

Acquire Care Ltd

Acquire Care Ltd

Inspection report

Shotover Kilns
Shotover Hill, Headington
Oxford
Oxfordshire
OX3 8ST

Tel: 01865601010

Date of inspection visit:
15 June 2022

Date of publication:
13 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acquire Care Ltd is a domiciliary care agency that was providing the regulated activity of personal care to 39 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People using the service and their families were happy with the care provided. They had been involved in planning and reviewing their care and felt their decisions were respected. Staff knew people they supported well and cared about their wellbeing.

Medicines were managed safely, and risk assessments were completed for each person to ensure that they were provided with safe care by staff.

The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed. Staff had received the training needed to provide safe care for people.

People were supported to have maximum choice and control of their lives 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.

The provider was able to demonstrate that quality assurance systems ensured the quality of the service was maintained. People were able to share their views regularly. Staff told us they felt well supported by the provider.

The provider was able to demonstrate their compliance with legal obligations.

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

Rating at last inspection

The last rating for this service was requires improvement (published 5 December 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acquire Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Acquire 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

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 or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 15 June 2022. We visited the location's office on 15 June 2022.

What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We telephoned one person who used the service and seven family members of people using the service to seek their feedback about their experience of the service.

During the inspection

We spoke with the registered manager, who is also the nominated individual and the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records and three staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including staff training, auditing and monitoring and the providers policies and procedures were also reviewed.

After the inspection

We sought feedback from care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe whilst being supported by care staff and were protected from the risk of abuse. No-one we sought feedback from raised any concerns.
- Staff completed safeguarding training and knew how to prevent, identify and how to report any concerns. One member of staff said, "If needed I know how to raise concerns. A client had some items go missing which the management reported to police, safeguarding, CQC and social services. They updated me straight away with the process they had followed".
- The provider had a safeguarding policy in place for staff to follow.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. These included risks associated with mobility, falls and health conditions. Comments from relatives included, "They checked that all was safe and sound around the house. They wrote down all the risks and asked us what we wanted" and "In the assessment they asked about [person's] problems with mobility. They are aware that she is not safe. The falls team have been out to assess, and she has been provided with a trolley, handrails are to be fitted".
- Staff were trained to support people safely, for example, they received training in manual handling and first aid. A relative commented, "Carers know how to use the hoist, I have no concerns. They have enough training. They understand about my [relative's condition]".

Staffing and recruitment

- There was enough staff to meet people's needs. The provider was doing all they could to ensure they had enough staff before agreeing to take on care packages.
- Care staff told us they felt they had the time to support people as required. Comments included, "We have enough time. We can ask for more time if required" and "The clients all have enough time and receive regular reviews".
- People and their relatives were confident in care staff knowledge. One relative stated. "The staff have enough training; they provide continuity which is the key".
- The provider's recruitment processes were robust. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's support plans contained information of what support was needed with medicines. This included whether prompting or full administration support was required and who was responsible for monitoring stock and reordering. A relative said, "They know about [person's] dry skin and put cream on her".
- Most people either managed their own medication or it was administered by family members. A relative told us, "[Person] takes her own medication, the staff check to make sure she has taken it".
- Where staff assisted with medicines, we had positive feedback from relatives. Comments included, "[Person] can get agitated so they make sure she has her medication on time, they give her regular (name of medicine)" and "My (relative) was struggling with their medication. The carers have recommended a new medication regime using a Dossett box. I appreciate their advice".
- Staff had received training in the safe administration of medicines and their competency had been assessed before supporting people with their medicines. A member of staff confirmed this and said, "I received training on medicines and have had regular competency checks to make sure I am doing it correctly".
- Monthly medicine audits were carried out to identify and address any issues.

Preventing and controlling infection

- Staff completed infection, prevention and control (IPC) training and were provided with current guidance to follow.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. The management team carried out spot checks on staff practice to ensure they were following infection control procedures correctly.
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a culture of wanting to get things right and to continuously improve and develop. The registered manager told us they had arranged monthly meetings to discuss any learning from incidents.
- Staff confirmed they were kept updated if any incidents occurred. One commented, "We would discuss what has happened and look at how it was dealt with and how to prevent it happening again".

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People's needs were assessed before receiving a service. People or their relatives confirmed they had a full assessment before receiving support from Acquire Care. A relative told us, "My [relative] has only been receiving support from Acquire Care for a few days. The service called to request background information, [person's] mobility, any dietary requirements and preferences and hobbies enjoyed".
- Care records reflected this. They were person centred and detailed people's choices and support needs required at each visit for staff to follow.
- A member of staff said, "Care plans are updated regularly. A member of the office will contact me if there are any changes".

Staff support: induction, training, skills and experience

- People received care from a small team of staff that were well supported. Comments from relatives included, "They seem caring, interested in her. Their approach is professional; they are gentle and encourage [person] to do things" and "They know how to look after [person]. Even when they are doing care tasks, they involve her, interact with her, they seem very capable".
- Staff received an induction and ongoing training and support. This included mandatory training and completion of the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said they had received the training they needed to undertake their roles. Comments included, "I have had delegated healthcare training, medicines training during induction and regular competency checks", "I had a full week of training, practice and learning, including shadowing experienced staff. I then felt ready to start working by myself" and "I receive regular training every year or whenever a client needs a specific training".

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

- People received support where needed with eating and drinking. A relative said, "They provide [person] with microwave ready meals. She always has snacks and drinks left by her side".
- Procedures were in place to manage any risks associated with people's eating and drinking and these were detailed in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's support plans set out how staff should support them and included information about other agencies and health and social care professionals involved with their care.
- Relatives said that the service was proactive in ensuring health needs were identified. Comments included, "They organise a phone call to the surgery if they are concerned about anything" and "They phone me if they feel he needs a GP appointment".
- Staff told us, "I would report (any concerns) straight away to the office and GP if needed. If it is serious, I would contact the ambulance team first" and "I had a client with poor mobility. This was reported and occupational therapist (OT) and GP referrals were made. Additional equipment and time were given".

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- A person we spoke with told us staff and management respected their right to make their own decisions and choices in their care, such as when they got up and went to bed.
- Staff we spoke with understood people had the right to make their own decisions and to seek their permission before carrying out any tasks. Comments included, "Clients are involved in decision making and have person centred care plans created with them. I have received training in the MCA, and this was part of induction training and regular refresher training" and "Clients and their families are involved in all decisions. I have training in the MCA and know steps to follow. I also had refresher training in this and had done extra courses".

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was eager to provide a high-quality service to people. We found improvements at this inspection which evidenced people and their relatives were happy with the care they received.
- People and their relatives were aware of management and their roles. Comments included, "The manager has visited us on three occasions during the past year" and "The manager has visited once since our initial assessment two months ago, just to check that everything was okay after I had (raised a concern). I received an apology".
- Relatives said they would recommend the service to others. Comments included, "They ask me my opinions. If anything is wrong, they let me know. [Person] gets a good service. I would recommend them to anyone" and "I would recommend them. I am quite happy. The carers always have a smile for her, they make an effort".
- Staff enjoyed their roles and felt supported. Comments included, "The company cares both about its clients and staff, everyone is known by name rather than a number", "I am very proud to work for Acquire Care. I enjoy coming to work every day as it is very rewarding, I have a set number of clients everyday so I can provide an excellent service" and "I feel very proud to be part of the organisation and truly enjoy my job and caring for our clients".

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 provider understood the duty of candour. They knew what they needed to report to the Care Quality Commission (CQC) and other relevant agencies. They understood their responsibility to share any actions taken and outcomes with those involved. We saw an example of when the provider had carried out a duty of candour response and this was in line with legal requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider understood their roles and responsibilities. They had a clear understanding of people's needs and oversight of the service they managed.
- Systems were in place to monitor the service. The provider carried out quality audits covering all aspects of the service such as spot checks on staff, training completed, record keeping, care delivery and health and safety. They used this information to monitor how the service was performing and to drive through any improvements.

- The registered manager followed current government guidance and joined managers platforms and networks to share best practice and for support.
- Staff were enthusiastic about their work and clear about their roles and responsibilities. There were effective communication systems in place. Comments included, "I keep in touch with my manager regularly and visit the office; they are supportive. [Line manager] is very approachable and always resolves any issues straight away" and "There is always somebody on call I can speak to. I visit the office regularly. Any changes are communicated in meetings or via e-mails".

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

- People, and their relatives were in control of their care decisions and the support provided by staff. Relatives said they could request a particular gender for staff that supported their family members. Comments included, "We were given a choice. [Person] told them she wanted a female carer" and "We have male and female carers, my [relative] doesn't mind who comes".
- People and their relatives were able to give feedback on the service they received. This was in the form of annual surveys. We saw positive feedback from the last survey in December 2021. Staff also had surveys and outcomes from the latest survey were to improve communication with staff and keeping in regular touch which we saw was being carried out.
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share. A member of staff said, "I have managed to increase care time for clients who required more time and it's been actioned. I have helped to improve quality of life for our clients and organisation appreciated my support and work".

Working in partnership with others

- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers. They told us this collaborated working benefitted people. For example, they worked closely with the occupational therapist to get equipment following a person's discharge from hospital.
- The provider was a member of the Oxfordshire Association of Care Providers which provided up to date information about the social care environment which assisted keeping up to date with current trends and learning.