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Academy Care

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Academy Care is a domiciliary care agency providing support for people in their own homes in and around Wakefield. Not everyone using the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 64 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were protected from avoidable harm because staff were trained to recognise signs of abuse and knew who to report this to if they had concerns. 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.

Right Care

People's care and support plans reflected their range of needs and they received care that supported their identified needs. People's personal risks were assessed and clear information given to staff on how to minimise those risks. People's care was personalised and promoted their dignity and independence. Staff received appropriate training to deliver good quality care and support.

Right Culture

People and those important to them were involved in planning their care. There was good management oversight of the service, supported by effective feedback and quality checks. The service was supported by a comprehensive suite of electronic care planning and information management systems. Staff were valued by the provider and management team and they were recognised for their achievements. There was an open, transparent organisational culture that was focussed on supporting staff and continuous service improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 13 October 2021).

Why we inspected

We carried out this focussed inspection looking at the safe and well-led key questions because we needed to follow up on our last inspection where the service was rated overall as requires improvement. During the inspection a decision was made to review the key questions of effective and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Academy Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Academy Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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 care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 5 June 2023 and ended on 16 June 2023. We visited the location's office on 6 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited the office location on 6 June 2023. During the inspection we talked to the registered manager, the operations manager, the recruitment manager, care planners, care delivery staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 51 staff through face-to-face conversations and email questionnaires.

We spoke to 4 people who use the service and 9 family members.

We reviewed a range of records. This included 4 people's care records and medication records and 4 staff files in relation to recruitment, staff support and supervision. A variety of records relating to the governance and management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from the risk of abuse and harm. Safeguarding Adults and Children policies were in place and were reviewed annually.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.
- Staff had completed appropriate training to safeguard people from the risk of abuse. One member of staff told us, "I have completed safeguarding children and safeguarding adults eLearning and through this I have learnt the appropriate and safe routes to take when reporting incidents. I have also learnt the different types of abuse and how to identify them."

Assessing risk, safety monitoring and management

- Care plans were detailed and set out risks that were clearly identified and assessed. They gave a clear picture of people's needs and the care required to support them.
- Risk assessments were regularly monitored and reviewed to ensure staff had the most up to date information as to actions to mitigate risks.
- Staff were able to access care plans and keep accurate, complete, legible and up-to-date care notes and records through their electronic devices.

Staffing and recruitment

- A comprehensive system was in place which ensured staff were recruited safely. Staff records included all required information to evidence their suitability to work with people at the service. This included DBS checks, references and the right to work in the UK. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs and to deliver good quality care and support. Care planners arranged staffing rotas to ensure consistency of carers for people.
- New starters from overseas were supported through an extensive induction and training programme.

Using medicines safely

- People were supported to take their medicines safely. One relative told us, "Yes, the medicines are in a safe. There have been no problems, they watch [person] to check they have swallowed it."
- Staff received medication training on managing and safe handling of medicines. Their competency to administer medicines was assessed and reviewed regularly.
- Medication administration records were reviewed and audited regularly by the registered manager.

Preventing and controlling infection

- Infection prevention and control measures promoted people's safety. Staff had received training about how to prevent infections and how to use personal protective equipment (PPE).
- Field care supervisors carried out spot-checks on staff's use of PPE. One of them told us, "I go out into the community and do spot checks including handwashing with our carers to ensure they are meeting the standards set out by the company and the authorities."

Learning lessons when things go wrong

- The service had a comprehensive system where outcomes from accidents, incidents and complaints were recorded and analysed.
- The learning from incidents was shared with staff to improve practice and service delivery.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Comprehensive assessments of people's physical and mental health were completed before care and support was provided. People, and those who mattered to them, were fully included in this process. A relative told us, "We had a conversation with Academy Care. They asked what needed to be done and what time we wanted them to be there. They talked to [person] and listened to [them] about what [their] needs were and what [they] wanted."
- People's likes, dislikes, interests and social histories were recorded clearly so people could be supported in a way they liked. For example, one person's care plan indicated they liked a cup of tea before getting up and receiving personal care. Their daily care notes reflected this happened on every morning call.
- Care plans were reviewed regularly or when there was a change in people's care and support needs.
- Staff are provided with training on how to read care plans correctly. A trainer told us, "We assess staff to check their understanding of care plans and to highlight areas for improvement. All of the information in the care plan is as detailed as possible and regularly reviewed to make sure it is accurate and up to date to ensure each client is getting the very best care possible."

Staff support: induction, training, skills and experience

- A comprehensive training and support package was in place for staff.
- New starters to the organisation received an in-depth induction programme that provided them with a series of mandatory training courses and reviews of the competencies required to deliver high quality care and support.
- Practical, skills-based training was delivered in a classroom environment and all staff had access to e-learning packages that were accessed through their mobile phones or directly through the organisation's website.
- Each staff member had their own training matrix which could be viewed by the care planning team. Staff could not be allocated to provide care and support to a person if they had not completed the required training to meet that person's needs. This meant people were supported by appropriately trained staff.

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

- Staff prepared healthy and nutritionally balanced meals and drinks for people.
- People were supported to have choice about their meals and they were supported to go shopping to buy the ingredients.
- A member of staff told us, "I always give people a choice of meals so they can choose what they would like for themselves. If they are able to make a meal, I encourage them to do so to keep their independence, I am

there, however, to help if needed. If they cannot make a meal, I make sure I do my best to make it how they like so they will be happy and comfortable."

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

- People were supported to make and attend health care appointments which included community nurse visits and GP appointments.
- Staff knew who to contact if people needed medical support. Care plans and risk assessments included contact details of appropriate health care professionals so staff could contact them if people did not feel well.
- A member of staff told us about how they worked with the local community equipment service, "[Person] needed a bariatric commode so I called equipment services and arranged for this to be sorted out. The benefit of this for [person] was that they were able to feel more comfortable with the equipment they now had in place."

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 MCA 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,

- Staff worked within the remit of the MCA and understood the importance of gaining consent from people.
- People were supported in their own home and they were not restricted by staff in how they lived their lives.
- Staff supported people to make their own decisions about their care and support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's care plans were personalised and met people's care and support needs.
- People's personal choices about their care and support were clearly evident in their care plan and the daily care notes reflected their care was provided how they like it.
- People and relatives were provided with full access to the electronic care planning and daily notes system. They were able to access the daily notes in real time so that they could see what care and support had been provided for their loved one.
- Staff confirmed they supported people to make choices about their care. One member of staff told us, "I always ask how they are and if there is anything they would like me to do. I always give the person a choice and let them use their voice to encourage independence. I find this is very important so they feel they can speak up and enquire about things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified at the point of assessment.
- All information for people could be provided in large type and a range of different colours. Information in easy read and audio formats were also available to meet people's needs.
- Staff understood that effective and meaningful communication ensured people had a positive experience of care. One member of staff told us, "I talk to people clearly so that they can lip read. I use boards, pictures and number cards for them to point at. I learn the best communication method for that individual."
- Another member of staff told us how they use technology to support better communication, "[Person] uses a phone app called 'Card Talk'. They are non-verbal and like to use the pictures on the screen to share what they want and need."

Improving care quality in response to complaints or concerns

- People were issued a service user guide that explained how they could make a complaint or raise a concern. Staff had access to the complaints procedure and policy in their staff handbook and through the service's website.
- Records were maintained where concerns had been raised, this included a clear and detailed audit trail of the actions taken in response to complaints and concerns.

End of life care and support

- Staff and the management team had knowledge of how good end of life care was organised and provided to people who needed it.
- Detailed risk assessments and care plans were completed for people who received end of life care. Information about people's "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) and "Advance Decision to Refuse Treatment" (ADRT) were recorded in care plans.
- The registered manager confirmed staff received relevant training before they provided end of life care. A member of staff who delivered the end of life support training package told us, "I am the trainer in end of life care. Dignity and respect are paramount, we work hard to ensure consistent and high-quality care is given at all times, so that people's final days and hours are as comfortable as possible. We work closely with family, doctors and community nurses to ensure that the person's requests are carried out to the letter. Person centred care is absolutely essential in end of life care for people."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The nominated individual and the management team had a clear vision for the future of the organisation and that its growth and development would be built on high quality care and support for people.
- Staff were supported, trained and resourced to deliver high quality, person-centred care.
- There was a well organised support system in place that empowered staff to be independent and innovative in their delivery of care and support to people.

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 registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- Throughout the inspection the registered manager, the management team and the staff were open and honest about the performance of the service, challenges that had been overcome and incident recording and reporting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A software package analysed data and provided the registered manager with a suite of performance data for the service. Graphs and trend analysis of all aspects of the service were used to monitor the performance of the service.
- To further support the performance data, medicine administration recording (MAR) charts and daily care notes were audited daily. This gave the registered manager assurance about the quality of on-going care and enabled them to identify areas for improvement in near real-time.
- The management team understood their legal responsibility around notifying CQC and local authorities of any issues or significant concerns. Our records showed this was happening.
- The provider had a comprehensive business continuity plan to ensure there were systems in place in the eventuality of something going wrong, such as IT failure, fuel shortages and adverse weather.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were contacted at least once every 3 months and engaged in a conversation to understand their satisfaction with the service and where the service could make improvements.

- Improvements to the service, such as how staff rotas are shared with people and how many people attend care calls, were made as a result of regular engagement.
- The service engaged with its staff regularly through quarterly supervision sessions. Outcomes from this approach to engagement included the development of the intranet – Staff Suite, implementation of a staff reward and recognition package that included access to medical support and appointments – PerkBox and the implementation of a partnership with Lifetime Training that provided staff with access to Level 2, 3, 4 and 5 qualifications in adult care.

Continuous learning and improving care

- There was a well organised system in place that captured learning, actions and outcomes from incidents. The system was developed as the learning outcome from incidents linked to previous inspections.
- Accidents and incidents were managed and recorded effectively. A clear process was in place that identified how the event occurred, the investigation of the event and the outcomes.

Working in partnership with others

- The service worked well with health and social care professionals to ensure that people received care and support that met their assessed needs.