

ACAH Limited

# ACAH Limited

## Inspection report

174 Rowlett Road  
Corby  
Northamptonshire  
NN17 2BT

Tel: 01536443666  
Website: [www.akahltd.co.uk](http://www.akahltd.co.uk)

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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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

ACAH Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and young people with disabilities.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 21 people were receiving personal care.

At our last inspection we rated the service as requires improvement. At this inspection we found that although some improvements had been made these had not always been consistently maintained and embedded; we identified other areas that required improving. The service has been rated overall as requires improvement.

The systems in place to monitor the quality, safety and performance of the service were not always effective and were not consistently maintained.

Risks to people were identified but there were no detailed risk management plans in place. 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 place support this practice. However, it was not always clear which decisions people may not have the mental capacity to make for themselves.

We have made a recommendation in relation to seeking further guidance around the Mental Capacity Act.

Staff did not all regularly receive formal supervision and there was limited opportunity for them to come together and share their experience and good practice.

People continued to be treated with empathy and kindness and their individuality was respected. The staff were friendly, caring and compassionate and go the 'extra mile' to help people. Positive relationships had been developed between people and staff; people were happy with the service they received.

Care plans were in place, which enabled staff to provide consistent care and support in line with people's personal preferences and choices. People were supported to maintain good health and nutrition.

People received safe care from a staff team who were experienced and undertook regular training. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received the support they needed to take their prescribed medicines safely.

The service had a positive ethos and an open culture. Development of staff knowledge and skills was encouraged.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

At this inspection, we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The action we have taken is detailed at the end of this report.

## 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.

Risks to people had been identified however there were no risk management plans in place to guide the staff as to how to mitigate the risk.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider and staff did not fully understand their roles and responsibilities in relation to the administration of the Mental Capacity Act 2005.

People received personalised care and support. Staff were trained to ensure they had the skills and knowledge to support people appropriately.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

**Requires Improvement** ●

### 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 was not always well- led.

The quality assurance systems and audits in place had not been

**Requires Improvement** ●

sufficiently developed and sustained to ensure that any shortfalls identified were effectively actioned.

There was a culture of openness and transparency; the provider encouraged and supported the staff to provide the best possible person centred-care and experience for people and their families.

# ACAH Limited

## 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 announced inspection took place on 18, 19 and 20 December 2018 and was undertaken by two inspectors. We gave the service 48 hours' notice because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 18 December 2018 to see the registered manager and to review care records and policies and procedures and visited people in their own homes. On 19 and 20 December we carried out telephone interviews with staff.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in October 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events that happened in the service that the provider is required to tell us about.

During the inspection we spoke with four people who used the service, three relatives, three care staff and the registered manager.

We looked at the care records of three people who used the service to see whether they reflected the care that was required and reviewed three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

At our last inspection in December 2017 safe was rated requires improvement. At this inspection we found that although some improvements had been made around safe recruitment procedures, there were still areas that required improving.

Assessment of risks had been undertaken, for example, where there were concerns a person may be at risk of falling. However, although the risk had been identified there was no written risk management plan in place which gave detailed instructions as to how staff needed to support people to mitigate any risk. This put people at risk of being cared for by staff who did not have the guidance to keep people safe. We discussed this with the provider who assured us that at the time of the inspection the staff deployed knew the people and before any staff supported the person, they, the provider, gave guidance and advice. The provider agreed to ensure that all risks assessed were properly documented and staff made aware of the need to ensure they read and understood the risk management plans in place.

The staff deployed at the service had worked for the service for several years and had a good knowledge and understanding of the people they supported. People told us they felt safe with the staff and were confident they would keep them safe. One person said, "[Name of provider] initially delivered the care herself and ensured that we had the equipment we needed; without her and the care staff I don't know how we would have managed."

People were happy with the support they were given with their medicines. Details of all medicines prescribed were kept and advice taken from the pharmacist when appropriate. Visits to people's homes had been timed to ensure they took their medicines at the appropriate times. Staff received training in the administration of medicine. However, we found that there were inconsistencies in the recording of the administration of medicines on the Medicine Administration Record (MAR) sheets. The provider needed to ensure that all staff were recording each time they administered the medicines.

Accidents and incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed, however, there was insufficient information recorded on people's care records to direct and guide the staff of any actions they needed to take. For example, we saw an email directing staff about what to do if a person's behaviour became challenging, but this was not included in the person's care records for staff to follow.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the provider was aware of their responsibilities to notify the local authority and Care Quality Commission if there were any safeguarding concerns. There had been no safeguarding notifications raised in the last 12 months. Any lessons learnt would be shared with staff and training in safeguarding was regularly refreshed.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. One person said, "I have a team of care staff who I have got

to know. They come when we agreed and stay for as long as they are needed."

People were protected by the prevention and control of infection. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people.

# Is the service effective?

## Our findings

At our last inspection in December 2017 effective was rated requires improvement. At this inspection we found that although some improvements had been made there were still areas that required improving.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Any application to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We found that people were consulted about their care and given choices as to how they wished their care to be delivered and assessments had been undertaken to assess people's mental capacity. However, it was unclear as to which specific decisions the person may lack capacity in. For example, we saw where capacity assessments had been undertaken there was no documentation to support where best interest decisions needed to be made.

We recommend that the provider seeks further guidance and training for themselves and the staff team to ensure they have a full understanding of the application of the MCA and their roles and responsibilities.

Staff were supported through regular contact with the provider who would work alongside them if they needed to. However, although there was a supervision policy in place not all staff benefitted from regular formal supervision. One member of staff said, "I think we all could do with having regular supervision." Records confirmed that some staff had recently had an appraisal and there were some records of supervisions held, however, there were gaps and inconsistencies which needed to be addressed.

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to providing effective care that met people's cultural needs. Staff understood people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were always treated as individuals and their preferences respected. The people we spoke with confirmed this.

People could be assured that they received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programme was based around current legislation and best practice guidance. One person said, "I have confidence in all of the staff, they seem to know what they are doing and know how to push and encourage me. I have really progressed with their help."

Staff were supported to undertake further training and the provider had organised more in-depth training

around dementia which had been attended by staff from other care services in the locality. One member of staff said, "The dementia virtual tour training was very interesting, gave me more understanding and very helpful."

People were supported to eat and drink. Care plans detailed the level of need and support people required in relation to maintaining and sustaining a balanced diet. Advice had been sought from health professionals and followed if people were at risk of poor nutrition.

People remained responsible for seeking any assistance with their healthcare needs but if staff were concerned about people's health they worked proactively with them to see the medical assistance they required. One relative said, "They [staff] are very good, they will contact me if they are concerned about [relative] and together we decide what best to do. They know [relative] very well."

## Is the service caring?

### Our findings

At our last inspection in December 2017 caring was rated as good. At this inspection we found that caring remained good.

People could be assured that they were supported and cared for by staff that were passionate about the care they gave and were kind and compassionate. People spoke positively of the care staff and commented about how they went the 'extra mile' to support them. One person said, "[Care staff] offered to post all my Christmas cards to save me going out in the cold, that was so kind of them." A relative said, "When I was concerned we may not get back in time from the hospital for our evening call, I spoke to [Provider] and she said not to worry someone would be there and just ring as you leave the hospital. They are so flexible, nothing is too much trouble."

Staff spoke fondly of the people they cared for and knew people's likes and dislikes and their preferences as to how they wished to be cared for. We saw people's care plans recorded all the information the care staff required to deliver consistent care. The provider ensured that people received care from the same care staff. One person said, "I have a small team of staff, we have got to know each other, the consistency in staff is so important."

People were respected and their dignity protected. One person said, "I am treated as a human-being. The staff treat me as me, I always feel comfortable with them. Staff described how they maintained people's dignity and privacy; they described closing doors, keeping curtains shut, ensuring people were not observed and covering people up. One member of staff told us they "Appreciated how nervous people are at first and how it is important to chat to them and put them at ease", ensuring they do as much for themselves as possible.

Staff understood their responsibilities in maintaining confidentiality. The provider had a policy in place in relation to data protection and confidentiality. All files and information was kept securely.

The provider was aware of the need to involve an advocate to support people who may not be able to speak up for themselves. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

## Is the service responsive?

### Our findings

At our last inspection in December 2017 responsive was rated as good. At this inspection we found that responsive remained good.

People could be assured that they received the care and support they needed at the agreed time and how they wished it. The provider met with people before a service was agreed and initially spent time delivering the care people provided so that they could ensure that the staff team had a full understanding of each individual's needs.

The provider spent time assessing which care staff would be best to support the person, taking into account people's nature and interests. One member of staff said, "We get to spend time with people, so we get to know them and their families very well." People told us they felt staff knew them well. One person said, "There is a mutual respect between us and they [staff] have all worked with me to get to where I am now, nothing is too much trouble."

The care plans detailed the care people required and gave staff information about people's history and interests. Staff told us they found the care plans helpful and felt there had been a positive impact on people being able to provide consistent care. People told us they and their relative had been involved with care plan.

The provider was aware of the detrimental effect social isolation and loneliness could have on people. They told us they worked with people to consider if they would like to attend day centres or other social activities in the community. They also passed information about community groups to relatives who may also benefit from the additional support.

At the time of the inspection no one was receiving end of life care. There was an end of life policy in place and when appropriate people would be asked about their wishes and preferences. The provider was aware of the support they could access from other specialist services.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and resolved. One person said, "I have no complaints, but if I was unhappy I would tell them." A relative said, "I would just contact [Name of provider] if I wasn't happy about anything, they always sort things out." There was information about how to complain and we saw that when a complaint had been received this had been responded to in a timely way and action taken to address the concern.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

At the time of the inspection the service was not supporting anyone who specifically needed assistance with

information. However, the provider told us that they would ensure that information would be made available to support people's different communication needs, for example, Braille, Large print, Audio tape and Symbol/pictorial based.

# Is the service well-led?

## Our findings

At our last inspection in December 2017 well-led was rated as requires improvement. At this inspection well-led has remained as requires improvement as the provider had not completed all the areas of improvement identified at the last inspection around risk assessment and understanding around mental capacity. The provider had failed to consistently maintain and embed the action taken to make the improvements identified.

Although the provider was actively involved in the service and routinely monitored the quality and safety of the service provided, they had failed to fully address and maintain the improvements required from the last inspection. They had not fully developed quality assurance systems and audits which would help them to consistently ensure the service was running well. The provider had not identified issues with accurate recording of medicine administration records.

The provider did not have systems in place to ensure that people's identified risks were mitigated with management plans for staff to follow. For example, we saw that where it had been identified that a person was at risk of falling there was no management plan in place to guide staff how to mitigate the risk of falling. There was an over reliance on verbal communication between staff which, meant that people's care plans were not fully up to date; any new staff would not have access to the information they needed to support someone safely.

People's consent to care was not always clear and there were no effective systems in place to identify this. Although people's mental capacity was assessed the paperwork was confusing and lacked clarity around what decisions people were unable to make for themselves.

The provider did not have effective systems in place to ensure staff supervision was consistently delivered to all staff and to provide them with the support they required to carry out their roles and check their competencies.

These concerns constitute a breach of regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were aware that the local Clinical Commissioning Group monitored the service and had supported the provider to make the required improvements from the last inspection. However, the provider needed to maintain and sustain the improvements.

The provider was also the registered manager. 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.

People spoke positively about the provider. One relative said, "[Provider] is approachable, keeps me

updated on things and I would never hesitate to contact her, she understands our needs well." Staff said that the provider was very supportive, always available and will work alongside staff when necessary. One member of staff said, "We are a small team, we have worked together with [provider] for a number of years now, she is always supportive and helps and advises when she can."

As the provider often delivered the care they took the opportunity to get feedback from the people who used the service. This had enabled them to make changes to people's care packages as required and ensured staff were regularly monitored.

Staff were in regular contact with the provider on a daily basis. However, some staff did express that they would like the opportunity to have team meetings to be able to share their experiences and be involved more with the development of the service. The provider sent emails to staff updating them on situations that had arisen and would share any learning from incidents or complaints.

The provider liaised with health professionals and guided people and their relatives on other services they may access to support their care, social and emotional well-being.

It is a legal requirement that a provider's latest CQC inspection report rating 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 displayed their rating at the service and on their website.

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 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain and embed the improvements required to ensure good governance around records, mental capacity and staff supervision.