

Acts Health Care Ltd

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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

About the service

Acts Health Care Ltd is a domiciliary care service. At the time of the inspection they were providing personal care support to four people who lived in their own homes. CQC only inspects where people receive personal care. Personal care is help with care related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided. The domiciliary care service operated from the provider's office in Derby.

People's experience of using this service and what we found

The provider had taken steps to help ensure people received safe care. Staff understood how to identify and reduce risks associated with avoidable harm and abuse. Steps were taken to identify and manage any healthcare related risks to people. People's care needs were met by sufficient numbers of care staff. Checks had been made on staff as part of their recruitment to help the provider appoint staff who were suitable for the job role. Staff understood what action to take to help prevent and control infection. Medicines were managed safely. The service took opportunities to learn and improve.

People's health and care needs had been assessed. Staff had been trained in areas relevant to people's needs and had been checked as being competent. Staff received regular support from the registered manager and they felt supported in their role. When people needed care with their nutrition and hydration, staff understood people's needs and followed people's care plans and risk assessments. The service worked with other health and social care professionals to ensure people received effective care. People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind to people and respectful of them and their homes. People were involved in decisions relating to their care and support. Staff followed care plans and risk assessments that promoted people's independence and choices and respected their privacy and dignity.

Staff took an interest in people's lives and experiences when they spent time with them. People had been able to discuss what was important to them when they developed their care plans with staff. People's choices were respected by staff. People's communication needs were assessed and met. People had been provided with information on how to make a complaint or raise a concern. Complaints had been investigated quickly and openly and the registered manager had looked to make improvements from any lessons learnt.

The provider had clear values and aimed to provide respectful and personalised care. Systems were being followed to help check on the quality and safety of services and identify continuous learning and improvements. The registered manager led with an open and approachable management style. The registered manager was inclusive of people's, relatives' and staffs' views when developing the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

We found no evidence during this inspection that people were at risk of harm.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Acts Health Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included one inspector.

Service and service type

Acts Health Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection four people were supported with personal care.

The service had a manager registered with the Care Quality Commission; they were also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider and registered manager would be in the office to support the inspection.

Inspection activity started on 12 November 2019 and ended on 15 July 2019. We visited the office location on 12 November 2019.

What we did before the inspection

We reviewed information we had received about the service. We received feedback from partner agencies and professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made

the judgements in this report.

During the inspection

We spoke with one relative whose family member used the service, about their experience of the care provided. We spoke with the provider and registered manager who also worked as a member of care staff. We spoke with an additional two members of care staff.

We reviewed a range of records. This included three people's care records and one person's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and staff training were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further documentation on the mental capacity act sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the service was registered. At this inspection this key question has been rated as Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to reduce the risks associated with abuse and discrimination. This helped to ensure people received safe care. One relative told us, "Oh yes, I feel safe, I feel at ease with staff."
- Staff told us, and records confirmed they had been trained in safeguarding procedures. Staff were confident about how to identify potential signs of abuse and how to report these to help ensure people were safe. Staffs' understanding of safeguarding procedures had been checked by the provider during their induction period.
- Records showed staff had worked with other relevant professionals to reduce the risk of avoidable harm to people.

Assessing risk, safety monitoring and management

- Risks had been identified and assessed and when needed, steps to reduce any known risks had been identified. For example, staff checked to make sure a person's home was free of trip hazards as they had experienced previous falls.
- Risks relating to health care needs were assessed. For example, if a person used equipment when mobilising.
- Staff told risks in people's homes and in relation to any healthcare needs were reduced as they were managed well. Staff told us risk assessments were available in people's homes should they need to refer to them while they were there.

Staffing and recruitment

- The registered manager had recruited a small team of staff and was in the process of recruiting further care staff.
- Records showed the registered manager had completed required pre-employment checks on staff before they started work. These checks helped the registered manager be assured that staff were suitable for the job role offered.
- Sufficient staff were available to provide people's planned care. For example, when two staff were required, records showed two staff had attended to provide care. A relative told us staff had arrived when planned and that staff stayed for the full duration of the planned care call. We saw two occasions when a person had reported a missed call and we saw this had been immediately dealt with by the registered manager.

Using medicines safely

- Where people required care to help them with their medicines this was provided by the registered manager who was a registered nurse. They told us as this was required by more people in the future they would conduct competency assessments on care staff to ensure they were suitable to provide medicines care.
- Medicines administration record (MAR) charts had been completed to show medicines were given as prescribed.
- The provider had policies and procedures in place to ensure their medicines administration processes followed recognised good practice. Information on people's medicines was included in their care plans.

Preventing and controlling infection

- A relative told us, "Staff always wear a uniform and wear gloves and aprons." Staff told us they had access to supplies of gloves, aprons and foot coverings to help prevent and control infection.
- Records showed staff had received training in infection prevention and control as well as hand hygiene and food hygiene training.

Learning lessons when things go wrong

- Opportunities were taken to improve the service when things had gone wrong. For example, the registered manager had investigated why two care calls had been missed and was looking to introduce systems to ensure this could be monitored further with the aim of reducing a recurrence.
- No accidents or incidents had been reported since the service had been provided. The provider had a policy and procedure in place for staff to follow should any accidents or incidents need to be reported and staff were knowledgeable on this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the service was registered. At this inspection this key question has been rated as Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's healthcare and well-being needs had been completed with them. This helped to ensure people had the opportunity to discuss any needs relating to a disability or other diverse needs and have those met.
- Assessments of people's healthcare needs were clear and kept under review and identified what planned care was to be provided at each care call.
- Assessments identified when other health, social care or people's relatives or friends were involved in a person's care to ensure effective outcomes for people.

Staff support: induction, training, skills and experience

- Staff were trained in areas relevant to people's healthcare needs. For example, moving and handling, basic life support and health and safety. In addition, the registered manager had completed competency checks on staff. This included record keeping as well as areas of care, such as catheter care, personal care and assisting people with their meals and drinks.
- Staff told us they felt well supported by the registered manager and well-trained to provide effective care to people. One staff member told us, "Yes, we get very good training, the registered manager is also very hands on."
- Staff told us and records confirmed, they had met with the registered manager for a team meeting. This had provided the opportunity to discuss how the service was doing and if any improvements could be identified. Records showed supervisions meetings had either been held with staff or were planned. Supervision meetings provide staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. These are examples of an effective service.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people received care with their meals we saw this was detailed in their care plans and informed by nutritional risk assessments.
- Staff told us, and daily records showed people were given choices of meals and drink. Care plans recorded where people's food and drink preferences had been discussed with them.
- Staff understood people needed access to snacks and drinks between calls. One staff member told us they made sure they left a sandwich and some drinks in reach for them to have in between care calls.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Care plans detailed when staff should contact people's GP's or district nurses to ensure effective healthcare to people.
- Records showed where other professionals such as occupational therapists had been involved in assessments of suitable equipment for people to use.
- The registered manager had worked with the commissioners of people's care when adjustments were needed to call times. This had helped to ensure people received effective care.

Ensuring consent to care and treatment in line with law and guidance

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- We identified one historic occasion where a mental capacity assessment had not been recorded when needed. This was when a person with fluctuating capacity had just started to receive care. At the time of our inspection people were able to consent to their care. We discussed when mental capacity assessments and best interest's decision making was required with the registered manager. They sent us further information that showed how they would record a mental capacity assessment and any best interests' decisions made going forward.
- Staff understood how the MCA applied to people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the service was registered. At this inspection this key question has been rated as Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us, "They are such nice staff; they are so kind." They told us they felt very relaxed when staff were in their home as they were so kind.
- The provider's statement of purpose included the values for recognising and respecting people's individuality and diversity. The provider had a policy for equality and diversity and the staff induction process checked staff understood equality and diversity issues as well as person centred care and privacy and dignity.
- Staff we spoke with all supported these values and spoke warmly of the people they provided care for.

Supporting people to express their views and be involved in making decisions about their care

- Care plans had been discussed with people and reflected their views and preferences. Staff we spoke with understood people's known views and preferences. One staff member told us, "I always ask people what they need; I do know my clients, I do listen to their likes and dislikes."
- Staff we spoke with told us how they supported people to be involved in their care by explaining what they were going to do before they did it. A relative we spoke with confirmed staff always asked and provided explanations of the care they provided.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "Staff always ask before they go upstairs and always ring the bell before coming in; they are very respectful; it's so nice they ask."
- Staff told us of how they were mindful to respect people's privacy and dignity. For example, staff told us they would make sure curtains were closed and people had towels available to cover them during personal care.
- Care plans reflected what people could do independently and with encouragement. This showed the service worked to promote people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the service was registered. At this inspection this key question has been rated as Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us they knew people well. One staff member said, "I know what people did when they were young and I ask about what they talk about." Care plans showed people had been able to talk about their lives, life histories and interests and hobbies with staff when their care was planned. This helped to ensure care plans were personalised and helped staff understand more about the person they were caring for.
- Records showed people often requested changes to their care and staff respected these wishes. For example, we saw one person often asked to get up later and staff accommodated this on a later care call. This showed staff worked in a responsive way and offered personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were assessed, and the assessment process included if people used any additional communication aids such as hearing aids or glasses.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to ensure any complaints would be investigated and responded to.
- Complaint records showed any complaints received were investigated by the registered manager who visited complainants in person; this ensured a personalised approach to complaints management. Records showed actions were taken to help improve the service from any complaints received.
- Compliments about staff and the service they provided had also been received. These had been shared with staff; This helped re-iterate good practice.

End of life care and support

- No one was receiving end of life care at the time of this inspection. The registered manager told us this would be an area of care they would develop as they continued to establish the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since the service was registered. At this inspection this key question has been rated as Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider who was also the registered manager was clear about their role and the aims of the service to provide respectful care. This was reflected in a 'Statement of Purpose' and a 'Service User Handbook' that was shared with people and their relatives.
- The registered manager had a quality assurance policy in place that valued feedback from staff and people's experiences of care. Checks were completed on the quality and safety of services and these included checks on records and staff practice.
- Records relating to people's care and to the management of the service were accurate, up to date and comprehensive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and demonstrated a commitment in their management of complaints. As part of investigations into any shortfalls the registered manager had visited people when things had gone wrong and had apologised.
- A relative told us they felt able to talk to the registered manager about any concerns and could contact them out of hours if needed.
- Staff shared the view that they could approach the registered manager should they have any concerns. One staff member told us the registered manager was the best manager they had worked for. The registered manager was committed to providing high quality personalised care and staff felt valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us they had been able to discuss the care planned for their family member and this was kept under review with them. They told us they could also contact the service at any time to discuss any changes.
- Records showed people had been asked for their views on the quality and safety of services; the registered manager had a system in place to review this feedback to ensure any actions that were needed in response to the feedback could be taken.
- Assessment processes provided the opportunity for people to discuss any specific needs they may have

relating to their diverse needs. Records showed people had used this when appropriate to discuss their faith and beliefs.

- Meetings with staff provided opportunities for them to contribute their views to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked to continuously improve the service. They told us they had made improvements to the standard of record keeping; we found records were up to date and complete.
- Staff meetings had been arranged to reinforce good practice and share any updates and feedback.
- The registered manager and staff worked with a range of health care professionals to help achieve good healthcare outcomes for the person.