Access 2 Care Nottingham Ltd

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Inspection report

910 Woodborough Road
Mapperley
Nottingham
Nottinghamshire
NG3 5QR
Tel: 0115859607
www.access2care.co.uk

Date of inspection visit: 6 January 2016
Date of publication: 10/02/2016

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

Overall summary

We carried out an announced inspection of the service on 6 January 2016.

Access 2 Care Nottingham Ltd provides personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 38 people.

The service is required to have a registered manager in post. 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. At the time of our inspection the service had a registered manager.

People told us they felt the care workers provided safe and effective care. Care workers had a good understanding of the various types of abuse and their

Summary of findings

roles and responsibilities in reporting any safeguarding concerns. Additionally, they had received safeguarding adults training and had available to them a safeguarding policy and procedure.

People's individual needs were assessed and care plans and risk plans developed to inform staff how to meet people's needs. Information was reviewed for changes and communicated to care workers.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. Care workers understood the principles of MCA. At the time of our inspection people who used the service had mental capacity to consent to their care and support. The provider had a MCA policy but a procedure was required to inform staff of the correct action to take if a person lacked capacity to consent.

People spoke highly of the care workers and complemented them on their approach. They referred to them as kind and caring and said that their privacy and dignity was maintained.

The provider ensured there were sufficient care workers employed and deployed appropriately. There was a system in place that monitored visits by care workers that identified late or missed calls. On the whole people received visits from regular care workers. No concerns about visit times being met or the duration of visits were raised. Safe recruitment checks were in place that ensured people were cared for by suitable care workers.

People who used the service that we spoke with said they found care workers to be competent and knowledgeable. People were supported appropriately with their food and drinks. Support was provided with people's healthcare needs and action was taken when changes occurred.

Care workers were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Care workers additionally received an induction and ongoing training. Care workers were positive about the leadership of the service and were clear about the vision and values of the service.

The provider had checks in place that monitored the quality and safety of the service. The provider had notified us of important events, which registered providers are required to do.

Summary of findings

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

Good

Care workers had received safeguarding training and knew how to recognise and respond to abuse correctly. The provider had a safe recruitment process to ensure suitable staff were employed.

Risks associated to people's needs had been assessed and risk plans were reviewed.

Care workers followed processes that were in place to ensure medicines were handled and managed safely.

Is the service effective?
The service was effective

Good

Care workers understood the principles of the Mental Capacity Act 2005.

People were appropriately supported with their dietary and nutritional needs.

Care workers supported people to maintain good health.

People received support from care workers that were appropriately supported and trained and understood their healthcare needs.

Is the service caring?
The service was caring

Good

People were supported by care workers appropriately and staff were kind and respectful. People were treated with dignity and their privacy respected.

People's individual needs were known by care workers who provided care and support in a way that respected their individual wishes and preferences.

People had information available to them about independent advocacy services.

Is the service responsive?
The service was responsible

Good

People were involved in contributing to the planning and review of their care and support.

People's routines and preferences with how they wanted to receive their care and support was known and understood by care workers.

People received opportunities to share their experience about the service including how to make a complaint.

Is the service well-led?
The service was well-led

Good

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Summary of findings

People that used the service were encouraged to contribute to decisions to improve and develop the service.

Care workers understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Access 2 Care Nottingham Ltd

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 inspection took place on 6 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of two inspectors that visited the office where the service was managed from. An additional inspector contacted up to twenty people who used the service by telephone the day before the inspection for their views about the service they received. However, received feedback from eleven people. In addition we sent questionnaires out to people who used the service prior to the inspection and received 20 responses.

Before the inspection, we asked the provider to complete 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. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service.

At the provider's office we looked at five people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems. We spoke with the registered manager, the care coordinator, two senior care workers and three care workers. We also gave other care workers the opportunity to participate in the inspection by leaving our contact details.

After the inspection we contacted a further two people who had recently used the service for their feedback.

Good

Is the service safe?

Our findings

The provider had procedures in place to inform care workers of how to protect people from abuse and avoidable harm. People we spoke with who used the service said that they felt a safe service was provided. One person told us, "Yes, I feel safe." Another person said, "I'm very satisfied with everything they [care workers] do for me." A relative told us, "Yes, my family member is very safe. Wonderful, no problems. If there is a problem they [care workers] let us know and we know someone is going in twice a day. From the feedback received from the questionnaires we sent out 100 percent of people told us that they felt safe from abuse and or harm from care workers.

Care workers spoken with demonstrated they were aware of their role and responsibilities with regard to protecting people. They knew the different categories of abuse and the action required if they suspected abuse. Examples were given of the action taken when concerns had been identified of a safeguarding nature. Records confirmed appropriate action had been taken as described to us. Care workers confirmed they had received safeguarding training and records viewed confirmed this. The provider had a safeguarding policy and procedure available to staff, which was also included in the staff handbook. This told us that people could be assured that staff knew the action to take if abuse was suspected.

People we spoke with who used the service, including relatives we spoke with did not raise any concerns about how risks were managed. One person told us, "Yes, risks are managed, they [care worker] help me shower and stay with me, reaching the bits that I can't." People felt there were no unnecessary restrictions on them and that they had control and choices about the care package they received. A relative said, "My family member receives an excellent service, they [care workers] support them to remain safe whilst encouraging them to be independent, they feel in control of the care provided."

Care workers we spoke with told us they had information available to them about known risks. One care worker told us, "There are care plans, risk assessments and care notes kept in the persons home that tell us about risks." and, "Reviews take place every three months with a senior care worker to review any risks."

From the sample of care records we looked at, we found risks had been assessed and management plans were in place where risks were identified. This included risks to people that used the service and the environment. This information was used to assist staff of how to support and manage known risks to enable safe care and support to be provided.

We found examples that showed risk plans lacked specific detail of how the identified risk affected the person and the action required by staff. However, we saw evidence in people's daily notes that showed us people's needs were being met safely and changes affecting risks to people were shared with staff. We discussed the importance of care plans and associated risk plans being as informative and up to date as possible with the registered manager. This information is particularly important for new care workers. The registered manager agreed to review risks plans to ensure they provided care workers with the required information.

There were sufficient staff employed and deployed appropriately to meet people's individual needs and to provide a safe service. People that we spoke who used the service, including comments received from relatives told us that care workers on the whole arrived on time and stayed for the agreed length of time. No concerns were raised about missed calls. One person told us, "Yes, care workers visit at the right time. Just occasionally late, no missed calls. Yes, office let me know if they are going to be late." Another person said, "99 percent of the time care workers arrive on time. The rota times change sometimes and if the care workers are going to be more than 15 minutes late they [care worker or office staff] will ring." Positive comments were received from the questionnaire people returned to us. For example, people told us that care workers completed all of the tasks that they should do during each visit.

Care workers told us they felt there were enough staff employed to meet people's needs and keep people safe. They also said that they felt they had sufficient time to provide care and support safely. One care worker told us, "Yes I do, there is definitely enough staff." Another care worker said, "'Yes, there are quite a lot of us [care staff]." and, "Yes, I have been late, we have a 15 minute leeway in between visits which helps. We ring on call if running too late and they let the person know."

Good

Is the service safe?

The registered manager and care coordinator told us of how they monitored that people received call times as agreed and the action they took if concerns were identified. This included planning for staff absence such as sickness and holidays. This told us that people could be assured that they received their care package as discussed and agreed with the provider.

The registered manager gave an example of the action they would take if concerns were identified about a care worker's unsafe practice when providing care. Records looked at showed the provider had a staff disciplinary procedure that was used appropriately.

Care workers employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included checks on criminal records, references, employment history and proof of identity.

Where required people received appropriate support from care workers with taking their prescribed medicines. A person who used the service told us, "Yes, they (medicines) are in a blister and care workers put them in a pot for me."

Care workers told us that they had received training on how to support people to take their medicines safely. We saw records that confirmed care workers had received training. In addition, spot checks were carried out by senior care workers to ensure care workers provided safe and effective care. This included observational competency assessments on the administration of medicines. Care workers also told us that they were informed of any changes to people's medicines following a hospital admission for example. They also advised us of the action taken if people declined their medicines. This told us that people were supported appropriately and safely with their medicines.

The provider had a medicines policy and procedure for care workers that were based on national guidance. Care workers had information available to them of the medicines people had been prescribed. Whilst care workers recorded when they had supported people where required with their medicines, this was not recorded following good practice guidance. We contacted the NHS community pharmacist who agreed to provide the registered manager with guidance and support.

Good

Is the service effective?

Our findings

People were supported by care workers that had received appropriate training and support to do their jobs and to meet people's needs. People we spoke with who used the service, including relatives we spoke with told us that they thought the care workers were well trained, knowledgeable and had the right skills. One person told us, "Yes, [care workers] are very good." A relative said, "The care workers are brilliant, very competent." 94 percent of the people who responded to our questionnaire told us that care workers had the skills and knowledge to give them the care and support they needed.

Care workers told us about the induction they received at the start of their employment with the service and ongoing training and support opportunities they received. Comments included, "Induction included training such as, moving and positioning, medicines, health and safety, food hygiene. It was appropriate for people I support." Another care worker said, "Training was enough for me. We can ask for additional training." A further comment received included, "I think the support is brilliant. Anything I report I feel confident they [management] will deal with it."

We reviewed a sample of six care workers files and found that they had completed an induction, attended relevant training such as food hygiene, nutrition and diets, dementia care, pressure care management and moving and handling. Additionally, they had received opportunities to meet on a one to one basis to discuss any concerns and their training and support needs. This told us care workers were sufficiently trained and appropriately supported to carry out their role and responsibilities.

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.

Care workers we spoke with told us that the people they supported had mental capacity to make decisions about their own care and support. They told us that they had received training in MCA and demonstrated they understood the principals of this legislation. One care worker told us, "If a person is unable to consent it is assessed and someone helps them make decisions, a best interest decision."

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had mental capacity to consent to their care and support. The registered manager told us that whilst some people who used the service were living with dementia they could currently consent to their care package. Some people had a power of attorney in place that gave another person legal authority to make decisions on behalf of them relating to either a person's finances or care and welfare decisions. The provider had a MCA policy but it lacked a procedure that advised staff of the action required to protect a person's human rights if best interest decisions were required. We discussed this with the registered manager who told us that they would review their practice to ensure the MCA was fully adhered to.

People that we spoke with who used the service told us that care workers gained their consent before care and support was provided. One person said, "I have a care plan that I agreed with." Another person said, "I have signed documents to confirm I have given consent and care workers are polite and always ask me and give me choices before they support me."

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Some people that used the service required support with cooking and preparing their meals. People told us that care workers provided appropriate support. One person said, "My family do the shopping and the care workers cook meals. I'm very happy with it."

Care workers spoken with gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. One care worker told us, "I always prepare a drink and leave it with the person when I leave." and, "If they are immobile I leave a drink beside them before I leave and record what they have eaten and drunk in the care notes."

Good

Is the service effective?

We found examples from the care records we looked at that people's nutritional and dietary needs had been assessed and planned for. This told us that people could be assured that care workers had the information available to them about any dietary needs.

People were supported to maintain good health. People we spoke with did not raise any concerns about how care workers supported them to maintain their health. One relative said that their family members health needs were monitored and changes and concerns acted upon quickly. They told us "Infections are spotted fast, so can be treated at home avoiding hospital admissions."

Care workers we spoke with gave examples of how they had supported people with their health needs. This included contacting healthcare professions such as the GP if a person was unwell or the emergency services such as an ambulance if a person was at significant risk. This meant people could be assured they were supported appropriately with their health care needs.

Care workers completed daily records when they visited people. This was to show what support the person had received. This was monitored by the care coordinator and registered manager to ensure people's received effective care and support based on their individual needs. It was also used to exchange information between care workers of any concerns or changes to a person's needs. Records included information about healthcare professionals that may visit the person. We saw an example from a person's daily notes that a district nurse was involved in the person's care. Records showed that care workers were following advice and guidance of how to support this person's health care needs. This told us that people could be assured that their health care needs were known and monitored by care workers.

Good

Is the service caring?

Our findings

Positive caring relationships had developed with people that used the service. People that used the service talked positively about the approach of care workers. We received many complementary comments. One person told us, "All the care workers are kind and help me a great deal. They understand what I can do for myself and encourage me to do as much for myself as I am able to." Another person said, "All [care workers] are very nice and caring." Relatives we spoke with also made positive comments, one relative said, "Care workers are friendly, yet professional." Another relative said, "All the family feel the care workers are excellent and really do care, even when my [name] is awkward."

The registered manager and care coordinator told us that they identified a core group of named care workers to provide care to people who used the service. This was to provide as far as possible consistency and continuity from regular care workers. The registered manager also told us that people who used the service were introduced to new care workers before they provided care and support. When people were asked if they received a choice of care workers and if these provided regular care comments included, "Not really [regular care workers] but happy with them all." Another person said, "No [regular care workers] but no concerns." A third person said, "I know them [care workers] all and happy with them." However, feedback from the questionnaire we sent to people who used the service showed 89 percent of people received care and support from familiar, consistent care workers.

Care workers we spoke with were knowledgeable about people's preferences and personal histories, however, were respectful if people chose only to share limited information about them. Care workers showed compassion in the examples they gave about how they supported people at times of distress or discomfort. Additionally, how they respected people. One care worker said, "Our work is not going to a workplace it's their house. I treat people how I would like to be treated, how I would like my grandma to be treated."

People were supported to express their views and be actively involved in making decisions about their care and support. A relative told us, "The service involves my mum and seek advice from me where appropriate." People told us that they had care plans that they had been involved in developing. This enabled them to say how they wished care workers to provide their care and support. They also said that care workers involved them in day to day decisions by providing choices and that they felt their opinions and decisions were respected.

From the sample of care records we looked at we found people's care plans included their routines and preferred ways to be supported. This told us that people had received opportunities to express how they wanted their care and support to be provided.

People that used the service had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person that expresses a person's views and represents their interests.

People received care and support that respected their privacy and dignity and independence was encouraged. People we spoke with who used the service and relatives we spoke with made positive comments about how care workers treated people with dignity and respect. A relative told us, "They [care workers] allow my mum to continue living independently and maintain her privacy and dignity at all times."

Care workers gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. This included examples of how they promoted people's independence. One care worker told us, "I always knock on the bathroom door before I go in and give people independence for a few minutes in the shower." Another care worker said, "I close curtains and doors during personal care and make sure no one else is in the room."

The office manager told us how care workers received training in relation to dignity and respect. They said this practice was then monitored when they observed care workers in people's own homes. We found people's plans of care prompted dignity, respect and independence.

Good

Is the service responsive?

Our findings

People received care and support that was focused on their individual needs, preferences and routines. People that used the service and relatives we spoke with gave examples that showed people received a service that was personable to their individual needs. One person told us, "Yes, I'm happy with my care package, it suits my needs and wishes."

People told us they felt involved in discussions and decisions about how their care was managed. People confirmed that their needs were assessed at the start of using the service and that they had been involved in a review of their care package. One person told us, "Someone [senior care worker or care coordinator] came to see me and asked me what I wanted and what times I wanted visits." This person confirmed that care workers visited them at their chosen times. Additionally, they said, "A senior member of staff visits every six weeks to check everything is okay." Another person said, "Yes I feel involved, senior staff do reviews and ask if I'm happy."

Care workers gave examples of how people's care package was developed based on people's requests. This included the times of calls and the support required. A care worker told us, "One client devised their own care plan, it's a booklet and we follow it." Another said, "Clients receive three month reviews. We ring family to see if they want to attend unless client does not want them to." and, "If there is a change in need then the care plan is updated."

From the sample of care files we looked at we saw people were asked about their preference and routines. Their included consideration of people's religion and spiritual needs. We found information about people's life history, interests and hobbies was limited. We were aware that personal information of this nature was subject to people who used the service willing to share this. However, it was not always clear from the person's assessment that they had been routinely asked these questions. We discussed this with the registered manager who showed us a 'Getting to know you' record that they said was used to record this information. We did not see a completed record, but the registered manager said they would ensure at the point of assessment people were asked to share this information if agreed by the person.

The registered manager told us of the system in place that reviewed people's care packages. From the sample of care records we looked at we found people had participated in review meetings periodically throughout the year. Where people had requested a change to their care package we saw that this had been responded to and changes made. For example, a person requested a change of time to one of their calls, we noted this change had been made and at the following review meeting the person had said, "I'm very happy with the time change."

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with who used the service and relatives we spoke with commented that they would speak to the care worker and contact the office or the registered manager if necessary. One person told us, "I would ring the office if had a concern." Another person said, "I would tell the care worker about any concerns at the time. I think (the service) will have a complaint procedure."

Care workers were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was brought to their attention that they could resolve they would do but they would also speak with a senior, registered manager or care coordinator.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service. We saw what action had been taken when a complaint had been received. We saw the registered manager had been prompt and responsive and the concern had been resolved.

Care workers showed that they had an understanding of the provider's confidentiality policy and procedure. One care worker said, 'We don't disclose any information to clients about other clients. We have to be careful what we discuss about our life with clients. "and, "Notes are taken out of clients homes every month and brought back straight to the office for security."

Good

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open. People that used the service and their relatives were positive about their care package they received. One relative told us that their family member received a, "flexible care package" and that "care workers don't take over or restrict independence." They added that the care provided was based on their family member's individual needs and wishes. Additionally, two relatives told us how the service had made a positive difference to their family member's life and was a support to them.

Care workers had a clear understanding of the provider's vision and values for the service. This included an understanding of care workers different roles and responsibilities. One care worker told us, "It's about allowing people to do things for themselves, not completely taking over but standing back and letting people do as much for themselves." Another care worker said, "We provide the best care possible for our clients and meet their care needs."

On the whole people told us that the office staffs were available and responsive to their needs. One relative said that they felt the management team, "listened to them and implemented changes when required." Another relative said, "You can always get through to the office."

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole and how it met their individual needs. In addition, the registered manager told us they sent questionnaires every 12 months to people who used the service for feedback. They said they used this information to make improvements and gave an example where people had requested further information of the services available by Access to Care Nottingham LTD and this was provided. The registered manager also told us that they had plans to develop a newsletter for people who used the service within the next three months. This was to further improve communication with people.

The provider had additional processes in place that enabled the service to continually improve. For example, records were checked to review if people received the correct care. Where issues were identified the registered manager discussed this with senior care workers in face to face meetings. We saw records that confirmed the registered manager and care coordinator met with senior care workers every three months and these were planned for in advance. Any information that required communicating to care workers was provided through a three monthly staff newsletter. Care workers we spoke with confirmed what we were told, and were positive about the communication systems in place.

Care workers told us that senior care workers or the care coordinator did unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform and that they were competent in the support they provided. They said that they received feedback on their performance and that this was helpful. We saw records that conformed what we were told.

Care workers we spoke with were positive and complimentary about the support they received from both the registered manager and care coordinator. This included feeling confident that action was taken promptly if concerns were identified. One care worker said, "Managers do get back to you and issues are dealt with."

Care workers were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring. In addition care workers were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Care workers said that they would not hesitate to use the policy if required to do so.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.