before assisting them. This was recorded in people's care and support plans.

The provider had a policy and process for dealing with complaints and concerns. Audits were in place and the manager checked the quality of the service by requesting feedback through surveys and questionnaires which people were asked to complete periodically.

The provider and management team had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

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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 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 was a comprehensive inspection and was announced. We gave the service 48 hours' notice of the inspection visit because we needed the manager to arrange visits for us to people's homes with their permission. We also needed to be sure that the manager would be in the office.

The inspection site visit activity started on 23 August 2018 and lasted one day. It included visiting two people living in their homes. We also visited the office location on the same date to see the manager, the provider and office staff; and to review care records and policies and procedures.

The inspection was also informed by feedback from questionnaires completed by a number of people using services and staff working at the service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In addition to visiting two people in their homes we also had telephone calls with 10 other people. At the office we spoke with the manager and three members of staff. We read care plans for two people, medicines records and the records of accidents and incidents, complaints and safeguarding.

After the inspection we were sent records of audits, surveys, staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff

meetings and evidence of partnership working with external organisations.

# Is the service safe?

## Our findings

People told us that they felt safe in the company of staff in their own homes. One person told us, "I feel safe because I know who the staff are. I trust them with the key code. They will ring the bell when they come in and call out to me." Another person said, "I feel safe because I know her [member of staff]."

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would go to a manager or a senior carer and escalate to using the whistleblowing policy." Staff understood their responsibility to liaise with the local authority if safeguarding concerns were raised.

Systems were in place to identify and reduce the risks to people living in the home. Prior to providing care a member of staff risk assessed the persons home to ensure that care could be provided in safe way. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. One member of staff told us, "When we go into the home we checked for any trip hazards for people. Staff understood what they needed to do to prevent the risk of infections spreading. One told us, "When we go in [to the person's home] we put on shoe covers, aprons and gloves. We wash our hands thoroughly to prevent spreading germs and bacteria. We don't want to make a customer ill." Accidents and incidents were recorded and actions taken to reduce further risks.

People and a relative told us there were enough staff available to ensure that calls were always attended. One person told us, "She [the member of staff] is very punctual, actually she is always here few minutes earlier." The manager told us that they were currently recruiting for additional staff and that they were not taking on additional clients until more staff were available. the providers audits' showed that staff always attended calls. One member of staff said, "We have good staff and a nice amount. Can be difficult during the holidays but calls are always covered."

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. One person told us, "She [member of staff] checks on my medication and she makes sure I take it." One member of staff told us, "I make sure they have taken their medicine properly. I stand and watch them take it. Once they have swallowed I will record that on the medicine record." staff completed the Medicine Administration Records (MAR) with no gaps.

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We spoke with the manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

Staff had received training and had a good understanding of the principles of MCA. One member of staff said, "You always assume people have capacity. If they don't have capacity then decisions may need to be made in their best interest." None of the people that received care that we regulated lacked capacity to make a decision.

People told us that staff always asked consent before providing care. One person said, "They [staff] always ask me before they do anything to me." People expressed their confidence in the staff and felt they understood their needs well. One person told us, "She [member of staff] will do what I want her to do, the way I want." Another told us, "The standard of care [is] very good."

Prior to starting care an assessment of people's needs was undertaken to ensure that staff could meet their needs. One relative said, "We met with [staff member] with mum in hospital. They wanted to see her house and how she lived before they agreed to the care."

Staff received training appropriate to the needs of the people who used the agency. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One member of staff said, "My induction and training has been brilliant. It wasn't just talking, we interacted." staff competencies were assessed regularly and recorded. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. One member of staff said, "One to ones are done every six months. It helps me to progress. I get to see what I do well. It helps me to grow." They told us, "We have regular spot checks to make sure that we are doing our job properly. I can be told if I'm not doing something properly."

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. We found that staff competencies were assessed against the recommended practices for example NICE and The Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Where needed, staff supported people with their food and drink. People told us that staff always made sure they had food and drink available to them before they left the home. One person said, "I am independent for my nutrition and hydration but the carer is happy to help." Another told us, "[Staff] help me with the meals

as well as it's in my care plan."



## Is the service caring?

### Our findings

People and relatives were complimentary about the caring nature of staff. Comments included, "We [staff and the person] are in harmony with each other", "They [staff] are lovely, caring, helpful", "They are so friendly and nice, I'd change [care company] otherwise", "The girls [staff] are great. Really good", "We get on so well. We have a laugh."

Staff were highly motivated and passionate about the care they provided to people living in the home. Their passion was echoed by the management team. People felt that staff at times went above and beyond with the support they provided. One person told us that staff supported them to call a friend that they had met in hospital. They said, "I really appreciated this."

Comments from staff included, "I'm not looking after just anyone. I'm looking after someone's family. I do my role with passion. That could be my family member there." A relative told us that when their family member had an accident at their home the member of staff stayed until they knew the person was safe. The relative said, "Throughout this whole ordeal [staff name] stayed with me and was a constant support.....she even stayed at the scene to clean up in doing so restored an element of normality to the situation."

People and relatives were involved in the planning of their care. One person said, "I feel they listen when I tell them things." Another told us, "They ask you exactly what you want and I tell them how they need to do it. They [staff] know my routine." Care plans showed that people and relatives were asked what they wanted their care routine to be and staff understood this. One member of staff said, "People have different things that they like to have done. It's important that you listen to that."

We observed a member of staff approach a person with kindness and compassion. The person did not want care at the moment and the member of staff respected that. When they returned to the person they encouraged them to participate in the care to encourage their independence. They said [when encouraging them to stand], "You try, you do it for me. Put your hand here. That's it, well done." The relative told us that staff were always patient with their family member but liked that staff also encouraged their family member to do things for themselves. They said, "They are always calm and encouraging. We've [the family] noticed that the more they [staff] encourage her the more she does."

People and the relative we spoke with said that staff were respectful and treated people with dignity. One person said, "When I'm having a shower she [the member of staff] talks through what she's doing. She doesn't just do it." Another person said, "I feel I'm listened to." A relative said, "If she [their family member] doesn't want to do something they [staff] don't force her to do it."

## Is the service responsive?

### Our findings

Care plans were personalised and detailed daily routines specific to each person. There was information around the people's backgrounds and how staff could support them with their emotional needs. Staff were able to explain the support people needed and what was important to the person. One member of staff said, "Before we go in to see a customer we will get a breakdown of their care. We then read the care plans for more detail." One person we spoke with told us the detail around the care they received and this was reflected in the care plan in their home. The person told us that although their routine was detailed this did not stop staff being flexible if things changed on the day. There were no people that were being supported with end of life care.

People told us that staff cared for them the way they wanted. One person said, "They [staff] know my routine and just get on with it." Another person said, "Everything is written in my care plan. My care plan is reviewed or updated every year." A relative told us, "I have confidence in them [staff]. They [staff] do a review every three months. It's important to do this to get across our views."

Staff told us that they would ensure that any care provided was written in the person's notes and also shared with other staff. Notes detailed the care that had been provided and other useful information that staff would need to know. One person said, "There is a book where they write daily what they find, what they do."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. People told us that they knew how to raise a complaint and felt at ease to raise any issue. They felt that the management listened to them and tried to accommodate them. One person said, "I feel I'm listened to. The communication with the management is good. Every issue has been sorted out." One member of staff told us, "They [people] can email into the office or send a letter. I can support them with this. I will deal with any complaint in the strictest confidence."

# Is the service well-led?

## Our findings

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

The new management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. The 'whole team approach' and culture in the service had continued to develop and grow. The vision and the value of the service of 'enabling people to live as they choose' remained embedded in the service. Comments from people included, "I call the office and they try to accommodate me", "The new manager phoned me and she said she will come to see me. The management seems to be helpful", "I can get through to the manager whenever I need to", "They meet my requirements" and "I spoke to her [the manager] on the phone and she seems very good."

Staff felt supported and valued. There were regular newsletters with information about which member of staff had been given the 'Star Award.' One member of staff told us, "We appreciate getting this." Staff were involved in creating a video to promote the organisation to assist with recruitment. Staff told us how much they enjoyed taking part and appreciated being involved. Staff were complimentary of the management team. One told us, "We have good relationships with the management team. They [the management team] are all caring. We are all close knit." Another told us, "If I needed to speak to them they are always there to give me a boost."

During the heatwave staff were encouraged to stay with people longer if needed. The management team delivered bottles of water and sunhats to staff. One member of staff said, "They made us feel very well looked after, loved and valued. We all look after each other."

There were links with external organisations. The Police Missing Persons unit told staff at the service, "On behalf of Surrey Police Missing Person Unit, thank you for all you have done to assist in both caring for and locating [person's name] over the last few months." Another organisation wrote stating, "I just wanted to say how lovely it has been to catch up. Your support for Contact the Elderly has been much appreciated. "Staff regularly took part in charity events on behalf of the organisation.

Staff understood the values of the service and enjoyed working for the organisation. One member of staff said, "I love it here. I wouldn't go anywhere else. If a customer isn't smiling and I know something is wrong it matters to me."

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. Notifications that were required to be sent to the CQC were being sent

in.