Acacia Community Care Limited

H+B Homecare Services

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

The inspection was carried out on 9 and 11November 2016 and the inspection was announced. The service was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls to gain feedback about the service from people and relatives were made on 10 November 2016. This was the first inspection since the service registered with the Care Quality Commission.

H+B Homecare Services (also referred to as Acacia Community Care Services) offer support to people who require assistance with day to day routines including personal care, cooking and cleaning, live-in care workers and night sittings as well as social care to provide friendship and company on social outings. At the time of our inspection there were 13 people receiving personal care which was funded by the St Luke's Hospice at Home service for the first 14 days and thereafter transferred to the continuing care department of the Clinical Commissioning Group.

The service had a registered manager in post. 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.

Procedures were in place to safeguard people against the risk of abuse. Staff understood safeguarding procedures and were clear to report any concerns.

Risks were assessed and action plans put in place to minimise them. Staff knew how to respond if someone was unwell including summoning the emergency services.

There were enough staff available to meet the needs of people using the service. Staff recruitment procedures were in place and being followed.

Staff received training and supervision to provide them with the knowledge and skills to care for and support people effectively.

Staff respected people's rights to make choices for themselves and said they would inform the registered

manager if they had any concerns about a person's capacity to make choices.

People were supported to maintain their nutritional intake and were assisted with meals if required.

Staff knew how to access healthcare input if people required it and understood the importance of ensuring people's healthcare needs were being met.

Relatives and healthcare professionals expressed their satisfaction with the service and said staff were kind and treated people with dignity and respect. They said staff took the time people needed to ensure their care and support needs were met.

Care records were person-centred and reflected people's individual needs and wishes. Staff read these so they understood and could provide the care and support people needed.

Procedures for raising complaints were in place and relatives knew how to raise any concerns so they could be addressed.

Feedback from relatives and healthcare professionals showed that the management team were approachable and provided a good service. Care workers said they received good support from the management team and they enjoyed working for the service.

Systems for monitoring the service provision were in place and being followed. The registered manager and staff were responsive and acted promptly to address any issues identified.

At the time of inspection the service did not provide support with medicines.

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.

Procedures were in place to safeguard people against the risk of abuse. Staff understood safeguarding procedures and were clear to report any concerns.

Risks were assessed and action plans put in place to minimise them. Staff knew how to respond if someone was unwell including summoning the emergency services.

There were enough staff available to meet the needs of people using the service. Staff recruitment procedures were in place and being followed.

At the time of inspection the service did not provide support with medicines.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to provide them with the knowledge and skills to care for and support people effectively.

Staff respected people's rights to make choices for themselves and said they would inform the registered manager if they had any concerns about a person's capacity to make choices.

People were supported to maintain their nutritional intake and were assisted with meals if required.

Staff knew how to access healthcare input if people required it and understood the importance of ensuring people's healthcare needs were being met.

Is the service caring?

Good

The service was caring.

Relatives and healthcare professionals expressed their

satisfaction with the service and said staff were kind and treated people with dignity and respect.

Relatives and healthcare professionals said staff took the time people needed to ensure their care and support needs were met.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and reflected people's individual needs and wishes. Staff read these so they understood and could provide the care and support people needed.

Procedures for raising complaints were in place and relatives knew how to raise any concerns so they could be addressed.

Is the service well-led?

Good

The service was well-led.

Feedback from relatives and healthcare professionals showed that the management team were approachable and provided a good service. Care workers said they received good support from the management team and they enjoyed working for the service.

Systems for monitoring the service provision were in place and being followed. The registered manager and staff were responsive and acted promptly to address any issues identified.

H+B Homecare Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection was carried out on 9 and 11 November 2016 and was done by one inspector. The service was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. As part of the inspection we carried out telephone calls to relatives of people using the service and care workers to gain feedback.

Before the inspection we checked the information that we held about it and obtained feedback from healthcare professionals who referred people to the service. The provider had 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.

During the inspection we viewed a variety of records including recruitment and training details for three staff, care records for three people using the service, staff rotas, the business continuity plan and other documentation relevant to the inspection. We also viewed a selection of the provider's policies and procedures.

We spoke with the provider who was also the registered manager, the administrator and the care coordinator. During the inspection we contacted relatives of four people using the service to get feedback about the service people received. Following the inspection we spoke with two care workers to obtain their feedback about working for the service. The service also had a care manager and together with the registered manager they were the management team for the service.

Good

Our findings

Recruitment procedures were in place and had followed in most cases to ensure only suitable staff were employed by the service. Staff completed application forms but had not always provided a full employment history and/or explanations for any gaps in employment. Two references had been taken up for each member of staff and with one exception these included their last employer. These points were addressed at the time of inspection and the registered manager said they would ensure they obtained all the required information thereafter. Criminal record checks such as Disclosure and Barring Service checks, health questionnaires, photographs and proof of identity documents including the right to work in the UK were available. Staff confirmed pre-employment checks had been carried out as part of the recruitment process. Photographs of staff were taken and they were issued with identity (ID) badges to wear when attending people's homes and relatives confirmed staff wore these.

There were enough staff available to meet the needs of the people using the service. The registered manager said they took on new referrals when they had the staffing capacity to meet the person's needs. The majority of people using the service required two staff to attend and the administrator explained the staff met and attended all double up calls together to ensure people's needs were being safely met. We saw a rota and this identified the staff on duty each day. The registered manager explained that staff were allocated to geographical areas to take into account travelling distances. Relatives confirmed the staff turned up on time and stayed for the amount of time their family member required to carry out the care and support they needed and staff confirmed they had enough time to carry out their work. The service had a business continuity plan that included the action to be taken if a situation occurred where it was difficult to attend people's homes, for example in extreme weather conditions and to prioritise people at most risk.

Relatives all told us that the staff kept their family member safe. Policies and procedures for safeguarding and whistleblowing were in place and were being followed to protect people from the risk of abuse. Staff confirmed they had received safeguarding training and understood the different types of abuse. They were clear to report any concerns to the registered manager so it could be addressed. We discussed whistleblowing procedures and staff knew they could contact outside agencies such as the local authority or the Care Quality Commission if the provider did not take any action. They also said they would contact the police if a situation required it.

Risks were assessed so people could be kept safe. Domestic workplace assessments of people's home environments were carried out so any risks could be identified and addressed, for example, furniture that was then moved to provide safe access to the bed. Risk assessments had been carried out for individual

risks, for example, skin integrity, breathing problems, swallowing difficulties, mobility including risk of falls and moving and handling. The assessments were clear and identified the care people required to minimise the risks, including equipment to be used when supporting people to move such as slide sheets. Staff said they had received training in moving and handling and confirmed they were shown how to use any moving and handling equipment in people's homes, for example, hoists and sliding sheets. Staff confirmed they always worked in pairs for people with moving and handling needs, so they were handled safely. The registered manager said that prior to people returning home the Hospice at Home team carried out and assessment and arranged for any equipment they needed to be delivered such as a profiling bed or a hoist, so the equipment was available in the home.

The service had a policy for accidents and incidents and forms for reporting any such events were kept in the records in people's homes so any such events could be recorded. None had taken place to date. Staff understood the action to take if someone's condition deteriorated and they required medical care, including contacting the emergency services. A relative confirmed that when their family member had been unwell staff had responded appropriately to ensure they received the healthcare input they needed.

The registered manager said that staff were not involved with the medicines management for any people using the service and care workers confirmed this. There was a policy in place for medicines management and this was available to staff. The registered manager said if staff were required to assist with people's medicines management then they would read the policy for medicines management, receive training and be assessed for competence prior to providing assistance in this area.

Good

Our findings

Staff had the skills and knowledge to care for people effectively. Relatives confirmed staff understood their family members' needs and were able to meet them. We viewed recent surveys completed by relatives and one had commented, "All the carers showed compassion and care. They were very knowledgeable in dealing with the needs of the patient and also the family."
Staff confirmed they received training and one told us, "There are opportunities for training. They always let us know about training and I'm happy to do it." We saw staff had completed training in a wide range of topics including food safety, fire safety, infection control, caring for people with dementia, medications management, safeguarding for adults and for children, moving and handling, health and safety in the workplace and lone working. New staff were taken by experienced staff to be introduced to people using the service, so they could get to know people and the care and support they required.

Staff received supervision every three months and we saw evidence of this. Supervision included training and development needs, caseloads and any other points for discussion. The majority of the staff had trained as nurses and were experienced in providing care and support to people. The registered manager said she was arranging for all staff to complete the Care Certificate and was also accessing palliative care training for staff, both of which would refresh and increase their knowledge and skills. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager and other members of the management team worked alongside the staff and this provided the opportunity to observe care practice and provide 'hands on' supervision. The registered manager said they would carry out appraisals once staff had been working for a year and that spot checks would be carried out as the service expanded and staff were no longer working directly with members of the management team.

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. There was a policy for consent to care and treatment and this covered MCA, consent, adults without capacity, lasting power of attorney and deputyship under the Court of Protection. The registered manager said people's capacity to make decisions was included in the assessment process and if a relative had the legal right to make decisions on someone's behalf then this was also recorded. Staff understood people's rights to make choices and said if they had any concerns about a person's capacity to make decisions for themselves they would inform the registered manager. Comments from staff in respect of

people's choices included, "You listen to the client. If you are in doubt you discuss it with others [manager]" and "Observing and learning and asking all the time to find out." The registered manager said she was sourcing training in MCA and behaviours that challenge for staff to improve their knowledge and skills in these areas.

Staff said that the majority of people had relatives who prepared and supported them with their meals but they would provide assistance if requested to do so. Care plans for eating and drinking were in place and if a person had any specific nutritional needs these were assessed and included in the care plan. We saw an assessment for a person who had been identified as being at risk of choking and there was guidance for staff to follow when assisting with meals.

The service received referrals from a hospice service and also provided care for people funded by the clinical commissioning group (CCG). We received feedback from representatives from both groups and comments included, "This is a good agency and they have been consistent with care they provide to our patients" and "We have an excellent working partnership with Acacia which includes the carers and the office staff." The assessment carried out by the registered manager identified healthcare professionals and their input and visits from healthcare professionals were also included in the daily records. The registered manager said that if staff identified that people required input from healthcare professionals then they encouraged people and relatives to make contact with them, for example, the community nurses. One healthcare professional told us that the service recognised when someone's condition had changed and they flagged this up with the relevant healthcare professional so this could be addressed.

Good

Our findings

We asked relatives about the care their family members received. Comments included, "Quite happy. They are very good carers.", "They're brilliant.", "They let me know everything and the support and the caring is 100%. The best carers I've ever come across.", "They are streets ahead of anybody else we've come across. [Relative] is really happy and they are almost like friends.", "With the level of care they provide I cannot fault them.", "They are very friendly. They laugh and they joke, they are very good" and "They are lovely, very nice. We are quite happy."

We also looked at 18 satisfaction surveys that had been completed by relatives in the last six months and all had said they would be happy to recommend the service to others. Comments on the surveys included, "The ladies were amazing, very helpful and compassionate. Excellent professionalism in all aspects. Would definitely recommend this service to anyone.", "I thought the quality of care and the manner in which it was delivered was truly exceptional.", "The carers provided an exemplary service. They embraced the family and offered support to one and all. In short, the service was faultless" and "It must take total dedication and commitment to deliver such a high standard."

Feedback from healthcare professionals included, "They are always ready to help where they can. I have not experienced their care personally but from the feedback I get from the family as well as the Hospice at Home team I would recommend their services to friends and families" and "Acacia are very dedicated to providing good care and support to patients and relatives. They communicate very well and always remain calm in a crisis. Nothing is too much for them and they often go "above and beyond" when caring for our patients and their families. The rest of the Hospice at Home nurses are in agreement with this and we would not hesitate to recommend them." The service was arranging end of life care training with the hospice service and there was a comprehensive end of life policy in place for staff to refer to, covering each aspect of the care and support people were to receive.

We asked staff what was important to them when caring for people. Comments included, "To make sure they are being well cared for. I make sure they are satisfied with the care." "You listen to the client and take it on board. Whatever they want.", "I put myself in their shoes.", "You are going into their personal space and must be able to listen and take on the home environment" and "Treat everybody with respect and dignity. Listen to what they say, treating everybody as an equal."

Policies were in place for equality and diversity and staff understood the importance of respecting people's individuality including their cultures and religions. One told us, "You are aware of the cultural environment

from the time you enter the door." Another said, "We are there to care in every capacity, no discrimination. These are people and they need our help. Whether we are different religions, cultures, we are here to help. We respect and appreciate this." Staff were able to tell us about ways in which they respected people's wishes, for example, wearing shoe protectors at the request of a person. For one person who had limited English, when they required input from healthcare services a member of staff told us they had requested an interpreter, so the person could explain what was wrong and they then received the medical help they needed.

Good

Our findings

Relatives confirmed staff responded to people's needs. One healthcare professional told us, "We have found that the staff are very caring of the end of life patients we refer and are very flexible and supportive. We also get excellent feedback from the patients and families too." A relative told us the staff based their timings on their family members needs rather than the time allotted and would stay longer if necessary to provide all the care the person required.

People were assessed and reviews were carried out so any changes in need were identified and could be met. When people were referred to the service a copy of the assessment carried out by the referring healthcare team was received. The service then carried out their own assessment and staff told us that within this they took into consideration the wishes of the person and of their relative and would make adjustments where this was appropriate to do so. For example, consideration was given to timings when a partner wanted to be up and ready themselves prior to the care workers arriving to provide their loved one with personal care. The assessment was thorough and covered each aspect of a person's needs and also contained family and social interest information, which provided staff with information to engage with people on topics that interested them.

The assessments were used to formulate the care plans, which provided a good picture of each person, their needs and how these were to be met. Care plans were person-centred and identified who carried out each aspect of a person's care, for example, if a relative assisted with shaving or was responsible for meal preparation, so this was identified and could be respected. The records had been reviewed each month and identified any changes in a person's condition, for example, improvements in eating and drinking and in skin condition. Staff confirmed they read the care records so they were familiar with the care and support people required.

The registered manager said if they identified someone's needs were changing then they would discuss this with the person and their family and ensure that the person was reassessed. They said they would do this by supporting the person or their relative to request a review by healthcare services, for example, the community nurse, so the care package could be altered to meet their changing needs. If necessary the registered manager said she would make the referral herself to ensure the person's changing need were assessed promptly.

Signing in sheets were kept in people's homes and recorded the times and were signed by each member of staff who had attended to provide care. Daily records were maintained and showed the care and support

the person had received at each visit. Where people needed their position to be changed by the staff, turning charts were used to record this and samples viewed had been completed and included the time of each turn to evidence the care being provided.

Systems were in place so people could raise any concerns to be addressed. The service had a complaints procedure and information for making a complaint was contained in the service user guide that was given to people using the service. Relatives confirmed they would be confident to raise any issues they might have but had not had reason to do so. The service had received one complaint since they had registered and people could escalate their concerns to the local authority if required. The registered manager said they encouraged people to express any areas of concern, however minor, so they could take action to rectify it. The registered manager told us, "You want to know on a day to day basis how you can improve."

Good

Our findings

We asked relatives their opinion of the service and how it was run. One relative said, "Their skill is having small teams of familiar people who know my [relative]. If they continue with this style of management they will stay good." We asked staff their views about the way the service was managed. One told us, "I am well supported, good communication. I'm happy and enjoy looking after the clients." Another said, "They are approachable and I feel confident to approach them with any queries I have. I don't know everything and need to be able to feel confident that I can speak with them. They have my best interests at heart to find out if I'm okay." All the staff were committed to providing good care and one of the office staff told us, "We want to make a difference in the community."

Systems for monitoring were in place. The management team currently worked alongside staff and this provided them with the opportunity to supervise staff and monitor the quality of their work. Where staff were lone workers with people the management team carried out monitoring calls to check people were receiving the care they needed. The registered manager said when the service expanded they would review this to ensure that regular spot checks were carried out in order to continue to monitor all staff. The service sent out satisfaction surveys to people and their relatives and the results from the latest surveys were very positive. The registered manager said if surveys did flag up any issues then they would create an action plan to address them. Care records were reviewed monthly and daily records were returned to the office each month and we were told these were checked and monitored. We discussed recording the checks as evidence of the monitoring, which the registered manager said she would address. They told us they also sent copies to the funding authority to evidence the care and support had been provided.

The registered manager explained that staff meetings were held via the internet and a secure messaging group and they kept a record of the topics that were discussed. Staff said they were happy with the amount of training and support they received and felt able to speak with the managers at any time. At the time of inspection the service had five care workers and two managers working with people, so the staff team was small and had regular contact with the managers. Staff were currently allocated to two geographical areas for work and the registered manager said when the service expanded smaller geographical areas would be identified to further assist with travel times.

The registered manager had attended provider meetings with the local authority and had also attended conferences and study days relevant to her work, for example, an end of life care study day. The registered manager accessed information from organisations such as Skills for Care (an organisation that supports providers with staff training and development), to keep up to date with current guidance and good practice.

The registered manager said they were looking to introduce a computer management system which was part of the plan for developing the business. The service had a strategic management plan that was a work in progress and looked at the aims and objectives of the company and the different factors that would influence the progression planning for the service. Following a period of dormancy (having no people using the service), the service had been active since the end of January 2016 and the registered manager said they were building up the business steadily.

Policies and procedures were in place for each aspect of the service and these had been reviewed in January 2016. The registered manager said if they identified any additional policies they required then they could request these, for example, to improve the guidance for providing double up care with two staff they had requested a more robust policy to cover staff meeting outside the person's home and going in together.