

AICS (Acquired Injury Care & Support) Ltd

The AICS Group

Inspection report

Unit 15, 4 Broads Foundry
Trumpers Way
Hanwell
London
W7 2QP

Tel: 02088327496
Website: www.aicsgroup.co.uk

Date of inspection visit:
27 April 2017
28 April 2017

Date of publication:
22 June 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 and 28 April 2017 and was announced. At the last inspection on 25 February 2015 we found the service was meeting all the required Regulations we looked at and the service was rated Good. At this inspection, we found the service remained rated Good overall.

The AICS Group is an agency providing personal care and support to people who have an acquired brain injury. The current agency's location was registered with the CQC on 10 November 2014. At the time of our inspection the agency provided personal care to 13 people in different parts of the country. The agency had employed up to 60 staff members out of which 33 delivered a regulated activity.

The agency was run by two directors; both managed the service and one was also the registered manager with CQC. 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 and associated Regulations about how the service is run.

The management team carried out investigations into all safeguarding concerns, accidents, incidents and complaints raised by the people using the service and their relatives.

The agency had assessed risk to the health and wellbeing of people who used the service and staff had clear guidelines on how to support people safely.

The agency had been recruiting staff to meet the specific needs of people who used the service. The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

Family members stated there were enough staff deployed to meet their relatives' needs and people were supported by staff they knew and were familiar with.

People received their medicines as prescribed and staff were sufficiently trained to administer medicines safely.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. They received regular training and support to help them carry out their roles effectively.

The agency was working within the principles of the MCA and care had been planned in the best interest of people who used the service.

The agency worked closely with other healthcare professionals to ensure people's needs had been met.

The agency had promoted people's independence and staff encouraged people to set short and long-term goals for their progress and development.

Family members told us staff treated their relatives with dignity and respect when providing personal care. People were able to choose female or male staff to support them.

People's care was planned in a person centred way and reflected people's care needs and individual preferences. People and their families had been involved in forming of people's individual care packages.

The agency had a complaints procedure in place and people and their relatives were aware of it.

People and their family members were encouraged to share their experience of the care provided by the agency.

People and family members knew the management team and could contact them with any queries.

Staff felt the agency was well-led and they were happy to work there. They felt supported and valued by the management team.

The agency had a variety of systems in place to ensure continues high quality of the service delivery.

The agency had worked in close partnership with external professionals who gave positive feedback about their partnership work with the agency.

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 was safe.

The agency had procedures regarding safeguarding vulnerable adults and children and the staff were aware of these.

The agency had assessed risks to the health and wellbeing of people who used the service and staff had clear guidelines on how to support people safely.

The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training they needed to support people effectively.

Staff received regular supervision and appraisal of their work to ensure the best possible support was provided for people they cared for.

The agency was meeting the requirements of the Mental Capacity Act 2005.

People were given support to meet their health care and nutritional needs.

Is the service caring?

Good ●

The service was caring.

The agency had promoted people's independence and staff encouraged people to set short and long-term goals for their progress and development.

Staff respected people's privacy and dignity when providing personal care and family members confirmed this.

People could choose to be supported by a female or male staff member.

Is the service responsive?

Good ●

The service was responsive.

People received care that was person centred and reflected their care needs and individual preferences.

People and their families were involved in the planning and reviewing of their care packages.

People and their families knew how to make a complaint and were happy to speak to the management team in case of any concerns.

People and their family members were encouraged to share their experience of the care provided by the agency.

Is the service well-led?

Good ●

The service was well-led.

Family members and staff employed by the agency felt the agency was well managed.

The agency had systems in place to ensure a continuous high quality of the service delivery.

The agency received positive feedback from external professionals.

The AICS Group

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 inspection took place on 27 and 28 April 2017 and was announced. We gave the agency 48 hours' notice because the location provides a domiciliary care agency and we wanted to make sure someone was available to talk to us.

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we carried out telephone interviews with seven relatives of people who used the service and one case manager who gave feedback on behalf of those who were unable to speak on the telephone due to their complex needs.

Additionally, we gathered information from a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit, we spoke with two managing directors who were the owners of the AICS Group LTD. One of the managing directors was the registered manager for the agency. We also spoke with the business development manager, the compliance officer and one of the care support managers.

We looked at records which included seven people's care records, recruitment records for six staff members, training and supervision records, and other documents relating to the management of the service.

Following the inspection, we contacted five staff members all of whom gave us their feedback on their experiences of working for the agency. We also contacted eight external professionals out of which three gave us feedback on their partnership relationship with the agency.

Is the service safe?

Our findings

Family members of people who used the service felt their relatives were safe with staff who supported them. Comments included, "I'm fairly happy with them", "Generally, they are very good" and "90% of the carers I see are excellent. They (the agency) provide some very good carers."

As we found at previous inspections, the agency had policies and procedures to keep people safe from harm and abuse. The management team carried out investigations into all safeguarding concerns which were recorded and stored in the agency's central safeguarding folder. On the day of our inspection the agency had one current safeguarding concern that had been dealt with according with the agency's safeguarding policy. The agency had not notified the Care Quality Commission about this concern which they should have done as required by the regulations. We spoke about this issue with the registered manager on the day of our visit. They informed us that they would submit the notification immediately. The Commission had since received the required safeguarding notification.

Records showed that all staff employed by the agency received safeguarding training. We spoke with six staff members who were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures. Staff comments included, "I have duty of care to my clients. There are no two ways about it. If I had any safeguarding concern I would immediately raise an alarm with the management team", "I have to make sure that people are protected and safe. If I had any concerns I would inform the agency straight away. If they did not do anything about it I would go to social services or CQC" and "Safeguarding is reporting any concerns about a potential neglect and abuse and ensuring people are safe."

The agency had assessed risks to the health and wellbeing of people who used the service. All of the care files we looked at consisted of comprehensive risk assessment documents related to the environment that people lived in as well as any risk related to supporting them. All of the risk assessments we looked at included information on the nature of each risk and detailed instructions for staff on how to support people in order to reduce this risk. For example, one person's care documents stated they did not have insight into their personal safety and staff were required to remind the person about the importance of keeping themselves safe at all times. A second person's care documents stated that they were not able to mobilise independently and required continuous support from staff. Their moving and handling risk assessment consisted of detailed information for staff on how to use the equipment in order to transfer the person safely. Other risk assessments we saw included those for epilepsy, falls and behavioural risk assessments.

Staff we spoke with told us they were aware of all identified risks for people they cared for as they read people's care files regularly as well as discussed the risks during daily handovers and with other involved professionals in regular multidisciplinary team meetings. Records showed that all risk assessment documents were reviewed and updated regularly.

The agency had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. The agency had been recruiting only experienced staff that were trained and had previous experience in caring for vulnerable adults and children. The agency involved people who

used the service in the recruitment process. People received profile information on each potential candidate and if possible they had the chance to meet and interview candidates prior to their employment. Following this, the people decided which candidates they would feel comfortable being supported by.

We looked in the personal files for six staff members and we saw that all required recruitment paperwork was in place. These included up to date criminal record checks, references from previous employers and a detailed history of previous education and employment.

Family members stated there were enough staff deployed to meet needs of people who used the service. One relative told us, "They (staff) don't spend much time with us as their main duties are to take my relative out into the community." Each person had a team of staff allocated to support them. The registered manager told us all planned and unplanned staff absences were covered by other staff who also worked with a person. Consequently, people were always supported by staff they knew and were familiar with.

Family members told us they were happy with the way the agency had managed their relative's medicines. One person told us, "The information on medicines is in the care plan. We have no concerns."

Clear information about medicines, and what they were prescribed for, was available for staff to read. Staff recorded each medicines administration on an online care records system. We looked at a sample of such records for one person and we saw that staff recorded what medicines they administered, the dose and the time of administration. Other staff supporting the person, the management team and the person's external care managers could access these records and monitor if medicines were administered safely and as prescribed.

The registered manager told us that staff reported any medicines administration errors immediately to the agency. Evidence showed that details of all medicines errors were recorded and the agency had taken appropriate action to avoid such errors happening in the future.

Records showed that staff had training in medicines administration.

Is the service effective?

Our findings

As we found at the previous inspection, family members felt the staff had the skills to support their relatives. Comments included, "Staff are very helpful" and "Staff are really good at providing the care my relative needs." One family member told us they would like the staff to be offered more specific training about the behavioural challenges of people with brain injuries.

The agency recruited staff specifically for the support of each person. Each new staff member undertook an in-depth induction that consisted of the training the provider considered mandatory and additional training relevant to the needs of person they were recruited to support. In addition, each new staff member received a staff guide consisting of detailed information on people they were going to support. We saw examples of such guides in care files we looked at. The document included basic information about a person, their daily routine, a support plan and description of any risks related to providing care for the person. Prior to commencing work with an allocated person staff members were invited to a "meet and greet" meeting in which they met the person and other members of their multidisciplinary support team.

Other staff received yearly refresher training to ensure continuous review of the skills and knowledge needed to support people they cared for. The registered manager provided us with a copy of a training matrix which showed the training that staff had undertaken.

Records showed that staff received regular supervision and appraisal of their work to ensure the best possible support was provided for people they cared for. Staff told us they felt supported by their supervisors and the management team. Comments included, "Yes I get support and I feel valued. I go to work and I know what I have to do", "I get regular supervision and appraisal. We discuss how I am getting on with my work and if I need any support or training" and "Yes I get supervision every three months we discuss client work and any training needs."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

As we found at the previous inspection, the agency was working within the principles of the MCA. At the time of our visit, all people using the service lacked capacity to make major decisions about their finances and welfare, therefore each person using the service had a legally appointed Deputy. A Deputy is a person appointed by the Court of Protection to manage the personal welfare or the property and affairs of another person, who lacks the mental capacity to manage these them themselves. Records showed that Deputies had signed the consent to care and treatment on behalf of people who they represented. They had also

been involved in developing and reviewing of the care package for those people. All major decisions about people's care and treatment were made in multidisciplinary team meetings (MDT) that consisted of health professionals involved in each person's care, the agency staff, a Deputy and where appropriate the person and their family members. Minutes from these meetings showed that care had been planned in the best interest of people who used the service.

Family members confirmed they were involved in planning and reviewing of care for their relatives.

Staff received Mental Capacity Act 2005 (MCA) training. They understood the principles of the MCA and were able to give us examples of how to implement it. Staff comments included, "People may lack capacity to make major decisions but they can make decisions on what to wear or what to do during the day. The choice is always theirs", "We want to give freedom to our clients and encourage them to make decisions if there is no risk involved. However, major decision i.e. medical treatment or where they are going to live need to be made by legally appointed professionals" and "I encourage people to make decisions. They can choose what food they want to eat and what to wear. It is important that they feel comfortable."

As at the previous inspection, people's nutritional needs and personal preferences were recorded in their care plans. Some people required staff support at mealtimes, such as warming up already prepared food of their choice. Staff told us, as much as possible, they encouraged people to eat by themselves or even prepare their own food with support from staff. Staff comments included, "We always encourage people to eat healthy food and to help preparing it, i.e. put a tea bag in a cup and open a fridge", "I usually prepare the favourite meal for the person I support and I always ask if they would like to eat something else. I take their personal choice into consideration at all times."

The agency supported people to maintain good health and have access to healthcare services. People's healthcare needs were recorded in care plans and the daily care notes indicated the staff monitored these. The staff confirmed they observed people's health on a daily basis and alerted the agency and other relevant people if someone's health needs changed. Family members of people who used the service told us they felt confident they would be kept informed of any changes to the health and wellbeing of their relatives. Comments included, "Communication with the staff is very good" and "We have good communication with the carers."

External professionals told us staff took an active role in enabling people who used the service in maintaining their good health and accessing health care services. Their comments included, "AICS always contact me and any other relevant professional in line with any changes that may occur and a plan is put in place to respond to the issue raised" and "In order to enable the client to attend Hydrotherapy with the Physiotherapist the staff have participated in the risk assessment process and participate in the hydro session with the client's relatives. Without AICS's support this therapeutic opportunity would not be possible. The client also gains a lot of enjoyment from these sessions".

Is the service caring?

Our findings

As we found at the previous inspection, people and family members were happy with the care and support offered by staff. One relative told us, "I've had plenty of experience of carers over the years and I would definitely recommend this agency."

The agency's motto stated, "Your package, Your choice, Your life!" indicating that it was important for the agency to ensure that people felt they mattered and they were involved in planning and reviewing of their care and support package. Family members of people who used the service told us, "We are very involved in the care planning" and "We were fully consulted in the last review of the care plan."

Staff communicated with people in a way people could understand. Each person had a communication plan explaining what their favourite method of communication was. For example, one person's care plan stated they would communicate by pointing out objects and it would take a few minutes to understand what had been said to them. Staff confirmed they knew and understood different ways people communicated. One staff member told us, "I encourage the person I support to point at what they want and I give it to them".

The agency had promoted people's independence and staff encouraged people to set short and long-term goals for their progress and development. One staff member said, "I encourage the person to do activities in the community, and I support them in improving personal care skills, such as, brushing their teeth, assisting with cooking sessions. An occupational therapist shows us how to best support the person and we do it". One professional told us, "AICS have engaged very well with the treating team which includes, GP, Medical Team, Neurophysiotherapy, Occupational Therapy, Speech and Language Therapy and Neuropsychology and school in order to respond to the complex needs of the client. For example, the team have been trained using a competency based approach to enable them to meet the spasticity needs of the client via a passive range of movement stretching regime as well as following a comprehensive physical and postural management programme. AICS engage very well in this process."

Family members we spoke with told us they believed staff treated their relatives with dignity and respect. Staff said they respected people's privacy and dignity when providing personal care. Their comments included, "I always shut the door and pull the blinds down. I always explain to the person what I am doing so they know and feel comfortable" and "I always ensure people are covered when receiving personal care. It is important that they are not exposed."

Family members told us their relatives were supported by both female and male staff, however they could state their preferences. One family member said, "We are able to ask for male or female carers, they do comply with any requests. We know how difficult it can be to get male carers." One professional told us that he requested that the agency employed a male worker to support a person using the service and the agency had found and recruited the appropriate candidate.

Is the service responsive?

Our findings

As we found at the previous inspection, people received care that was person centred and reflected their care needs and individual preferences. Each person had a multidisciplinary team (MDT) of professionals that included the agency's staff and other health care professionals. The team worked together to ensure that each person received the care and support that was in line with their specific care and support needs.

People and their families had been involved in the forming of people's individual care plans. Relatives told us, "We are absolutely involved in care planning" and "Staff are very helpful in responding to changes in the care plan. We discuss any changes with our case manager."

People's care plans were person centred and consisted of detailed information on their care needs, personal preferences and detailed guidelines for staff on how to support people to improve their physical health and emotional wellbeing. For example, one person's care plan gave details of the person's medical condition and guidelines for staff on how to support this person and what to do in case they felt unwell. Another person's care plan described their daily routine and instructed staff to always encourage the person to complete all their daily tasks on their own and only offer the support if the person struggled with completing them.

Other information in care plans we looked at included people's personal history, their hopes and dreams for the future, favourite friendships, everyday routines and a description of their domestic life. Additionally, each person using the service had a completed activities plan that included all activities they partook in during the week. These included support and social activities with the agency's staff as well as sessions with other health professionals.

The agency had been using an online system to capture all information related to daily care of people who used the service. This included personal care provided, physical and emotional wellbeing, social activities and medicines administration. Staff members were required to update the system after each shift and all members of the respective MDT team had access to this information. This meant that staff were made aware of people's changing needs promptly and could offer care and support that was safe, relevant and in accordance with these needs.

Staff we spoke with knew the care needs of people they supported. Comments included, "I read care plans as often as I can. I also observe the person and speak to their relatives. That's why I am aware of any changes to the person's circumstances. If I notice any changes I report it straight away to relevant people. This way everyone is informed and the person is safe" and "People's needs are written in their care plans. We also get regular handovers from other staff members and all information is recorded on an online system. Staff updates the system after each shift. It is especially good as all relevant people can access this system, therefore, they are immediately informed about any changes to people's health and wellbeing."

People's care had been reviewed regularly in three monthly MDT meetings. We saw minutes from these meeting in people's care files. This meant there was a clear audit trail of any discussions and decisions made

about people's care during these meetings. The registered manager told us and staff and other professionals confirmed, the outcomes of MDT meetings were then used to formulate an updated care plan for each respective person. We saw that all care plans we looked at were up to date and had incorporated changes discussed in MDT meetings.

The agency had a complaints procedure in place. It was available in a "service user guide" which was given to each person at the start of their care package with the agency. Family members told us they knew the agency's complaint policy and they were happy to speak to staff or the management team in case of any concerns. The majority of people we spoke with told us they were happy with how the agency dealt with their complaints. Comments included, "I have absolute confidence that any issues I raise will be dealt with effectively. I'm very happy with how they dealt with something recently" and "I had a complaint a while ago. They dealt with it immediately". One person told us they were not satisfied with how the agency had dealt with their complaint and they were in the process of addressing it.

People and their family members were encouraged to share their experience of the care provided by the agency. The agency had sent an annual quality questionnaire and carried out regular telephone quality monitoring to collect feedback on the service they provided. The feedback received was positive and comments included, "Yes, (staff) encourage my relative to do things and get involved. They get along with the family very well. They always arrive on time" and "My family and I love them (staff). They are the best support workers and (staff names) are great. They are very energetic and know how to motivate my relative."

Is the service well-led?

Our findings

The Care Quality Commission (CQC) awards rating following each inspection of a registered service. The law requires providers to display this rating conspicuously and legibly at each location delivering a regulated service and on their website. The agency had not displayed their most recent performance rating on their website. We discussed this issue with the registered manager on the day of our visit. The registered manager took immediate action to address this matter and the most recent CQC rating was displayed on the agency's website before the end of our visit.

As we found at the previous inspection, family members felt the agency was well-led. They told us they knew the management team and could contact them with any queries. One person told us, "I have a good relationship with [named a manager] I would speak to them if I had any complaints."

The agency had two managing directors who were the owners of the agency. One of the managing directors was also a registered manager with CQC. Both managers had previous experience of working with people with complex needs. They continued their professional development and kept up to date with the needs of people with acquired brain injury. The managing directors were supported by the team of seven office staff members who were responsible for various aspects of the service provision.

Staff we spoke with told us the agency was well-led and they were happy to work there. Their comments included, "The agency is small, person centred and the managers care for people who use the service. I can always ask for help and I am not being judged", "The managers are very responsive to our concerns. If we come across a difficulty in communicating with family members, they will contact them directly and discuss any concerns" and "I found the management team professional as well as friendly. I can call them any time and they will always support me. This makes me feel welcomed. They deal with all my queries professionally and very quickly."

The agency had systems in place to ensure a continuous high quality of service delivery. For example, the agency had implemented an online system where staff and other people involved in their care had recorded details of care provided to all people using the service. These records were frequently monitored and any gaps in recording were addressed with the staff promptly. We also saw other good examples of monitoring systems used by the agency, such as staff file audits. Additionally, during our inspection the agency was in the process of implementing a new computer staff database which would enable the agency to keep complete and up to date records of all staff employed.

The agency had worked in close partnership with external professionals. Each person using the service had an independent case manager who coordinated and managed individual support packages and who organised for the agency to provide the support needed. Care coordinators we spoke with gave us positive feedback about the partnership work with the agency. Their comments included, "I do feel the Agency have an understanding of the needs of clients with neurological trauma, and the cognitive and behavioural changes that can occur as a result of injury to the brain. I have no concerns at this time in regard to how the agency is run" and "We are being listened to when we have any concern".

The agency had a folder of policies and procedures that staff had access to.