

Alexander's Care & Support Limited

ACASA

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

This inspection took place on 4 April 2017. The inspection was announced.

ACASA provides personal care services to people in their own homes. At the time of our inspection there were 72 people receiving care and support from the service. They were supported by 19 care workers, a team manager, three care supervisors, a care co-ordinator, administrator and a registered manager.

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

The provider supported staff with safeguarding training and staff gave examples of how to recognise the signs of potential abuse and avoidable harm. There were processes in place for staff to follow should they wish to report any concerns. There were enough staff employed to keep people safe and the provider ensured that safe recruitment practices were followed to ensure the right people were employed to work in a care setting. There were assessments completed to identify the risks to people's health and well-being and guidance for staff regarding how to manage these safely. People were supported with their medicines safely, however, there were gaps on Medicines Administration Records (MAR) in relation to the application of topical lotions.

Staff received regular training to enable them to acquire and maintain the necessary skills and knowledge to enable them to carry out their roles effectively. Staff received regular supervision, spot checks and appraisal to support them in their development. People told us that staff sought consent before they provided personal care and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how to apply this in everyday practice. People were supported to access health and social care professionals when required and where people were supported with fluid and nutrition intake this was identified in care plans.

People told us that staff were kind and respectful. Staff told us that wherever possible the same care workers visited people to maintain continuity of staff which enabled them to develop a good rapport with the people they cared for. People were encouraged to contribute to decisions about their care and support and care workers gave good examples of promoting people's independence. People felt that their dignity and privacy as acknowledged and respected.

People received a detailed initial assessment that clearly identified their needs, preferences and wishes. Care plans were reviewed regularly to accommodate changing needs. There was a complaints process in place and people knew how to complain and felt confident that if they needed to raise a concern they would be listened to and action taken. Complaints were logged and investigated in a timely manner.

People and staff spoke of a positive culture within the service and of good communication from the

management team. There were management systems and procedures in place to monitor and improve the quality of service provided. Feedback was sought from people and staff in surveys with regard to service provision. Team meetings were held to share information with staff and update them on any operational issues and these were well attended.

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.

Staff gave good examples of how to recognise the signs of potential abuse and avoidable harm and how to report their concerns.

There were enough staff employed to keep people safe and the provider followed safe recruitment practices to ensure staff were suitable to work in a care setting.

The risk to people's health and well-being was assessed, monitored and managed effectively.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training updates to ensure they had the appropriate skills and knowledge to carry out their roles effectively in accordance with best practice.

Staff sought consent from people before providing personal care support.

People were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People told us they were cared for by kind and respectful staff who knew them well.

Staff respected people's privacy and dignity and promoted people's independence wherever possible.

People were included in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care was assessed and care was provided to meet their needs while taking into consideration their preferences.

There was a complaints procedure in place and complaints were dealt with according to policy and within a timely manner.

People's care plans were reviewed to reflect their changing needs, people and their relatives were encouraged to contribute towards their care and support plans.

Is the service well-led?

Good ●

The service was well-led.

People and staff told us there was a positive culture within the service and there was good communication from the management team.

There were management process in place to monitor the quality and safety of service provision.

Feedback was sought from people and staff in survey format and regular team meetings were held to update staff on operational issues.

ACASA

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 4 April 2017. We gave the registered manager 48 hours' notice of our visit to make sure people we needed to speak with would be available. One inspector and an inspection manager carried out the inspection.

Prior to the inspection the provider completed 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. We used this information to help us decide what areas to focus on during our inspection. We also reviewed other information we had about the service, including information from staff and people who used the service and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During and following our inspection we spoke with four people who used the service and one relative. We spoke with the team manager, registered manager and five members of staff.

We looked at care plans and associated records of five people. We reviewed other records relating to the management of the service, including risk assessments, quality survey and audit records, incident and safeguarding reports, training records, policies, procedures, meeting minutes, and four staff records.

Is the service safe?

Our findings

People told us they felt safe when they were supported by ACASA staff. One said, "I absolutely feel safe with my carers. They would never let anything happen to me." Another said, "Yes I feel safe, I'm safe at home with my carers popping in." A relative said, "it's very important to me that my [relative] is safe. I always feel that she is well looked after by her carers."

The provider supported staff to protect people against avoidable harm and abuse. Staff were aware of the different types of abuse, and the signs and risks to look out for. They were aware of the provider's procedures for reporting concerns about people. Staff told us they were confident any concerns they raised would be investigated and handled properly by the management team. They were aware of agencies they could go to outside the organisation if they considered their concerns were not being handled in a timely, appropriate manner. They had regular refresher training in the safeguarding of vulnerable adults. Staff followed procedures to record accidents and incidents. These were investigated and followed up. A process was in place to make sure any lessons were learned from accidents and incidents and staff updated as a result.

The provider had procedures in place to identify and assess risks to people's health and wellbeing. However, once identified the guidance in place for staff to manage certain risks relating to people's medical conditions were not always greatly detailed in their records. For example, on one care plan where a person suffered from diabetes the signs to look for in relation to when a person might be suffering from a hypo/hyper glycaemic episode were absent in spite of it having been identified on the risk assessment. The impact on people was not evident as carers knew people well and people had not reported any concerns of this nature. We discussed this with the team manager during inspection who began reviewing care plans as a result.

The service employed enough staff to support people safely. Staff told us their workloads were manageable and they would cover additional calls to cover periods of sickness or annual leave if required but they could always refuse extra shifts if they wanted to. The service was actively recruiting new staff. During inspection we reviewed staff files to ensure the provider was following safe recruitment practices. Each employee file we checked had satisfactory photographic identification, a full work history without any unaccounted for gaps in employment, suitable referencing and a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People's support with their medicines was mainly limited to prompting and reminding them. Staff supported people with prescribed medicines only, and where appropriate these were provided in a blister pack system. We checked the medicines records for ten people. They showed people had received their medicines as prescribed. However, where people had been prescribed topical creams or lotions there were some gaps on the medicines administration records (MAR) where members of staff were required to sign to confirm the cream had been applied. People did not tell us that their creams were not being applied appropriately and this was likely a recording issue. We discussed this with the team manager who addressed

this immediately during our inspection.

Is the service effective?

Our findings

People told us they were cared for by skilled care workers who had the knowledge and experience to support them well. One person said, "she's very experienced, my carer, she knows exactly what she's doing." Another person said, "they do some training here and there but all the carers are good really."

Staff were provided with ongoing training to support them in their roles and to ensure that they maintained the skills and knowledge required to enable them to carry out their roles effectively in line with best practice guidance. The service managed an electronic training matrix that clearly identified when staff were due for their training updates. Online and face to face courses were provided for staff to complete. Training covered elements such as moving and positioning, health and safety, infection control, managing challenging behaviour, safeguarding adults and medicines management. We looked at the training matrix during inspection and noted that other than staff on longer term leave, all staff were up-to-date with their annual refresher training.

The provider offered new staff an induction to the service in line with the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were also be given the opportunity to work alongside an experienced member of staff prior to them commencing their own care calls. Staff told us that induction and ongoing training had been helpful and prepared them for their roles.

Staff were supported in their roles by regular supervision sessions, observations and annual appraisal. One to one supervision sessions were usually every three months and staff told us that they found this helpful. During these sessions they were given feedback regarding any performance issues and training and development matters were discussed. This was also used as an opportunity for staff to raise any issues or concerns they may have, however, staff told us they felt able to go to their line managers outside of supervision for advice or guidance as required and they didn't feel the need to wait for supervision to do so.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act. The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training regarding the Mental Capacity Act and demonstrated an awareness of the principles of the Act and how to apply these in every day practice.

Staff told us they sought consent from people before providing assistance with personal care. The people we spoke to confirmed this. One person said, "they always ask if I mind them helping me, no matter how many times they've helped me before. I like that."

People were supported to access health and social care professionals when necessary. If a GP was required for example, the care worker would call the office staff and ask them to arrange this. Notes of the request, and the concern for the person was recorded in the daily log kept in people's homes and on the electronic recording system in the office.

Where people required support to maintain a healthy, balanced diet, care plans reflected this. There was clear guidance for staff in how to support people at risk of malnutrition or dehydration and staff told us that if they had any concerns about a person regarding their dietary intake they would contact the office staff for further advice. Food and fluid charts were completed appropriately.

Is the service caring?

Our findings

People felt well cared by the staff at ACASA who knew them well, they were described as being kind and caring. One person said, "I have one or two that I really like, they usually come and we have a good chat". Another person said, "My girls are lovely, and the boys. Can't fault them really."

People were supported and encouraged to contribute to their care plans and decisions about their care. People we spoke with said their care workers were kind and helpful. People had developed a rapport with staff members who visited them regularly. Staff told us that the service tried to support consistency with the carers covering people's calls to enable them to develop caring relationships with people using the service. One person said, "I wouldn't be without them, I really wouldn't." A member of staff said, "I like to go in and see [name] she is one of my regular clients and we get along so well."

Staff gave good examples of protecting people's privacy and dignity and told us that they actively encouraged people to maintain their independence wherever possible. For example, suggesting that a person might attempt some elements of their personal care on their own, while supported by the care worker. One care worker said, "I often encourage my clients to do certain things for themselves, like brushing their teeth or dressing the top half of their body and then I help them with the things they can't manage." Staff also gave examples of practical steps they took to ensure they respected people's privacy and dignity while providing personal care, such as, covering people while they were washing, knocking on doors when entering the room and closing curtains before assisting people to change their clothing. People confirmed that staff were mindful of protecting their privacy and dignity during visits.

The service had received several compliments, one example was, "Then we have [name], amazing young girl, brilliant at her job, so caring. She is doing things to help [relative] that you wouldn't expect. 100% praise. She is a true figurehead of your business."

Is the service responsive?

Our findings

People told us that the service provided care and support that was responsive to their needs and took into account their preferences and wishes. People told us that if they wanted something changed or needed to alter part of their care, or time of a call, the service would always be willing to try and accommodate their requests. One person told us, "they come and visit me to look at my book and check that I'm ok. I'm always asked if I'm managing and if anything needs changing."

People's care plans reflected their individual needs and personal preferences. They reflected the person's point of view and contained detailed instructions for staff regarding how to support people. The care plans recorded the objectives of the care plan and the person's aspirations and desired outcomes. People's choices were recorded, such as what foods they liked, and contained information about who was important to the person in the 'circle of support' which detailed what relationships were important to the person, but also what activities and pastimes the person enjoyed. For example, one person's plan identified a friend and a neighbour who liked to visit and then that the same person liked to go to lunch on a monthly basis at a particular venue. Staff told us the care plans contained all the required practical and personal information they needed to support people according to their needs and preferences.

People's care plans were reviewed regularly or as and when people's needs changed. For example, if a person had been an inpatient in hospital, a review of the care provided would be completed upon discharge to ensure the care plan was still meeting their individual needs. People were actively encouraged to contribute to the reviews of their care plan and their relatives where appropriate were also encouraged to participate. There were records kept of individuals' care plan reviews.

Care workers recorded the daily care they provided in logs which were kept in people's homes. This information provided details of the care provided to people and observations of their general well-being. This information would be read by the staff member who next visited, which helped to give them an up-to-date picture of the person's general health and well-being when they arrived. Also recorded in the logs were any appointments with health care professionals that may have been arranged by office staff.

People told us they were aware of how to make a complaint. There was a copy of the complaints process in each person's home should they need to refer to it. One person said, "I know how to complain if I wanted to, I'd just phone the office." Generally people felt that they would just speak to the manager rather than going through a formal process. However, when complaints had been raised with the service, the team manager recorded these on the electronic system, which contained records of complaints people and their relatives had made. These had been followed up and resolved in a timely manner to the complainant's satisfaction.

Is the service well-led?

Our findings

People we spoke with described a service which was caring and kind. There were concerns about occasional late calls but people felt that office staff generally called to let them know. One person said, "It's a good service. People do care for you. Sometimes my calls are late but other days if I've not been well sometimes my carer leaves late. I understand how it can happen." Another said, "I've never had a problem, I like to see the girls they cheer me up."

Staff were positive about working for ACASA in Winchester. One staff member said, "My manager is really supportive, I can always pop into the office and have a chat with her about anything really." One care worker said, "There is nothing I would change about working here. The team are good, we all get on well - it's good."

The team manager who was responsible for overseeing the day to day running of the service felt supported by the registered manager. They received regular supervision and were encouraged to pursue training opportunities to meet their professional development needs. The service held team meetings and during our inspection we were able to observe one of these meetings. The meeting was well attended and management staggered the meeting dates to enable all staff to be able to attend. Staff demonstrated during the meeting that they felt able to express their views and there was a friendly and open atmosphere between staff and the management team. Managers used these meetings to update staff on any operational issues and to discuss any changes in practice or training. We saw that minutes had been produced for previous meetings.

The provider had management systems and audit processes in place to monitor the safety and effectiveness of service provision. This enabled the management team to look at any areas identified for improvement and act upon them as necessary. Each month the team manager was responsible for providing a self-assessment checklist regarding the operational issues of the branch, which was then fed into the provider's corporate audit. As a result of this an action plan was produced for each branch to ensure that continual improvement was sought.

There was an annual satisfaction survey process in which a questionnaire was sent to everybody who received support from the branch. The provider analysed people's feedback centrally and raised action plans with the branch to address items raised by people.