

Access Dignity Care Limited

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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

The inspection took place between 18 November 2016 and 23 November 2016 and was announced.

Access Dignity provides care and support to people living in the Tendring area of Essex, covering Frinton-on-Sea, Kirby, Walton-on-the-Naze and Clacton-on-Sea. At the time of our inspection Access Dignity provided a service for 47 people with care packages that totalled approximately 400 hours per week. These care packages ranged from short visits by one member of staff twice a day to more complex care that required two members of staff carrying out longer visits up to four times a day.

There was 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. The registered manager was assisted in the day-to-day running of the service by one of the directors and the office administrator who worked together to provide strong management.

People were safe because the management team and staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People were supported effectively with their health needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who understood their needs and preferences. Staff respected people's choices and took their preferences into account when providing support. People were supported to access the local community so that they were not socially isolated.

Staff had good relationships with people who used the service and understood their needs. People's privacy and dignity was respected.

There was an open culture and the management team supported staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

The management team were visible and actively involved in monitoring people's care and supporting staff. Staff were positive about their roles and their views were valued by the management team.

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 knew how to recognise and safeguard people from abuse or poor practice. There were clear processes to address people's concerns

There were sufficient staff with the skills to provide safe care and who had been recruited appropriately.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good 

The service was effective

Staff received the training and support they required so that they had the information to provide effective care for people using the service.

There were processes in place to support people to make decisions. Where people did not have the capacity correct processes were followed to make the decision in their best interests.

People's health and social needs were met by staff who were familiar with their individual needs and preferences.

Is the service caring?

Good 

The service was caring

Staff were thoughtful and kind in the way they provided people with care and support.

Staff were attentive to people's needs, treated them with respect and delivered care in a dignified and caring way.

Staff knew how to support people in ways that reduced their anxieties.

People and their representatives were encouraged to be involved in decisions about care and support.

Is the service responsive?

The service was responsive

People's preferences were taken into account and their choices respected when staff provided care and support.

Staff supported people's social needs as well as their care needs. Staff maintained good relationships with families and others that were important to people.

The service had processes in place to deal with people's concerns and the information was used to make improvements.

Good ●

Is the service well-led?

The service was well led.

The service was well managed by a competent management team whose skills complemented one another.

The management team demonstrated a commitment to provide care and support that was tailored to individual needs and which put the person at the centre of what they did.

Staff were valued and received the support they needed to develop their skills and provide good care and support.

There were strong systems in place to monitor the quality of the service, to listen to people and use their feedback to develop the service and make improvements.

Good ●

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 November 2016 and telephone interviews with people using the service took place on 23 November 2016. The inspection was announced. The registered provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

The inspection team consisted of 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 service. The Expert by Experience supported the inspection by carrying out the telephone interviews following the inspector's visit to the office.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who visited the office. After the inspection visit we spoke on the telephone to six relatives and three people who used the service about their views of the care provided. We also spoke with a social care professional, three members of staff, the registered manager, a director of the company and the administrator.

We examined six sets of care records, four staff files and records related to the management of the service including rotas, training records, quality monitoring audits and information about complaints.□

Is the service safe?

Our findings

People told us they felt safe and were happy with the way staff supported them. They told us, "Yes I do [feel safe]. They are all very nice." and another person said, "Yes I feel very safe." and they explained a situation where input from staff had helped them to be safe. Members of staff told us they had received safeguarding training and were able to explain what they should do if they had any concerns about a person's safety. They were able to give examples of signs that would alert them that something was wrong with an individual.

Risk assessments were carried out by the manager and senior staff according to the individual's needs. We saw, for example, that when individuals had needs relating to their mobility, there was a moving and handling risk assessment in place. The risk assessments identified the nature of the risk such as a history of falls, what staff training was required and what equipment was needed, including the size of the sling required if a hoist was to be used.

There was guidance for staff about what actions needed to be taken in specific circumstances. For example, there was detailed information for care workers how to assist a person into an upright, seated position on the side of the bed by raising the back of the profiling bed and guiding the legs around and off the bed. The guidance continued to specify what each of the two care workers was to do both in the positioning of the equipment and in providing both reassurance and instructions to the person to keep them safe during the manoeuvre.

Where people required support with shopping there were clear systems in place to safeguard the person's finances. A signed and witnessed record of all monies spent was maintained and receipts were kept.

The personnel records we examined were well organised. We saw that a clear recruitment process was followed so that all possible checks were carried out to confirm that suitable staff were employed to provide safe care and support. All the documentation required by regulation was in place, including application forms with a full employment history; any gaps in employment were explored as well as their reasons for leaving previous employer. There were documents to confirm the person's identity and written references were in place before the applicant was offered a position. A record of the interview was on file which recorded the applicant's personal qualities, attitude and aptitude, professional experience and personal circumstances. Disclosure and Barring Service (DBS) checks were sought before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

The management team operated a clear system for assigning visits so that people received care and support from care workers who understood their needs and who were able to provide their care safely. Systems for managing visits worked particularly well and all the feedback we received from people using the service and their relatives confirmed that people received care from a consistent team of staff who knew them well. All the people we spoke with said they could rely on staff turning up promptly and that they had not experienced missed calls. Some of the comments were, "The timekeeping's good. I always know the person that comes and they always turn up", "The timekeeping is very good. It's usually the same [member

of staff]" and "If they're going to be more than 15 minutes late they'll ring up to let me know. The timekeeping's usually pretty good."

We saw from individual staff records that visits were planned with some time in between to allow staff time for travelling to the next visit. A senior member of staff told us that if they were going to be late for any reason they would make sure they contacted the person and let them know so that they did not worry. Records also confirmed that there were sufficient staff employed to manage the care packages of people receiving a service from the agency. Staff told us they had a supportive staff team and other members of staff were always willing to step in in an emergency situation such as sickness. On the day of our inspection visit we saw that staff who were off duty called in to the office to see if any cover was required for the coming weekend as they understood one of their colleagues may have needed some time off.

Where staff supported people with their medicines there were care plans and risk assessments in place setting out the actions to be followed by staff when supporting the individual. For example, one person's care plan informed staff that the person was aware of what their medicines were, what they had been prescribed for and why they had to be taken. Staff were instructed that they were to remove the medicine from the packaging, give it to the person and complete the medicines administration record (MAR) sheet to confirm it had been taken. When topical creams were prescribed for someone using the service, there was a body map in their folder that clearly showed staff where the cream was to be applied. Senior staff and the management team carried out observational assessments to confirm that staff had followed correct procedures and were competent to administer medicines. A senior member of staff explained that it was their responsibility to check the MAR sheets to confirm that people were receiving their medicines as prescribed and staff had recorded this correctly.

Is the service effective?

Our findings

People said that they thought staff had the right skills to provide their care and support. One person said they thought staff were well trained. They said, "I would say so. If someone new is starting they do a shadow shift first." Another person told us, "They know what they're doing. They're marvellous."

Staff received training to give them the information to carry out their roles competently and to understand best practice. Training was well managed through the provider's electronic system, which flagged up when mandatory training was due for renewal. Some essential training was carried out before a newly recruited member of staff commenced work. This included moving and repositioning, medicines training and first aid. Other training completed when the member of staff started included equality and inclusion, the Mental Capacity Act and Deprivation of Liberty Safeguards training. A senior member of staff explained that they had received some training updates the previous week and they made positive comments about the quality of training. "[The management team] really do care and the staff care too. If we see anything not being done correctly, it's addressed straight away and re-training the staff if necessary."

A person told us that they were happy with the team of staff providing support. They said, "They understand me. They won't give me anybody I don't know." A relative was positive about the staff supporting their family member. They said, "We are happy with the care. There does seem to be a consistent group of staff. Our [family member] is happy with the staff and has mentioned that [they like] all of them."

A social care professional told us, "I have nothing but praise for them. It is refreshing to come across an agency where the staff use their initiative. They get to know the person and I have trust in them to do the job."

Staff knew people well and understood their assessed needs and what support they needed to meet those needs. They told us they had opportunities to discuss people's care and support at staff meetings. They also explained that communication was good between members of the team and management. Any changes to people's assessed needs that were observed by staff, or any concerns they had, were discussed with management and other staff and appropriate input from health or social care professionals was sought.

There were clear processes in place for supporting and supervising staff. A senior member of staff told us that part of their role was to mentor new staff and carry out spot checks to monitor staff performance. Staff records confirmed that newly recruited staff went through an induction process that included 'shadow training' where the newly recruited member of staff was monitored by a senior member of staff who recorded how the person performed, such as whether they had good communication skills with people or if they were competent carrying out personal care. These records were completed with clear details about the observations.

A recently recruited member of staff told us, "There was a really good induction. Once the DBS [Disclosure and Barring Service] check came through I shadowed a senior." They explained about how much they had learned from the moving and repositioning training and explained how to use slide sheets and hoists. They

said that there was always open communication and they were confident that they could come into the office or phone at any time to ask for advice on anything they were not clear about.

Staff told us they felt well supported and received face-to-face supervisions and yearly appraisals of their performance. Senior staff and the management team carried out spot checks on staff providing care and support. These were unannounced checks that staff were following good practice. Staff supervision records confirmed that areas discussed included staff performance and whether there were any issues relating to people receiving a service or any other concerns. Where any concerns were identified, an action plan was in place. There was also a review of staff individual training needs and a timetable for updating training.

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 told us that staff always asked for their permission before providing care and support. They were encouraged and supported to make decisions where they were able to do so. Care records confirmed that MCA assessments were carried out to judge whether a person had the capacity to make a specific decision. For example, we saw that one MCA assessment had been completed relating to a person's medicines. Relevant people acting on behalf of the person and medical professionals were involved in making a best interest decision on the person's behalf on how their medicines should be administered. This was clearly recorded in the person's care plan and staff understood what they had to do.

None of the people we spoke with required any assistance with preparing or eating meals but they said that the care workers would make them a drink and they were happy with this support. There were fluid charts in one set of care records that were completed to monitor if the person was drinking sufficient fluids and staff encouraged the person to drink.

We saw that there were full assessments in place relating to people's needs, including their health needs. The support that people required with specific health needs was recorded in their care records. When people required support to access health services, care workers assisted them if they needed this type of support. One person said, "They help me with all appointments. They arrange appointments and transport and take me to make sure I understand everything." When changes occurred, care plans were updated and all staff supporting the person read the care plans and were aware of the changes. People told us that their care was reviewed and their care plans were changed when necessary.

Is the service caring?

Our findings

People using the service and their families were treated with kindness. A relative stated in a letter to the service, "Not only did you give [our family member] the best possible care and comfort but you were sympathetic and kind to our needs too." A person told us, "They [staff] are very kind."

People told us that staff were caring. They said, "I'm happy with the service. [They described the caring way support was provided] and it's very pleasant. I would recommend the service." A person told us, "The care is fantastic." We observed interactions between staff and a person using the service when they visited the office. They were relaxed and were smiling and laughing with staff. They told us they liked to drop in for a chat and staff made them welcome.

We spoke with a social care professional who explained how staff supported to person to access the community for an event that they would otherwise not have been able to attend and that was important to them. "They have been amazing. They took on the support for a person at short notice when previous support had failed and managed to settle them. Since they've been involved we have not had a single phone call with concerns."

Relatives told us that the agency went above and beyond what was expected when things were difficult for them. One relative gave an example of how supportive the care workers were when providing end of life support for a family member. They told us when their family member had gone to hospital, a member of staff went there to pick the relatives up and bring them home.

A social care professional gave positive feedback about how well the agency supported people when they were distressed or anxious. They told us, "They have taken on some complex people [gave an example of a specific situation] but since the agency has been involved they have been more settled." The social care professional gave told us how the agency supported another person who was extremely anxious. They developed a good relationship with the person and gained their trust. They were then able to assist the person to access appropriate equipment to improve their health and wellbeing.

Staff were able to demonstrate a good understanding of what they needed to do to alleviate people's distress when they were worried. A member of staff described how they supported a person who could become anxious. The person wanted to show their appreciation by giving the staff little presents but they could not accept. They discussed the situation with the management team and when the person became anxious about this they suggested they would like a cup of tea and a chat instead; this made the person feel valued and reduced their anxiety. The member of staff explained they were very happy to work for an agency that cared so much about people. Another member of staff explained that sometimes people could be anxious if their routine was changed and they were mindful of the effect this could have and what they could do to reassure the person.

People were complimentary about the caring attitude of staff. They said they appreciated the way care and support was provided. "They always ask if there's anything else I need before they leave." Others said, "We

have a chat about things, our families and so on." and "We share a joke and it makes things more relaxed."

Staff told us that they did not feel rushed when providing care and support for people. One member of staff told us, "We get enough time and there is time to spend chatting [with the person]. I have no qualms about spending time listening." They went on to explain how important it was to listen to people and that was an important part of the job.

All the people spoken with confirmed that they were treated with respect saying that there were "no issues" and they were "definitely" treated with respect. People also indicated that there were never any issues about their dignity being maintained and they indicated that they were happy with this aspect of their care. We saw from care records that staff were given comprehensive details about how to provide support when carrying out care tasks so that the person's dignity was preserved.

People appreciated the fact that the support they received from the agency enabled them to maintain their independence. One person said, "It does [keep me independent] by helping me with what I can't do any more." And another person said, "They do what I can't." One person told us they were happy with the plan of care and as they were "much more able" since receiving the support, they had been able to reduce the hours they received.

A relative wrote and thanked the agency for enabling their family member to stay in their own home. They said, "You enabled that to happen with such kindness and diligence."

Is the service responsive?

Our findings

People told us that an assessment had been carried out before the service started and that they had been involved in the process. They confirmed that they were consulted about their needs and preferences. We saw from people's care records that they had been involved in planning their care and they told us that they had regular reviews.

The information in care plans was detailed and person centred. The care records were audited and updated regularly so that any changes to people's care needs were recorded. Staff demonstrated that they knew people's care needs well and were aware of any changes. Staff told us, "Everything revolves round [people who use the service]. We build up relationships." They gave us examples of people's specific needs and preferences and how they provided support to meet these needs the way people preferred.

When staff were providing care and support people were provided with choices. One person said, "They ask me [about what I want]." another said, "yes they do [offer choices]. If I want to change anything I just have to ask."

People told us that they were involved in making decisions about their care and they were consulted about how their care was delivered. People told us that staff were flexible and would alter the times of visits to suit the individual. One person told us that the service was "very flexible" and staff would endeavour to try to accommodate any requests they might make such as changes to times; another person said, "If I've got a hospital appointment, they change the times for me."

All the people we consulted told us that they were supported by a regular team of care workers who had got to know them well. Comments were positive and complimentary. One person said, "I have got regular carers who have got to know me and how I like things to be done." Other people said, "They [care workers] know me" and "I would say so, they are regular carers that I know." One person told us that they usually had the same member of staff but if they were away they had either another member of staff who understood their care needs or the manager who knew them well would come instead.

In addition to the care provided in the person's home, some people were supported with social activities such as visiting a local club. Relatives and a social care professional told us that staff "go out of their way" to improve the quality of people's lives whether it was by the care they provided or helping people with their social needs.

People knew how to make complaint or how to raise a concern. They told us they would feel comfortable if they ever needed to bring up an issue and would be confident that it would be sorted. One person gave us an example of how they had asked for something to be changed and this had been dealt with sensitively and appropriately. They were happy with the outcome.

People told us they had no concerns but they had been given the information about who to contact if they needed to. A relative told us they would be happy to raise any issues. They said, "We have spoken, as a

family we are quite vocal, but it has all been quite amenable."

The management team were able to explain how they supported people in the event that they had to change services. They understood that good communication was important so that the transition was smooth for the person. A relative explained that they had to change agencies but now things were working out well. "The transition went well. As far as I can tell my [family member] is perfectly happy. They are very receptive if something is wrong." A social care professional also gave an example of how the agency had supported a person through the process of change in a way that alleviated their anxieties.

Is the service well-led?

Our findings

The service was run by a management team that consisted of the registered manager, one of the directors and the office administrator who worked together to provide strong management. Staff felt well supported by the management team and said that could drop in to the office any time for a chat or advice. During our inspection we saw that staff frequently came to the office to share information and discuss people's care and support. A member of staff told us, "This is the best care company I've worked for. I'm very happy here." They explained that they felt appreciated by the management team and told us, "They listen to suggestions" and gave examples of how their views were listened to.

People were given the information they needed to contact the office if they needed to speak with someone. They told us there was always someone available to deal with their queries and that the service was well managed. People told us that they could always contact the manager or other senior staff if they had any concerns that they needed to discuss.

A senior member of staff told us that morale was good and staff helped one another out. There was good teamwork and they felt that the management team were supportive. All the staff we spoke with were aware that the culture of the agency was to put people first.

The provider made resources available for the efficient operation of the agency. The offices were well equipped and included rooms where staff could hold meetings, have supervisions or attend training sessions. There was equipment in the training room so that staff could receive practical manual handling training. Staff told us that items of personal protective equipment that they needed for their role, such as gloves and aprons, were readily available.

The provider had systems in place for monitoring the quality of the service. The manager explained the online system they used to manage all aspects of running the agency. The system has a range of functions that included staffing issues and shift patterns, care planning and alerts for updates, and processes for managing the quality of the service provided. Staff were provided with mobile handsets to manage and record their visits. The handsets contained the rotas and tasks they were required to do. They used them to log in when they carried out a visit and people using the service were able to add an electronic signature to confirm they had received their care and support.

People told us that they had appropriate opportunities to provide feedback about their care and support. They explained that the management team contacted them directly to ask if they were satisfied with the service; contact was made regularly, commencing soon after the contract started and was on-going. Relatives and people using the service knew the management team well and were happy to speak with staff or someone in the office if an issue arose. Nobody felt that there were any issues that needed to be improved. One person said, "They come and do the things that I want them to do." Relatives also expressed satisfaction with the service their family members received. One relative said, "Yes, very happy. Everything's going smoothly." Another relative who said they were happy with the service told us, "They do the job in a relaxed atmosphere."

People told us they were able to speak to staff or the management team and give their views about the service. One person told us that spot checks were carried out to confirm they were satisfied with the service. They said, "The experiences have been very positive indeed. It's only ever been good and we have had no issues at all. This firm is first rate and goes the extra mile and I would recommend them." As part of the audit process for people's care records, a quality check was carried out with the person and anyone representing them to examine the current care package and see if it continued to meet the individual's needs.

We also saw written feedback from relatives who complimented the care and support received by their family members and the positive input from the management team. One relative wrote to thank the agency for "the beautiful bouquet of flowers" that the management team had sent on their family member's birthday. They said, "It was very kind of you and such a pleasant surprise."

There were systems in place for managing records and the management team had clear arrangements for monitoring and auditing records. Care plans were reviewed and updated so that the information was current and was centred on the person's needs taking into account their wishes and preferences. Records examined including people's care information, staff files and health and safety documents were up to date and well organised. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use so that people could be confident that information held by the service about them was confidential.

A social care professional told us that the agency worked well with the local authority to make sure new care packages were set up appropriately and people using the service received the care and support they required.