

# Acclaimed Care Head Office

## 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

### About the service

Head Office is a domiciliary care service providing personal care for people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks such as personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting two people.

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

People spoke highly of the care and support they received. People were at the centre of their care, ensuring their wishes were recorded and respected. People were supported by the same staff providing consistency and continuity of care to people. Staff knew people well and spent time with people and their loved ones promoting their well-being. Feedback was sought from people and their loved ones and acted on.

People's needs were assessed with them and their loved ones prior to receiving any care or support. Care records promoted people's independence and were responsive to people's wishes and needs. Care records were kept under constant review and changes were made as required.

People felt safe with staff that knew them well and knew how to meet their needs. Staff received training and knew the action to take if they suspected abuse. Staff followed guidance to reduce risks posed to people.

At the time of our inspection people were not supported to manage their medicines; however, staff had been trained and systems were in place for the safe administration and auditing of people's medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The management team were committed to providing a high-quality service to people with a strive to continuous improvement. Staff had been trained to meet people's needs and processes were in place to induct and new members of staff. Systems were in place to monitor the quality of the service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 25 April 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection based on the timescales for unrated services.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Head Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service four working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection. Consent also needed to be sought from people and relatives to receive a telephone call to give their feedback.

#### What we did before the inspection

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

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager and a director, both of which were the care staff. This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 03 December 2021 and ended on 07 December 2021.

We reviewed a range of records. This included two people's care plans, risk assessments and communication logs. A variety of records relating to the management of the agency, including policy and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt confident in the staff's ability to meet their needs and keep them safe. One person said, "I find them very good. I know that you need to have high standards and the different rules you have to adhere to."
- Staff had been trained, understood the potential signs of abuse and knew the action to take if they had any suspicions.
- The provider had a policy and procedure in place which would be followed in the event of any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Identified risks to people had been assessed and mitigated. These included risks relating to mobility, continence and the use of aids such as, a riser chair or a wheelchair.
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one care plan detailed how to support the person to transfer safely into and out of bed.
- A household hazard safety checklist had been completed which looked at each room within the house and any potential risks. The external surrounding of the property had been assessed for example, ensuring enough room is left on the driveway for a wheelchair.
- Changes were made to care records when things had been tried and not worked. For example, the use of a handling belt however, this made the person feel insecure, so this was stopped.

Staffing and recruitment

- Systems were in place for the safe recruitment of staff. The two staff one of which was the registered manager had undertaken checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- The registered manager told us they were actively trying to recruit staff. The registered manager had developed a comprehensive recruitment procedure which included potential new staff completing an application form, references being sought from past employers and identification checks. There were enough staff to meet the current packages of care.

Using medicines safely

- At the time of our inspection people were not receiving support with the management of their medicines. However, staff had received training in the safe administration of medicines and the registered manager completed knowledge and competency checks with staff to check their understanding. This included observation of medicine administration and questions regarding medicines the person would be taking.
- Care plans included a record of the medicines people were taking. In the event of an emergency, staff

would be able to give further details to any medical professional.

#### Preventing and controlling infection

- Staff had been trained and understood the procedures to follow to reduce the risk of cross contamination and infection. Staff had access to appropriate personal protective equipment such as gloves and aprons.
- Staff took part in regular COVID-19 testing. The registered manager tracked the vaccination status of staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's wishes and needs had been discussed with them and their loved one prior to any care or support being delivered. The registered manager met with people to ensure the agency could meet the person's needs.
- Assessments included information about the person's history including previous job roles, family history, preferred name and any likes or dislikes. Information about people's past and present medical history had been recorded and, details of any mobility needs.
- Information gathered during the initial assessment had been used to create an initial care plan for people. One person said, "I have been involved in creating my care plan."

Staff support: induction, training, skills and experience

- People told us they felt staff were competent in their role. One person said, "[Name] has suggested many things that have helped me, it gives me great confidence that she knows what she is doing."
- At the time of our inspection the registered manager and his wife, who was a company director worked together as the care team. They both had previous experience working within health and social care and had completed numerous training courses relevant to their role, to develop their skills and knowledge further.
- The registered manager was actively recruiting new care staff to enable additional packages of care to be secured. An induction plan was in place which any new staff would complete. This included, completing the provider's mandatory training, working alongside experienced staff meeting people, reading care records and completing 'The Care Certificate'. This is a nationally recognised qualification within the social care sector.

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

- At the time of our inspection, people did not require support to manage their nutrition or hydration. However, people's preferred way of tea or coffee had been recorded within their care plan. The communication logs showed that staff offered to make a hot drink for people before they left.
- Staff received training in relation to diet and nutrition and knew the appropriate health care professionals to contact if they had concerns about a person.

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

- People's care records contained information about their health and the health care professionals involved in their care. Staff followed guidance from health care professionals to improve people's health and

mobility. For example, guidance from an occupational therapist detailing how to support a person with their mobility aid.

- Where there was a concern with a person's health, staff ensured that the appropriate health care professional was informed such as, the district nursing team.
- Staff ensured people attended health care appointments by supporting people to arrange patient transport, when this was difficult for the person to do on their own.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's ability to consent and make decisions about their own lives had been recorded within their care plan. Communication logs showed staff supported people to make daily choices such as, what they wanted to eat and wear.
- Staff understood that people had the right to make decisions about their lives and confirmed they had received adequate training.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring towards them and their relatives. One person said, "[Name] is lovely, she is very helpful and always greets me with a smile." Another person said, "[Name] always has a chat with my wife every time she comes to make sure she is ok."
- Staff were committed to ensuring people received empathy and support when needed. The member of staff said, "I like to ensure that I also spend time speaking with people and supporting their mental well-being as well as their care needs."
- People's care plans contained information about their equality and diversity needs such as, their preferred name and religious beliefs; staff respected these.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in their care planning and were able to make choices about how their care was delivered. The views of people and their relatives were captured during the initial assessment and then transferred into the care plan.
- The registered manager and director (staff) worked as part of the care team speaking with people and their relatives on a regular basis. This gave people an additional opportunity to discuss their care needs and to make any changes that were required.

Respecting and promoting people's privacy, dignity and independence

- Care records showed, and people confirmed that they were encouraged to be as independent as possible. Care plans detailed what people could do for themselves and the support required from staff. For example, staff putting toothpaste on the toothbrush enabling the person to brush their teeth independently.
- People's privacy and dignity was promoted by staff whilst delivering personal care. Staff said they would ensure all doors and curtains were closed, as well as covering people up as much as possible. People's consent would always be gained prior to any care being carried out.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew them well and were responsive to their needs. People told us they were very happy with the care they received, and they would and have recommended the agency to others. One person said, "I would give them 11 out of 10 and I have recommended them to other people."
- People's care plans were personalised and written with people and their relatives to capture as much information as possible. They included information about people's life histories, families and likes and dislikes. Information was clear about people's health needs to enable staff to meet their needs in their preferred way.
- Care plans were reviewed with people and their relatives when needed; any changes were recorded, and the care plan was then updated. Communication record sheets completed by staff were reviewed to check for accuracy against the person's care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were gathered during the initial assessment and were incorporated into people's care plans.
- The registered manager told us that any documents would be made accessible depending on people's needs such as, easy reads or pictorial formats.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise any concerns or make any comments to the staff. One person said, "I would feel very happy to speak with [name] about anything I was not happy about."
- Information regarding how to make a complaint or suggestion was detailed within the service user guide, given to each person at the start of their care package. A policy and procedure were in place which would be followed in the event of a complaint being raised. The registered manager confirmed there had not been any complaints since the start of their registration.

End of life care and support

- At the time of our inspection people were not receiving care at the end of their lives. However, the registered manager said they would work in partnership with external health care professionals and, ensure people wishes were respected.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The agency was owned and managed by a couple, one of whom was the registered manager and the other a director; both worked as the care team. People spoke highly of the management team, one person said, "We have had [name] and [name] for a year now and I am very happy with them."
- The management team were clear about their role and spoke passionately about providing people with a unique and high-quality service. The registered manager understood their regulatory responsibilities, including the duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment.
- There was a commitment to ensure people were provided with a tailored service that was specific to their needs. The service user guide detailed the aims and objectives of the organisation and how these would be met. For example, commitment to the continual investment and promotion in qualification and skills-based training for all staff providing services to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People's and relatives' feedback had been gathered during care reviews, care calls and annual surveys completed by the management team. Feedback was listened to and acted on, changes were made to people records, as required.
- The ethos and values of the agency were to have people at the centre. There was a commitment to work collaboratively with people and commissioners to ensure people received a person centred service.
- Systems were in place to monitor the quality of the service. The management team completed audits that included, communication logs and care records. The registered manager had developed a robust quality assurance process which included, spot checks and the implementation of medicine audits as the business grew.

Working in partnership with others

- Staff worked in partnership and followed guidance from health care professionals such as occupational therapists and GP's. The registered manager received regular updates from external agencies to keep up to date with what was going on within the sector.

