

Accolade Care Services UK Limited

# Accolade Care Services UK Limited

## Inspection report

Ground Floor  
57 Lower Addiscombe Road  
Croydon  
Surrey  
CR0 6PQ

Tel: 02086552315

Website: [www.rhemacare.co.uk](http://www.rhemacare.co.uk)

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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

Accolade Care Services Ltd provides personal care to people in their own homes. The provider changed the name of this service from Rhema Care Services since our last inspection. People who use the agency were mainly older people. There were 96 people using the service at the time of this inspection.

This inspection took place on 18 January 2018. We gave two days' notice to the provider to ensure someone was available to assist us with the inspection.

We last inspected the service in October 2015 and found the provider was meeting the fundamental standards. We rated the service 'Good' overall.

People felt safe with the staff who cared for them. Risks relating to people's care were reduced as the provider assessed and managed risks. There were systems in place safeguarding people and staff understood their responsibilities in relation to this. Systems were in place to manage people's medicines safely. There were enough staff deployed to care for people and staff were recruited through processes to check their suitability.

Staff received a programme of induction, training, support, supervision and appraisal to help them understand and meet people's needs.

People received the support they required in relation to maintaining their health and also eating and drinking. People received care in line with the Mental Capacity Act 2005 (MCA).

The provider assessed people's care needs holistically through consulting with people and their relatives and reviewing any professional reports. The provider developed care plans which guided staff on people's physical, mental, emotional and social needs and informed them of their personal history. Staff knew the people they cared for and developed positive relationships with them.

People were treated with kindness, dignity and respect by staff and their privacy was maintained. The provider encouraged staff to become Dignity Champions and follow the 'ten dignity do's' expected of high quality services in respecting people's dignity. Staff were provided with sufficient training and also time to care for people in a person-centred way. Staff supported people to maintain their independence and people were involved in decisions about their care.

The provider used concerns and complaints as a way of monitoring quality and improving the service. The provider investigated and responded to complaints appropriately.

The service was well-led by a competent registered manager who was also the director of the service and had led the service for 17 years. Staff also understood their role and responsibilities.

The provider had suitable systems in place to assess, monitor and improve the service. The provider gathered feedback from people and relatives regarding the quality of care and carried out observations of staff to check they provided care at the expected standard. The provider communicated openly with staff and external professionals.

## 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 continued to be Good.

### Is the service effective?

Good ●

The service continued to be Good.

### Is the service caring?

Good ●

The service continued to be Good.

### Is the service responsive?

Good ●

The service continued to be Good.

### Is the service well-led?

Good ●

The service continued to be Good.

# Accolade Care Services UK 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 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 visit to the service took place on 18 January 2018 and was announced. We gave the managing director 48 hours' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We reviewed this, as well as other information we held about the service such as statutory notifications. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from eight people who used the service, no staff and five relatives and friends and one professional. We reviewed all responses received as part of our inspection planning.

During the inspection we spoke with the registered manager, a care coordinator and three care workers who visited the service. We looked at nine people's care records to see how their care was planned, records relating to medicines management, three care workers' recruitment files and records relating to the management of the service.

On the same day as our inspection our expert by experience spoke with seven people using the service and one relative.

# Is the service safe?

## Our findings

People were safeguarded from abuse because of systems the provider had in place. People told us they felt safe with the staff who cared for them. Staff had a good understanding of the signs people may be being abused and how to report any concerns. Staff also understood their responsibilities to raise concerns, record and report safety incidents, concerns and near misses. Staff received annual training in safeguarding adults at risk to help keep their knowledge current. The registered manager had appropriately reported allegations of abuse to the local authority safeguarding team and investigated concerns where appropriate.

People were supported by staff who were recruited via procedures to check their suitability. These included obtaining a criminal records check, checking qualifications, training and employment history with references from former employers, checking identification and their right to work in the UK. Most staff files contained the required documentation, although a small number lacked health declarations and proof of address. The provider told us they were in the process of auditing all staff files and would obtain any documentation they found to be lacking. People were supported by sufficient numbers of staff as people, staff and relatives told us there were enough staff deployed to meet people's needs.

People's medicines were managed safely by the provider. The provider told us all people using the service required prompting and administered medicines themselves. However, the provider had assessed the risks relating to people's medicines and put guidance in place for staff to follow on prompting them. The provider kept records of the medicines people were prompted to take to ensure a clear audit trail. The provider trained staff in medicines administration although they did not carry out formal competency assessments. The provider told us they would consider introducing staff competency assessments to check staff had reached the required level in administering medicines to people and their practice remained safe.

Risks to people were reduced by the risk assessment processes in place. One person told how staff always checked they were wearing their pendant to call for help should they fall. The provider identified risks to people, assessed the risks and put suitable management plans in place for staff to follow in reducing the risks. These risks included risk relating to falls, moving and handling and the environment. The provider told us they reviewed risk assessments annually or more often if risks changed and our discussion with staff showed they understood the risks relating to people's care. However, several risk assessments and reviews were undated which meant we were unable to verify this. The provider told us they would look into this issue and ensure all documents were appropriately dated.

# Is the service effective?

## Our findings

People's needs and choices were assessed well by the provider. People told us the assessment process was appropriate and care was delivered to them appropriately in line with their assessed needs. The provider reviewed people's physical, mental health and social needs holistically through meeting with people and their relatives to find out more about their needs. The provider also considered any professional reports, such as those from social services, as part of their assessment. The provider continued to assess people's needs by reviewing people's care annually or more often if required.

People were supported to live healthier lives. Information about people's healthcare needs were recorded in their care plans for staff to be aware of, including any support people required from staff. The provider liaised with external professional to help people receive the healthcare they needed. The registered manager gave us examples of when they had contacted Occupational Therapists (OTs) to request reassessments when people's care requirements in relation to equipment changed.

People received the support they required in relation to eating and drinking. People's care plans detailed any support they required with food and drink, including their preferences, for staff to refer to. The provider had systems to support people at risk of malnutrition or dehydration although they told us no people using the service at the time of our inspection were at risk of either.

People were cared for by staff who received suitable induction, training and support. People and relatives told us they felt staff were well trained. New staff completed a three day induction during which they received training in key topics. Any staff without diplomas in health and social care completed the Skills for Care 'care certificate'. The provider ensured all staff completed an induction in line with the Care Certificate. The Care Certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received supervision with their line manager every three to six months during which they reviewed the best ways to care for people and their training requirements. Staff also received annual appraisal during which they received feedback on their performance and set goals for the coming year. Staff received regular training in a range of topics relevant to their role including moving and handling using a range of equipment, safeguarding, lone working and fire safety.

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 were received care in line with the MCA. The provider and staff told us there were no people receiving care who they suspected to lack capacity. However, the provider included forms to assess capacity in each person's care file and evidenced why they considered an assessment was not required. The provider was clear on their responsibilities in relation to the MCA, as were staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process in place in relation to services which provide care to people in their own home, such as this service. The provider confirmed there were no people who required their liberty to be deprived of using the service, but understood their responsibilities if this changed.



## Is the service caring?

### Our findings

People were positive about the staff who cared for them. One person told us when they were ill recently, "The first thing they did was ask where my sheets were and change the bedding... staff are competent and extremely nice." A second person told us about recent health concerns and how their care worker was, "So supportive, kind and compassionate. They try to give me confidence." Staff spoke about the people they supported in a compassionate and respectful way and it was clear they were motivated to care for people.

People's background, needs and wishes were understood by the staff who cared for them. One person told us staff, "Know that [my profession], that I've got two children, that I like [a certain activity]. They ask me [about myself]." However, one relative felt the two staff who supported their family member tended to talk amongst them and a shared interest with the care workers was, "One thing I really miss." People told us they were involved in making decisions relating to their care and staff respected their choices.

People's privacy and dignity was respected and promoted by staff. People and relatives told us staff treated people with dignity and respect. One person said, "I don't feel embarrassed [when staff are providing personal care] because they make it easy for me...they respect me." The registered manager trained all staff in privacy and dignity and many staff were 'dignity champions'. Dignity champions are people who sign up to a campaign run by the National Dignity Council (NDC), pledging to challenge poor care, to act as good role models and to educate and inform all those working around them. The registered manager attended events held by the NDC to keep their understanding of dignity in relation to care current and to learn new ways of working. The provider had also signed up to the NDC's '10 dignity do's challenge'. This challenge describes values and actions for high quality services in ensuring people's dignity is respected.

People were supported to be as independent as they wanted to be. One person told us staff, "Do encourage you to be independent." On questionnaires we sent out one relative wrote, "My mother wouldn't be able to stay in her own home without the help of these great [care workers]."

Staff were allocated sufficient time to care for people in a personal way. Staff told us they had sufficient time to care for people and also to travel between visits so they never had to rush when caring for people.

## Is the service responsive?

### Our findings

People contributed to planning their care and support. One person told us they were involved in planning their care, "At the beginning...I have an annual review." The provider incorporated people's views and preferences in relation to their care, including their levels of independence and quality of life, into their care plans. People's care plans reflected their physical, mental, emotional and social needs and their personal history. People told us staff understood this information about them and our discussions with staff also supported this. This understanding of people helped staff provide care by giving people as much choice and control as possible.

The provider used complaints as part of monitoring and improving the service. People told us they knew how to complain. One person said, "I know the process, speak to manager, put things in writing." The provider recorded any complaints made to the service along with the action they took in response. Records showed the provider investigated complaints and responded in appropriate timescales to people, apologising where any shortfalls in the service were identified. Information regarding the complaints process was included in the 'service user guide' given to people before they began receiving care to inform them. The provider analysed complaints each quarter to look for any patterns and identify areas where the service could improve.

The provider invested in technology to support people to receive timely care and support. In our questionnaire 92% of people told us care workers stayed for the agreed length of time although only 75% said care workers arrived on time. During our phone calls to people after this inspection most people and relatives told us care workers arrived on time and stayed the allocated time, although one relative told us they experienced on-going issues with timekeeping. The provider recently implemented a new technology to monitor the times people receive care and this was almost fully installed across the service. The provider explained to us how they could use the system to be notified if people did not receive their care at the right time and to track and improve any issues with lateness. We will review how well this system worked at our next comprehensive inspection.

## Is the service well-led?

### Our findings

The service was well-led by a registered manager who had managed the service for the seventeen years it had been established. The service had a registered manager who was also the registered provider. 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.

People told us the service was well-led. One person told us, "[The provider] comes and does reviews. They are always there if you need to phone them. I've left messages and they always get back to you." A second person said, "[The service is] very good. I'm very happy with it." A third person commented, "I'm one hundred percent happy with it." The registered manager was also the director. Our inspection findings and discussions with the registered manager confirmed they understood their roles and responsibilities well. The leadership of the registered manager was capable and also visible as they had regular and frequent interactions with people and staff.

Our discussions with staff also indicated they had a good understanding of what was expected of them. One person told us, "Carers know what they are doing. They don't seem to be running around like headless chickens." Staff told us they worked well as a team including in ensuring people all received their required care in times of staff absence.

The provider had systems in place to assess, monitor and improve the service. The provider had a spreadsheet in place to track staff training requirements which showed staff received training in a timely manner. The provider also had a spreadsheet to record the contents of each staff file to check each included the necessary recruitment documentation. We found this spreadsheet was incomplete and had not yet been used to identify some recruitment documentation we found was lacking. However, the provider explained it would be completed shortly and any lacking documentation would be identified and obtained. The provider recently introduced a system to track staff supervision and appraisal to ensure staff received these at the required frequencies. We identified the provider had not audited daily log sheets and medicines records each month as the director told us was required. The provider explained this had been due to office staff changes and they would ensure this auditing was improved.

The registered manager gathered feedback from people and relatives as part of monitoring the quality of care they received through annual questionnaires. We reviewed recent responses and saw most people were happy with the care they received with several positive comments about individual staff. The provider also gathered feedback from people during annual reviews. In addition, the provider carried out spot checks and observations of staff to check they provided care to people in the best ways.

The provider encouraged open communication with people, relatives and staff. The provider held regular meetings and group supervision with staff. Staff told us they felt able to raise any issues and the provider would always take their feedback on board. The provider used these meetings as an opportunity to inform

staff of developments within the company as well as best practice.

The provider worked in partnership with key organisations openly and transparently. The provider gave us an example of when they liaised with social services to raise concerns when a person did not receive the expected care from an external professional. When a safeguarding alert was raised with the provider regarding a care worker the provider investigated the concerns thoroughly, as requested by social services, and liaised with social services regarding the action they took to keep the person safe. The provider also facilitated the local authority to audit the service each year to check standards of care remained high. We viewed the most recent local authority audit and found the provider had made the necessary improvements identified. The registered manager also attended provider forums and registered manager's meetings arranged by the local authority to learn and share best practice.