Advocacy 2 Engagement Limited

a-2-e

Inspection report

Edwinstowe House
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Tel: 01623821534

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20 March 2018

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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

a-2-e is a domiciliary and supported living service providing personal care to vulnerable adults in their own home or local community. The service's main office is located in the village of Edwinstowe and provides level access.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring of the service that demonstrated serious risks or concerns. This inspection report is in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People continued to receive safe, least restrictive care and support. The provider's staffing and risk management arrangements for people's care, helped to ensure this. People were consistently supported by staff, to manage their behaviour and take their medicines safely when required.

People continued to receive effective care from staff who were trained and supported to help ensure this. People were supported to access external health professionals when they needed to. Staff followed their instructions for people's care and any related personal care plans, to enable people to maintain or improve their health when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive care from staff who were kind and caring. Staff knew people well and supported them to maintain their relationships with family and friends. People's received care in a way that consistently helped to ensure their dignity and rights. Staff understood and followed what was important to people for their care and individual choices, daily living routines and lifestyle preferences.

People continued to receive timely, individualised care, which was agreed and regularly reviewed with them or their representatives when required. Staff knew how to communicate with people in the way they understood. People were supported to engage in community life and to participate in activities they enjoyed. This was done in a way which helped to promote people's inclusion and independence. People were informed and supported to raise any concerns or to make a complaint about their care if they needed to. The provider listened and acted on what people said to help determine and make care improvements when required.

The service continued to be well led. The provider continually operated comprehensive management, communication and staff support measures to ensure the quality and safety of people's care. Staff understood and followed their role and responsibilities, which helped to ensure people received safe and effective care. Records relating to care provision and the management of the service were accurately maintained and securely stored. The provider continuously sought to improve the service against nationally

recognised guidance and practice standards concerned with people's care.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 was a comprehensive inspection, which took place on 20 March 2018. The inspection was announced and carried out by one inspector. We gave the service 48 hours notice of the inspection visit because the location provides a domiciliary care service for adults who are often out during the day.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with people who used the service and a relative. We received completed survey questionnaire returns about the service from four care staff, the provider's staff training and development manager and one community professional. We also spoke with the provider who was also the registered manager for the service. We looked at people's care records to see if they were accurately maintained. We looked at three staff files to check how they were recruited. We also looked at records relating to the management of the service. This included staff training and supervision records and management checks of service quality and safety.

Good

Is the service safe?

Our findings

People continued to received safe care and support. Both they, their relatives and a community professional were confident of this. All felt people's homes and personal possessions were safe when staff were present. One person said, "I feel safe; staff help me." All knew how and were confident to raise any concerns about people's safety if they needed to. Staff knew how keep people safe and the action they needed to take if they witnessed or suspected the harm or abuse of any person receiving care from the service. The provider's related written procedures, staff training and safeguarding lead arrangements helped to ensure this.

Risks to people' safety from their health condition were assessed before they received care and regularly reviewed. People's care plans showed staff how to keep people safe and the care actions they needed to ensure this, which they understood and followed. Staff regularly supported people to engage with their local community and take part in activities they enjoyed there for their occupation and leisure. Risk assessments were completed for any new activity and regularly reviewed to make sure people were safely supported.

Some people could sometimes behave in a way that was challenging for others because of their health condition. Staff were knew how and were trained and informed to support people in the least restrictive way when this occurred. Staffs related knowledge, practice and any safety incidents concerned with people's care were regularly checked and analysed by the registered manager. This helped to make sure people consistently received safe care.

People were supported to manage their own medicines in a way which ensured their independence and safety when required. People's care plans showed staff the agreed arrangements for people's medicines. This included details of what, why, when and how people took their medicines and any support they needed from staff to ensure people received and took their medicines safely. Staff responsible for people's medicines received relevant training and competency assessments to make sure they understood how to support people safely.

Staff were safely recruited and deployed to provide people's care at the times they needed them. The provider carried out required employment checks before staff began to provide people's care to make sure they were safe to do so. This included checks of their employment history, related care experience and checks with the governments' national vetting and barring scheme. This helps to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

People's home environment and any equipment used for their care was assessed to help identify potential hazards that needed to be considered to inform people's care. Staff were trained and provided with any personal protective equipment they needed such as disposable gloves to help reduce the risk of infection in relation to people's personal care. A community professional told us that care staff followed good hygiene and infection control practices. Staff were also informed and knew the provider's procedures to follow in the event of a serious incident or foreseen emergency, such as a sudden health incident or adverse weather conditions preventing their travel to work. People were encouraged to be mindful of their own safety to ensure the maintenance and effective operation of any personal property alarms.

Good

Is the service effective?

Our findings

People continued to receive effective care from staff who supported them to maintain their health and nutrition. People, relatives and a community professional were happy with the care people received from staff at the service. All were confident staff understood their needs and knew what they were doing when they provided people's care. One person said, "Staff help me; they help me go to my appointments."

Staff followed people's care plans, which were agreed with them. People's care was organised in a way that ensured their access to relevant care and support services when required. This included for specialist and routine health screening. A community professional told us staff knew people's care needs, choices and preferences. They also told us staff followed their instructions or advice for people's care when required.

Staff confirmed comprehensive arrangements were in place for their work induction, training and support. This included relevant competency checks and bespoke training about people's health conditions; to help staff understand how people's health conditions affected them and their related personal care needs. Related management records also showed staff were trained and supported to perform their role and responsibilities for people's care. This meant people received care from staff who understood and followed their assessed personal care needs; in consultation with relevant external community care professionals when required.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community. People's consent to their care was sought in line with legislation and guidance. This meant people's rights were being upheld, and restrictions in people's care were lawful.

People were supported by staff to eat and drink sufficient amounts when required. Staff knew people's dietary needs and preferences and they followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, to ensure people received the correct type of food for their health requirements.

Good

Is the service caring?

Our findings

People continued to receive care from staff who were kind, caring and promoted people's dignity and rights. People, relatives and a community professional were all positive about this and felt they had good relationships with staff. For example, people said, "Staff are amazing; they are very kind;" and "When I'm sad they give me hugs."

People, relatives and a community professional all said that people received consistent care from staff who knew them well. A relative told us, "[Person receiving care] knows which staff are coming, when and what they will do together; it is important for [person] to have this structure."

Peoples inclusion, independence and rights were promoted when they received care from the service. People and their representatives were actively involved in recruiting and agreeing care staff to provide their personal care. This helped to make sure staff were suitable for and compatible with, the person whose care they needed to provide. Staff understood the importance of ensuring people's equality, rights and dignity in their care. This included understanding and following people's individual choices, preferences and what was important to them for their care. For example, staff supported one person to attend and manage any health appointments and to regularly access their local community, family and friends in the way they chose.

People's agreed care, daily living routines and lifestyle preferences were detailed in their written care plans for staff to follow. People and their representatives were provided with relevant care and service information in a suitable format to enable them to understand what they could expect from the service. This included the provider's stated aims and values for people's care. Staff training measures and regular management checks of people's care helped to ensure staff consistently followed this. People were also informed how to access independent lay advocacy services if they needed someone to speak up on their behalf.

Some people had a 'communication passport,' which showed their known care preferences, communication needs and how they wished to receive their care and treatment. This was went with the person if they needed to be admitted to hospital. This helped to ensure people received consistent care, which they understood and had agreed to.

Good

Is the service responsive?

Our findings

People continued to receive timely, individualised care, which was agreed and regularly reviewed with them or their representative when required. One person said, "Yes, I know when staff are coming; they come; do what I need." A relative told us how one person was supported to live they life they chose and to be as independent as they could be and said, "Staff support [person] in a way they understand to encourage completion of daily living tasks and also to participate in activities they enjoy."

Staff understood and followed what was important to people for their care. This included following people's preferred care routines and communicating with people in a way they understood. For example, staff provided and recorded care information for one person in the way they understood and had requested.

Staff understood the importance of supporting people in a way that enabled their independence, which people and relatives also confirmed. For example, staff made sure people had their agreed support, equipment or any personal items they needed to access their local community; such as for health appointments or for recreational pursuits. Staff told us about one person whose mobility was variable because of their health condition. Staff always made sure the person's electric wheelchair was fully charged and working in case they needed to use it, which they sometimes did. This enabled the person to consistently access their local community to attend personal and health related appointments; or participate in occupational and recreational activities of their choice. This showed people's care was individualised and helped to ensure their independence and inclusion.

People and their relatives were informed, knew how and were confident to raise any concerns or make a complaint about their care if they needed to. People and relatives views about the care provided were regularly sought. For example, through people's individual care reviews, care questionnaire surveys and telephone calls and talking with people. This information was used to inform and make care changes or improvements when required.

Good

Is the service well-led?

Our findings

There was registered manager for the service. 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 service was well managed and led. People, relatives, staff and an external care professional knew the registered manager and were positive about the management and running of the service. One person said; "I talk with the manager; they always sort things out." All said they were kept informed and were regularly consulted regarding people's care arrangements.

The provider used a range of measures to inform and support staff to carry out their role and responsibilities for people's care. This included stated care aims and objectives, staff performance and development measures, communication and reporting procedures. It also included a comprehensive range of care policies and work related procedures for staff to follow. This included nationally recognised procedures for information handling, confidentiality and data protection; and procedures for raising care concerns and reporting accidents or serious incidents. Staff were trained, supported and understood their role and responsibilities for people's care. They were also confident and knew how to raise any concerns they may have about this if they needed to.

The registered manager told us they carried out regular checks of the quality and safety of people's care, which related records showed. For example, checks relating to people's health, medicines and safety needs. Accidents, incidents and complaints were also monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely manner.

The provider sought regular opportunities to review and improve the service against nationally recognised guidance. Recent examples included, further development of communication methods to inform and enhance people's care experience; and for staff care induction, support and wellbeing.

Records related to people's care and the management of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. This showed there were clear arrangements in the place for the management and day to day running of the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.