

Access Your Care Limited

# Access Your Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Access your care is a domiciliary care service, providing support to people in their own homes. At the time of the inspection 102 people were receiving support with personal care from 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.

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

People were support by staff who had a good knowledge of abuse and who to go to. Systems were in place to monitor any concerns. Staff received checks prior to working with vulnerable adults. Risk assessments identified risks and care plans contained guidelines for staff to follow. People received their medicines safely and when required. Records were current and up to date.

Staff received supervision, training and an annual appraisal. People were supported as required with their nutrition and hydration. Care plans contained important information relating to people's likes and dislikes and their routines. 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.

People were supported by staff who were kind and caring and who were able to demonstrate positively how they gave choice and control to people. Staff had a good knowledge of equality and diversity. People's wishes were respected and care was provided in a dignified and respectful manner.

People's care plans were person centred and contained important information relating to their individual needs. People and their relatives felt about to make a complaint and all complaints were logged including actions taken. Staff received training in end of life and care plans explored people's wishes relating to future planning.

Staff felt supported and were recognised with their contribution and hard work within the service. The provider had systems in place that identified shortfalls and an action plan detailed areas for improvement. Staff and people were sent questionnaires so that feedback could be sought. The registered manager and provider understood the Duty of Candour and the service worked in partnership with stakeholders. There was a positive culture reflected throughout the service.

Rating at last inspection: Good (published August 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Access

Your Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Access Your Care 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was announced.

We gave the service 72 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 13 February 2020 and ended on 27 February 2020. We visited the office location on 13 February 2020 and the 17 February 2020.

#### What we did before the inspection

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

#### During the inspection

We visited two people in their own homes about their experience of the care provided. We also gained views from one relative whilst making a home visit. We spoke with six members of staff including the registered manager, human resource manager, care co-ordinator, senior care staff and four care staff. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits, complaints, care plans and medicines administration records.

#### After the inspection

We made phone calls to people and their relatives. We gained views from four people and six relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place that recorded any concerns. Concerns were raised with the local authority when required. Staff felt the service was safe. One member of staff told us, "Yes, I feel people are safe".
- Staff received training in safeguarding vulnerable adults. Staff were able to demonstrate the different types of abuse and who they should go to. One member of staff told us, "Abuse (can be) financial, mental, physical, self-harm. I would go to the office, CQC, police, GP or a social worker".

Assessing risk, safety monitoring and management

- Care plans contained important information relating to any risks associated with the person's care. For example, risk assessments contained what equipment the person required and guidelines for staff to follow. Risk assessments were also in place where people were at risk of their skin breaking down.
- Any potential environmental risks had been identified. Such as risks from pets within the person's home. Emergency shut off valves such as water and gas were recorded in case of an emergency.
- Care plans included emergency contact numbers such as people's GP's and next of kin details.
- People's medicines were recorded within an easy to read list. This could be shared with medical professionals in the event of an emergency.

Staffing and recruitment

- Most people were supported by a consistent staff team. However, two people felt their care was provided by too many staff. One person told us, "I don't get regular carers. But I don't feel it affects my care". Another person told us, "All the time I get different ones". We spoke with the registered manager who confirmed the person did receive support from six different members of staff. They confirmed they would contact the person regarding this.
- People were supported by staff who had checks undertaken prior to working with vulnerable adults.
- People received their calls in a timely manner. All people we spoke with confirmed they had received a visit when planned. One relative told us, "I've never been let down". Another relative told us, "Even when it snowed, they turned up two of them with their wellies on". One person told us, "They always come".
- The registered manager was proud that the service's staff turnover was low. They confirmed most staff had left to further their careers in for example, nursing.

Using medicines safely

- People received their medicines safely and when required.
- Records confirmed guidelines for staff to follow. For example, where topical creams should be applied and how often.
- Staff responsible for the administration of medicines had received relevant training.
- The service had a member of staff who was responsible for monitoring medicines administration. Their role included checking staff were competent in their administration of medicines with regular spot checks along with checking medicines records were accurate and up to date.

#### Preventing and controlling infection

- Staff received training in how to maintain good infection control.
- Personal Protective Equipment (PPE), such as disposable gloves and aprons were available for staff. Staff demonstrated effective handwashing and use of PPE during the inspection.
- Staff had their competency checked by a senior member of care staff. Checks included ensuring staff washed their hands effectively and used PPE as and when required.

#### Learning lessons when things go wrong

- Incidents and accidents were logged including actions taken to prevent similar incidents from occurring.
- The registered manager was responsible for ensuring the quality of the service was not affected. Any learning was recorded and implemented to support improvements to the quality of care provided.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure their care and support was arranged in line with their individual requirements.
- Staff gave people choice and control with their day to day support ensuring their wishes were respected.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the skills and competency for their roles. Training included, mental capacity training, safeguarding adults, personalised care, equality and diversity, manual handling and safe administration of medicine.
- Staff received additional training in subjects such as how to support people at the end of their life and how to identify and care for people who may be at risk of pressure wounds.
- Staff were encouraged to identify additional training within their roles. For example, one member of staff asked for training in how to support someone who had Chronic Obstructive Pulmonary Disease (COPD) and required oxygen. They had also identified that they could benefit from training in how to care for someone who had a stoma. A stoma is an opening on the abdomen that allow bodily waste to be diverted out of the person's body.
- Staff received a comprehensive 5-day induction. This covered policies and procedures, mandatory training, roles and responsibilities, handling information and dealing with emergency situations such as falls, incidents and health and safety.
- All staff were happy with the support they received. One member of staff told us, "Its absolutely brilliant the training and support". Staff received various types of supervision. These included group supervisions, one to one supervision, spot checks team meetings and an annual appraisal.

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

- Staff supported people to maintain their diet where appropriate.
- Care plans included important information relating to people's like and dislikes.
- Care plans confirmed if there were any concerns relating to people's weight. Records were kept if required on people's food and fluid so that any changes could be reviewed, or actions taken.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported with systems that ensured they were referred through to healthcare professionals

and services in a timely manner. For example, we observed during the inspection one person following a fall was referred for a home visit from the district nurse. The member of staff had been fully informed prior to their visit and the family confirmed they were happy with the actions taken in relation to their fall.

- The registered manager demonstrated a positive working relationship with people and health and social care professionals. The registered manager gave an example where the service had organised an emergency package of care so the person could come home. They were proud of this support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Care plans incorporated mental capacity assessments and if people had capacity.
- Staff asked people for their consent before providing care and support. People were involved in making decisions about their care. Care plans reflected if people had a lasting power of attorney.
- Staff received training in the mental capacity act and deprivation of liberty safeguards.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and their relatives all felt staff were kind, caring and supportive. One person told us, "They are very good". Another person told us, "Very supportive, very good indeed". When asked if they were kind and considerate, the person confirmed, "Oh yes". One relative told us, "Excellent. Very good, nothing is too much trouble". Another relative told us, "They are very good".
- Staff respected people's equality and diversity and staff received training in equality and diversity. One member of staff told us, "Make sure we treat people equally. It's about making sure people make choices regardless of their age, disability, gender, sex, religion, sexuality, culture".
- Various positive compliments had been received from people about the care they had received. One compliment included, 'Thank-you all for the wonderful care you gave [Name of person]. You were all so gentle, compassionate and respectful. He very much appreciated all you did and so did I. You took a great deal of worry off my shoulders and you are a credit to your profession'. Another compliment stated, 'The family really appreciates your care and help'. Another compliment included, 'Thank-you all for your help and kindness'.
- Where people expressed an individual preference with the gender of their care worker. This was respected and people and their relatives were happy with the support provided. One relative told us, "We get a male carer to support with washing and dressing, this is through choice. I'm happy with that".

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

- People were supported by staff who asked them what help and support they would like. For example, during the inspection we observed staff asking a person what they would like to eat and drink. Along with what help they would like. People were given time to respond and were respected with their decision.
- Staff were able to give positive examples of how they offered people choice. One member of staff told us, "We give people choice about what would you like to wear today. Or what are you going to have for lunch or to drink".
- Staff received training in personalised care. Staff were monitored through regular spot checks. This identified any shortfalls relating to staff practice including where they might not be promoting or supporting people with their decisions relating to their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives all felt that staff respected people's privacy and dignity. One person said, "They

are respectful and helpful, they are lovely. They have not ever said no to anything. They always shut the curtains". Another person when asked if staff respected their dignity told us, "They've very good indeed". One relative told us, "We have big french windows, staff always shut the curtains".

- Care plans were written to respect and promote people's independence including their wishes in how staff could support them with this. For example, one care plan confirmed, 'I am able to manage to brush my own hair independently. I am able to manage to brush my own teeth. I wish to remain as independent as possible'.

- Staff had a good understanding of how to respect people's privacy. One member of staff told us, "Don't discuss who you've been too or who your going to see next". They went on to confirm how they support someone with their personal care. They told us, "We make sure people don't get embarrassed by covering the person. Being discreet and asking them if they can get undressed. We also shut doors and curtains".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's needs were met through good organisation and delivery.

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

- Prior to people receiving support from Access your Care an initial assessment was undertaken. This identified the person's individual support needs and meant a plan of care could be agreed.
- The service undertook regular reviews. These were yearly or before if people's care needs changed.
- People's care plans contained important information relating to their individual needs. This included people's physical, mental, emotional and social needs. Such as what their likes and dislikes were. Hobbies and interests, family histories including any spouse or next of kin details and any medical conditions.
- Information relating to people's individual protected characteristics were explored and identified. Such as any religious needs and the person's ethnicity and gender which were recorded in their plan of care. The providers PIR (Provider Information Return) confirmed, 'We have supported people and changed visit times to enable them to access their place of worship. People who have had a change in their physical or psychological health have been supported to access adaptations'.

Meeting people's communication needs

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

- The service was meeting the (AIS). For example, people's individual communication needs were recorded within their plan of care.
- Where people used technology, this was identified, and guidelines were in place for staff to follow. One person's care plan confirmed at times they might use technology to aid their communication with staff. However, their preferred method was to verbally talk to staff before using their equipment.
- People's sensory needs were identified such as if they wore a hearing aid or glasses and assistance was provided by staff if required.
- The providers PIR confirmed, staff supported people with any medical appointments, online shopping, systems for keeping in touch with family and friends. It also confirmed documents could be produced in a variety of formats. The PIR stated, 'Staff support people to access technology such as, GP online bookings, internet shopping, telecare, showing people how to use (a web-based communication programme). We can produce documents in a variety of formats including large print, easy read and audio'.

Improving care quality in response to complaints or concerns

- The service had a complaints policy.
- The registered manager confirmed they logged all concerns as a complaint, even informal complaints. They felt this was a way of learning and improving. All complaints logged had the date received the issue and the outcome of the complaint.
- People and their relatives said if they wanted to make a complaint, they would contact the office.
- Most feedback received from people and their relatives was positive. One relative however raised a concern with us. We shared this with the registered manager for them to investigate the concern and take any action necessary. Positive feedback from people included, "I've no reason to complain at all" and "No complaints". Two relatives told us, "No complaints at all" and "No complaints it's very well run".
- Various compliments had been received from people and their relatives. Compliments included, 'Just to say thank-you so much for helping us to take care of dad. Your help and assistance was a great help to both of us'. One spouse said, 'I'd like to say a big thank-you to everyone from Access your care who was involved with my husband. They all did a wonderful job and were always so pleasant and helpful when obviously I needed support'. Another compliment included, 'To all the girls who cared for my mum, thank-you. The family really appreciates your care and help'.

#### End of life care and support

- People's views and those of their loved ones were sought as part of care planning for the future. Conversations were recorded to confirm if people had any views or wishes relating to their preferences and choices in relation to end of life care.
- Relatives expressed their wishes for their loved one to remain living at home with care and support. One relative told us, "It's important that [Name] remains at home. We do all we can to make sure he stays at home".
- Care staff received end of life training.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to providing a positive culture within the service. Staff feedback was positive about the service and all staff felt supported. One member of staff told us, "I really like working for Access your Care. I would recommend them". They went on to say, "I like (registered manager name) they are always lovely. [Office member of staff] is lovely, they're all lovely".
- Staff were recognised by the provider. For example, staff told us they were sent a happy birthday through the services internet page. Newsletters shared compliments to staff from people they supported.
- The service had company values. These were team work, integrity and quality of care. The registered manager confirmed, "I always want us to do what we can for staff and service users. Integrity, doing the right thing when no-ones watching them. They have to do the good thing all the time. I always want staff and people to come and tell us on how we can improve and continuously strive to improve and learn from others".
- One member of staff told us, "Its brilliant. There all good. We have a good working relationship with team colleagues".
- Staff were an important part of the attitude, behaviour and culture for the service. For example, the word TEAM reflected the view that staff worked together. A group of staff had developed the expected attitudes and behaviours of what they expected from their colleagues. These included being, reliable, dependable, friendly, approachable, conscientious, respectful and trustworthy.
- The registered manager had explored with staff what makes a good worker. Staff felt it was about, values, attitudes, compassion, confidence, patience, caring, capable, empathy, being attentive, well trained and a good listener.
- The provider recognised staff for their achievements and positive attitude. The PIR confirmed, 'Qualifications, life events, service milestones, birthdays and going the extra mile. Staff were nominated by senior managers and awarded the Care and Support South West Domiciliary Care Organisation of the year 2018'.
- Staff had regular team meetings. These were an opportunity to discuss any issues, or changes to people's care and support. One member of staff told us, "Team meetings are every 2 or 3 months".
- The provider sent an annual staff survey. This was an opportunity for staff to provide feedback on their views of the service. Any areas for improvement were identified on an action plan so improvements could be made.

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; Continuous learning and improving care

- The registered manager and nominated individual were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour providers must be open and transparent. It sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager was part of various local manager network groups. These were an opportunity to keep up to date with best practice and changes.
- The registered manager attended meetings with local stake holders such as the local authority and contracts and commissioners. They were passionate about working together to improve services locally for people. The PIR confirmed, 'The registered manager is on the sub group for policies and procedures and participates in Skills for Care Registered Managers Network'. The PIR also confirmed, 'We work in partnership with health and social care services and have developed services to prevent hospital admissions and facilitate hospital discharges'.
- The registered manager was at the time of the inspection undertaking an improvement project. The winter wellness project was defined as a short-term service to prevent the need for care or a health service. The aim of the service is to support people by, checking that people are safe and secure, signposting them to wider community resources, where appropriate. Maintain their independence within the community, offer brief social contact and assistive technology such as telecare to support people staying safe. At the end of this project the registered manager confirmed the success of the project would be reviewed and discussed to see if it had benefited people.

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

- The registered manager understood the regulatory requirements for the service. For example, the rating for the service was being displayed as required. Notifications were also being submitted when legally required to do so. The registered manager made notifications when required. This is when certain changes, events or incidents occur that affect the service or people.
- Quality assurance systems were in place that identified shortfalls. The registered manager had an improvement plan. Areas identified included, improve support to staff who are lone working, increase knowledge and skills in nutrition and hydration, improve links with GP's and pharmacists.
- The human resources manager was responsible for monitoring the quality of staff files, staff observations including administering medication, appraisals, absence, staffing levels and recruitment.
- The service also undertook quality checks in relation to safeguarding, incidents and accidents, compliments and complaints, care plans and falls. A monthly log of compliments, complaints, safeguarding, missed calls, medication errors, infection control and incidents were recorded. This meant the quantity and any changes could be easily identified and actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service demonstrated good partnership working with health care professionals, people and their families.
- The registered manager had developed strong links with health and social care professionals. One professional had provided the registered manager with the following written feedback. 'I would like to officially thank you for all your hard work, professionalism and dedication in the care you have provided. I know you have gone above and beyond the call of duty, and I don't think this has gone unnoticed by anyone involved in [Name of person] care. You have provided invaluable feedback at various meetings and it had been a pleasure working with you as part of the multi-disciplinary team (MDT). I have appreciated our open



lines of communication, so all involved are aware of what is happening. It has been a pleasure working with you and please pass on my thanks to the rest of your team'.

- The service sought people's views. This was done through end of service questionnaires, phone calls and a six-monthly satisfaction survey.