

Accolade Care Services UK Limited

# Accolade Care Services UK Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

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.

Accolade Care Services UK Limited is a domiciliary care agency providing personal care to people living in their own houses and flats. The service provides support to older people, people living with dementia, people with disabilities, people with mental health needs and people living with a learning disability and/or autism. At the time of our inspection there were 28 people using the service.

Not everyone who used 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.

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

#### Right support

The provider had not always followed guidance for the administration of medicines and people's medicines had not always been managed safely. We found no evidence anyone had been harmed but this had put some people at risk of potential harm.

Accidents and incidents were reported and recorded. However, the provider had not regularly analysed and used the information to identify why things had gone wrong. This meant the process for learning lessons when things went wrong was less likely to be timely and therefore, less likely to be effective. During our inspection the provider said they would carry out accident and incident audits more regularly.

Infection prevention and control followed guidance and we were assured the provider was responding effectively to risks and signs of infection.

The service followed the Mental Capacity Act (MCA) and supported people to make decisions in accordance with the principles of the MCA.

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

The provider had not always carried out risk assessments and put risk management plans in place for people and had not always updated people's risk information. We found no evidence anyone had been harmed but this had put some people at risk of potential harm. People's assessments and care plans were not always person-centred enough. However, there was a consistent staff team in place and staff knew people's needs and preferences well and people received their care how they wanted it.

There were enough staff to meet people's needs and staff recruitment followed safer recruitment procedures.

People and their families said staff were caring, friendly and kind and respected their choices and privacy and dignity. Staff supported people to be as independent as possible.

There were systems and processes in place to safeguard people from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report abuse and raise concerns. Safeguarding incidents had been reported appropriately and in a timely manner.

#### Right culture

There were quality assurance systems in place. However, not all the provider's audits were effective. The provider had not identified the issues we found.

Managers and staff were clear about their roles, they understood regulatory requirements and their duty to be open and honest with people when something went wrong.

There was a positive and supportive culture that was open, inclusive and empowering, which achieved good outcomes for people. The provider engaged and involved people, their relatives and staff in people's care and the development of the service. Managers provided staff with appropriate support. People, their families, staff and managers spoke positively about each other and feedback from people and their families about the service was very complimentary.

There were systems and processes in place to support continuous learning to improve the service. Staff worked in partnership with other organisations and services to provide people's care and support.

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

The last rating for this service was good (published 21 February 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Accolade Care Services UK Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We have identified breaches in relation to person-centred care, safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also recommended the provider familiarise themselves with the principles and requirements of the Accessible Information Standard.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Accolade Care Services UK Limited

## **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 one inspector and one 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

The service is a domiciliary care agency. It provides personal care to people living in their own houses or 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 October 2023 and ended on 11 October 2023. We visited the location's office on 5 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with 6 people who use the service and 5 relatives of people who use the service. We also spoke with 4 staff, including the registered manager, the care coordinator and care workers. We reviewed a range of records. This included 5 people's care records and 3 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more records relating to the management of the service.

# 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 has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people were not always sufficiently assessed and plans to mitigate and manage risks were not detailed, instructive and personalised enough.
- One person did not have an epilepsy risk assessment and safety management plan. One person did not have a risk assessment and safety management plan for pressure sores. Two people did not have thorough falls risk assessments and safety management plans. One person did not have a risk assessment and safety management plan for when they expressed distress.
- Updated information about risks to people was not always added to people's care records in a timely manner. This meant staff did not always have up to date information about risks to some people's safety.
- We found no evidence anyone had been harmed. However, these issues put some people at risk of potential harm.

The provider's failure to assess and mitigate risks to people was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines management was not always safe.
- Information for staff about people's 'when required' medicines was not sufficiently detailed, instructive and personalised. This meant staff did not always have enough information to give people their 'when required' medicines safely. It also meant the provider was not following National Institute for Health and Care Excellence (NICE) guidelines for 'Managing medicines for adults receiving social care in the community'.
- Changes and updates to some people's medicines were not always added to people's care records in a timely manner. This meant staff did not always have up to date information about some people's medicines.
- The outcomes of the provider's daily medicines checks were not always added to people's medicines administration records. When the provider's medicines administration system showed a medicine had not been given but the provider's daily check found it had been given, the system was not always updated to show the person had received their medicine.
- Medicines audits were not robust, they did not identify and record learning and any actions taken to improve medicines management.
- We found no evidence anyone had been harmed and no evidence anyone had not received their medicines correctly. However, these issues put some people at risk of potential harm.

The provider's failure to ensure medicines were managed safely was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- There was a safeguarding policy and procedures and staff had received safeguarding training and knew how to recognise and report abuse. Incidents were reported correctly, in line with regulations.
- People and their families said they felt safe with the service. One person told us, "I feel very safe, I have known my carer right from the very start and I trust them". Another person said, "I feel absolutely safe. I have the same regular carer and I have had them from the beginning". A person's relative told us, "I think they feel safe knowing someone is popping in on them, and we as family feel better for it".
- People and their families had got to know and trust their carers and many people and their families reported they felt safe because they always had the same carers.

#### Staffing and recruitment

- There were enough staff to meet people's needs and the provider recruited new staff using procedures for making safer recruitment decisions.
- People's care call schedules were not always up to date with their preferred care call times and therefore, staff rotas were not always up to date with the correct care call times. However, because people had regular carers, staff knew their preferred care call times and knew when to visit people.
- The provider's call monitoring data was not up to date. This meant the provider was unable to effectively analyse and monitor whether staff were arriving to care calls on time and staying for the full duration of the call.
- There were recruitment policy and procedures in place. The recruitment of new staff included identity, previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information about convictions and cautions held on the Police National Computer.

#### Preventing and controlling infection

- We were assured the provider was preventing staff from spreading infections.
- We were assured the provider was supporting people to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There was a system and process in place to learn lessons when things went wrong.
- Staff knew how to report accidents and incidents and these were recorded.
- However, accidents and incidents had not been audited since the provider started using a new electronic care recording system in May 2023. This meant the provider was less likely to be able to identify learning in a timely manner when something had gone wrong.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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 good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider assessed people's needs and choices.
- However, people's assessments did not always contain sufficiently detailed and personalised information. Most assessments contained information for staff about the care tasks they needed to do and did not give them enough information about people's preferences and how they wanted their care tasks done.
- People's assessments did not contain sufficient information about their diversity and equality rights. They did not include information about people's sexual orientation.

The provider's failure to ensure people's assessments were person-centred was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support and had the skills required to do their jobs.
- They completed an induction, including compulsory training, before they started supporting people and regularly completed core training on an ongoing basis. They received supervision from their managers; however, this was sometimes not as frequent as set out in the provider's supervision policy. The provider also carried out staff competency checks, held staff meetings and supported staff with daily informal checks and discussions.
- A person told us, "I do think they are well trained" and one person's relative said, "They are trained yes, they look after [person] well".

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

- People were supported to eat and drink enough and maintain a balanced diet.
- Staff prepared and served meals people chose for themselves and recorded what people ate and drank, so their nutrition and hydration could be monitored. Staff supported people to eat their meals when required.
- One person told us, "They [staff] make my breakfast for me" and another person said, "They [staff] heat me up microwave meals for me".
- One other person told us, "They [staff] heat my meals up and serve them to me". A person's relative said, "Staff do [person's] breakfast and lunch".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Staff supported people to access healthcare and support and worked with other agencies to ensure people received consistent, effective and timely care.
- People and their families said staff regularly checked people's health and wellbeing and when they noticed anything of concern, they made sure people got the right support quickly.
- A person told us, "They [staff] have noticed small things, the odd rash or bruise, and they point it out to me". Another person said, "They [staff] send someone to weigh me. My carer notices if I have lost weight and will discuss it with me".
- A person's relative told us, "Staff see things we don't, like a rash or if [person's] toenails need cutting". Another person's relative said, "We can see on the care app if staff have commented on anything, like [person] has not eaten or not seemed themselves".

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, 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.

- The service worked within the principles of the MCA and staff had received MCA training.
- There were no people with a Court of Protection Order in place at the time of the inspection. However, some families had Lasting Power of Attorney (LPA) for their relatives' finances and health and wellbeing. The provided had obtained copies of the LPA authorisation documents.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 were treated well and staff respected their individual diversity and supported them in line with their personal wishes.
- People and their families said staff were friendly, kind, supportive and caring.
- One person told us, "They [staff] are very caring and we have a chat". Another person said, "They [staff] are nice people and we have a chat". One other person told us, "They [staff] are kind and caring, without a doubt".
- One person's relative said, "The staff are very caring, and they do not rush, they always do things at [person's] pace". Another person's relative told us, "They [staff] are kind to [person] and they have a chat".

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

- People and their families were supported to share their views and make decisions about their care.
- They were involved in their needs assessments, writing their care plans and reviews of their care. They were kept well informed about their support and were included in making decisions about changes to their care and support. One person told us, "I make all my own decisions".
- People and their families said staff asked for their permission before carrying out tasks and explained what they were going to do before doing it. A person told us, "We talk through what they [staff] are doing, we have a routine".
- A person's relative said, "They [staff] do tell [person] what they're going to do and check its ok". Another person's relative told us, "They do ask for [person's] permission. [Person] has dementia and sometimes [he/she] forgets why the staff are there. They greet [person] and explain what they are going to do and ask [person's] permission and don't start until [he/she] nods at them that it's ok".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported them to be as independent as possible.
- One person told us, "They [staff] pull the curtain for personal care". Another person said, "They [staff] close the door when they are doing personal care". A person told us, "I always do what I can, I remain as independent as I can" and another person said, "I am always independent".
- One relative told us, "They do respect [person's] privacy. I go out of the room and they [staff] close the door". Another person's relative said, "They do respect [person's] privacy and think of their needs. When they first came and started to wash [person], they requested another towel to preserve their modesty and keep them warm". A relative told us, "I think [person] is encouraged to be independent to do what they can,

safely of course".

# Is the service responsive?

## Our findings

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

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

This meant people's needs were not always met.

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

- People's care plans were mainly focused on the care tasks staff needed to carry out; they were not sufficiently person-centred.
- They did not include enough personalised information for staff about each person's individual preferences and how they wanted to receive their care and support. This meant staff were less likely to do things the way people wanted if they did not know them well or people were unable to communicate their wishes clearly.

The provider's failure to ensure people's care was planned in a personalised and person-centred way was further evidence of a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations providing publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS 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 people should get the support they need in relation to communication.

- Staff communicated with people in ways they could understand because they knew them well.
- However, the provider had not always adhered to the 5 principles of the AIS.
- Some people's individual communication needs and their ways of communicating had not been sufficiently recorded and explained in their assessments and care plans. This meant staff were less likely to communicate with people in the ways they wanted if they did not know them well or people were unable to communicate clearly.

We recommend the provider familiarise themselves with the AIS principles and requirements.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant to them

- Staff interacted with people to support them to feel less isolated.
- As well as carrying out care tasks, they chatted with people, supported them to do things they were interested in and helped them keep in touch with family and friends.
- However, people's individual interests and preferred social activities were not always sufficiently recorded

in their assessments and care plans. This meant staff were less likely to be able to support people to follow their interests and take part in activities relevant to them if they did not know them well.

#### Improving care quality in response to complaints or concerns

- There was a complaint policy and procedures in place and complaints were dealt with appropriately.
- People and their families were given information about how to make a complaint and they knew how to raise concerns and felt confident to do so.
- The provider recorded and audited complaints to learn lessons and improve care.

#### End of life care and support

- There were systems and processes in place to provide people with end of life care if required.
- Staff received end of life care training and involved people and their families in planning their end of life care support.
- The service worked with Integrated Care Boards and St Christopher's hospice to provide people with end of life care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence 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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems and processes were not always effective.
- The provider's audits had not identified the issues we found during our inspection. Some audits had not been carried out since the provider started using a new electronic care recording system in May 2023. The learning from some audits, and actions taken as result, had not been recorded.
- The provider has not always assessed and mitigated risks to people. Risk assessments had not always been carried out and risk management plans had not always been put in place.
- The provider had not always kept complete and up to date records for each person.
- The provider did not have a business continuity plan in place if something were to disrupt or stop the service. There were policy and procedures in place for how to plan for such events. However, the provider had not completed an actual plan detailing what actions to take for what events, who was responsible for each action and the time frame in which to take each action. This meant there was no clear plan to continue to provide people's care if the service was disrupted or prevented from operating and this put people at risk of potential harm.

The provider's failure to sufficiently assess, monitor and improve the quality and safety of the services provided and always assess and mitigate risks to people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place and staff knew their roles. They had job descriptions and were kept up to date about their duties via supervision, staff meetings, informal chats, competency checks, training and messages from office staff. They were also given a statement of purpose and a set of values explaining what was expected of them.

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

- There was a positive culture and the care and support people received was empowering and achieved good outcomes for them.
- People and their families spoke positively about staff and managers and the service overall. Staff spoke about people and their families in a kind and caring way.

- Managers had an 'open door' policy, which meant staff and people and their families could contact them at any time to discuss anything. Staff spoke positively about management and said they felt supported. Managers spoke positively about staff and said they worked well as a team.
- Although some people's care records were not always sufficiently personalised, the care and support people received was person-centred because there was a consistent staff team and staff knew people well.
- One person told us, "They [staff] always pick up if we ring up. I would recommend the service. They are professional and caring at the same time". Another person said, "I would recommend this company. In fact, I have already recommended them to my sister. They have been perfect from the start. My needs have been met; they are brilliant".
- A person's relative told us, "If you call the office they always pick up. I would recommend them. We love the app.; it keeps us informed. They [staff] are friendly and easy to get on with". Another person's relative said, "We have recommended them already. We were initially worried about care agencies; we had heard so many horror stories. We feel safe having Accolade for [person]. They are caring and competent".

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 provider, managers and staff understood their duty of candour and communicated openly and honestly with people, their families and other professionals when there was an incident.

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

- The provider engaged people, their families, and staff in the development of the service.
- However, people's equality characteristics were not always fully considered in their assessments and plans. They did not always include sufficient detail about their equality characteristics, including their sexual orientation.
- People and their families completed feedback surveys. Managers met with people and their families to review their care and get their feedback. Office staff carried out telephone calls to people and their families to obtain their views. The provider's observations of staff practice included asking people and their families for feedback about their care and support.
- People and their families were able to contact office staff and the registered manager at any time to discuss concerns and share their views and suggestions. People and their families told us they liked having access to the provider's electronic care recording system because they could see what had been done and what was happening and gave them peace of mind.
- Staff were able to share their views via meetings, supervision and informal chats. The provider said they would also start giving feedback questionnaires to staff and would put a staff suggestion box in the office.

Continuous learning and improving care

- There were systems and processes in place to support continuous learning to improve care.
- The registered manager attended professional development meetings for registered managers and providers, attended online learning events and received updates and notifications from the local authority and CQC.
- New information and learning were shared with staff.

Working in partnership with others

- The provider, managers and staff worked in partnership with other organisations and professionals to provide people with their care and support.
- They worked with the local authority, a carers' support service, the Integrated Care Board, GPs, district nurses, occupational therapists, hospices and other healthcare and support services.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to assess and plan people's care and support in a sufficiently personalised and person-centred way.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to assess and mitigate risks to people and manage medicines safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effectively systems and processes to assess, monitor and improve the quality and safety of the services provided and assess and mitigate risks to people.