

Access24 Health & Medical Services Ltd

# Access24 Health and Medical Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Access24 Health and Medical Services Ltd is a domiciliary care agency registered to offer support and personal care to older and younger adults with dementia, brain injury, learning difficulties, physical difficulties and mental health difficulties. Although a number of people received support from the service, only one person received personal care. CQC only inspects when people receive personal care. Due to the limited personal care support offered by the service we are unable to give a rating. There is currently insufficient information available for us to form a judgement.

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

Some medicine administration processes needed to be strengthened, however, people received their medicines as prescribed and in their preferred manner.

People were cared for safely. Risk assessments were in place and reviewed regularly and as people's needs changed. Staff understood safeguarding procedures.

Pre-employment checks were carried out to ensure that only suitable staff were employed. There were enough staff to meet people's care needs.

People's care records contained clear information covering all aspects of their care and support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes and diversity needs such as cultural or religious needs were considered within the care plans. Staff received training to meet people's needs.

People made decisions about their daily routines and these were respected by staff. People were supported to access health care services when needed. People received support from reliable, compassionate staff.

Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and people were treated with respect. Staff maintained people's dignity and promoted their independence.

The registered manager was also the provider. They were involved in all aspects of the running of the service. Further work was required to ensure there was a robust and effective quality assurance and audit system in place.

The registered manager worked in an open and transparent way and was keen to develop and improve the service. People knew how to make a complaint if they were not satisfied with the service received.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At the last inspection of this service we were unable to give a rating (published 12 July 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Details are in our effective findings below.

**Inspected but not rated**

### **Is the service caring?**

Details are in our caring findings below.

**Inspected but not rated**

### **Is the service responsive?**

Details are in our responsive findings below.

**Inspected but not rated**

### **Is the service well-led?**

Details are in our well-led findings below.

**Inspected but not rated**

# Access24 Health and Medical Services Ltd

## **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

The inspection was carried out by one inspector.

#### Service and service type

This service is registered as a domiciliary care agency. Domiciliary care agencies provide care to people in their own homes. Access 24 Health and Medical Services Ltd. provide personal care to people in supported living accommodation. This is permitted within the current registration of the service.

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

We gave the service short 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including a director, the registered manager and two support workers.

We reviewed a range of records. This included one person's care file and medicine administration record (MAR). We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes, staff supervision files and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the log of incidents and accidents.

# 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 could not be given a rating. At this inspection it was also not possible to give the service a rating due to insufficient information being available in order for us to form a judgement.

### Using medicines safely

- Some medicine administration processes needed to be strengthened. We found that a bottle of, 'as and when required' liquid medicine had been opened but the date of opening had not been written on it. This meant it was not clear how long the bottle had been open or whether it could still be safely used. We also found that where medicines had been typed or handwritten onto a MAR chart by staff, these were not signed by two staff to help reduce the risk of the wrong information being written on the chart.
- Although the registered manager confirmed they undertook regular audits of MAR charts, a system to record this effectively had only been in place for one month. This needed to be embedded into practice and sustained.
- Although people could make their own decision about when they wished to be given, 'as and when required' medicine such as paracetamol, there was no guidance to assist staff ensure it was given appropriately and within safe limits. The registered manager confirmed they would introduce this immediately.
- People were supported to receive their medicine as prescribed and in their preferred manner.

### Staffing and recruitment

- At the last inspection, unsafe recruitment practices had been identified. Some staff had started work before all checks had been completed. We saw the provider had taken appropriate action by completing risk assessments as recommended in the last inspection report.
- Staff files contained necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included references, health questionnaires and disclosure and barring service (DBS) checks. The DBS check helps employers make safer recruitment decisions.
- Although the application form did not contain a section for applicants to explain any gaps in their employment history, the provider confirmed this was explored in interview and would be added immediately to the application form.

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

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required. One person told us, "I feel very safe living here."
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

### Assessing risk, safety monitoring and management

- Care files showed that known risks to people were assessed and reviewed at regular intervals or as their needs changed. Care and risk assessment plans informed staff how to provide care that reduced known risks.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were trained in infection control.
- People and staff confirmed personal protective equipment (PPE) such as gloves and aprons were available for use when necessary. For example, when supporting people with personal care.

#### Learning lessons when things go wrong

- Records showed that staff knew how to record and respond to incidents and accidents. Accidents and incidents were reviewed by the registered manager, and action taken to address any identified concerns.

## 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 could not be given a rating. At this inspection it was also not possible to give the service a rating due to insufficient information being available in order for us to form a judgement.

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

- People's needs were assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's spiritual and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member.
- Staff received suitable training for their roles. Mandatory training was refreshed annually and included safeguarding, lone working infection control and basic life support. Additional training was provided to enhance staff understanding and skills in areas such as mental health. This benefitted staff and people using the service.
- Staff meetings took place and staff told us they were useful. A system was in place for staff to attend regular supervision and an annual appraisal with the registered manager. This ensured that staff felt supported in their roles.

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

- People were supported with menu planning, food shopping and meal preparation in a way which ensured their decisions and preferences were followed. A person told us, "We write a list, I get what I want. I stick to food I know. Staff help me cook. They do the potatoes and I do the mince and mushrooms."

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

- Records showed the service worked in partnership with health and social care professionals to maintain people's health and emotional wellbeing. This included GPs, dentists, psychiatrists and weekly clinics.
- Health appointments were recorded in people's daily notes. Action had been taken promptly to implement this following the last inspection. The registered manager agreed to consider further ways to make this information easily accessible, for example, a parallel log of health appointments or updates for people who were in regular contact with health services.
- People were supported to live healthier lives physically and psychologically. For example, staff spoke of encouraging people to take walks, care plans referred to smoking cessation support and a person told us, "Staff asked if I would like to do voluntary work."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of inspection people had capacity to make decisions so no capacity assessments had been completed.
- People signed and consented to their care plans and were involved in regular reviews to ensure their needs, decisions and preferences were being updated and followed.
- People were supported in the least restrictive way possible by staff who were aware of the need to support and encourage people to make their own decisions.

# 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 could not be given a rating. At this inspection it was also not possible to give the service a rating due to insufficient information being available in order for us to form a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness by a small staff team who knew them well. One person said, "They (the staff) are kind and thoughtful, they do their best."
- Staff had received equality and diversity training. This meant they could support people's individuality as well as understand about the protected characteristics within the Equality Act 2010.

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

- People were involved in all decisions about their care and daily routines. For example, on the day of inspection one person decided they did not want to attend a dental appointment, so staff called the dentist to reschedule for another day.
- Care plans clearly set out how people preferred to receive their care. Weekly activity calendars set out people's regular routine for the week but these were flexible and people were able to adapt these according to what they wanted to do or didn't want to do.
- Records showed that care plans were regularly updated and were completed alongside people and their families, following their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported their privacy, for example when they were being supported with personal care. One member of staff said, "I ask what time they want their bath, I run it and then I stand outside and say, 'let me know if you need anything.'" One person told us, "They (staff) don't come into the bathroom when I'm in it."
- People's independence was promoted. Staff followed people's requests and preferences. A member of staff said, "We give encouragement and support. But if they do not want to do something, we leave them, we come back later and see if it is a better time."

# 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 could not be given a rating. At this inspection it was also not possible to give the service a rating due to insufficient information being available in order for us to form a judgement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were personalised and included information about their interests and social skills which meant they could be supported to do activities they wanted to in the way that best suited them.
- Staff told us communication and handovers within the team were effective. We saw staff used a communication book and the daily notes were up to date. This meant staff were well informed on people's needs, moods and any significant events so their care and support could be attuned and effective.

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 registered manager confirmed that information could be made available to people in other formats, such as easy read or large print, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so complaints could be addressed in accordance with the provider's policy. No complaints had been made since the last inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- If a health emergency occurred the registered manager confirmed they would liaise with people, relatives and health professionals as necessary. Training would be provided to staff if end of life care became necessary. The provider confirmed they would develop an end of life policy.

# 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 could not be given a rating. At this inspection it was also not possible to give the service a rating due to insufficient information being available in order for us to form a judgement.

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

- Further work was required to ensure there was a robust and effective quality assurance system in place. An audit process for care files and daily notes had been developed but not yet implemented. There were no audit processes for overseeing staff tasks such as fire alarm and kitchen checks. This meant the registered manager could not be sure these tasks were being undertaken to expected standards, and no follow up process was recorded to ensure follow up or improvements, where necessary, took place.
- The registered manager had good knowledge and oversight of the day to day running of the service
- The registered manager notified the CQC and other agencies of any incidents which affected people who used the service.

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

- The registered manager was also the provider and was keen to deliver high quality care and achieve good outcomes for people who used the service. People and staff spoke positively of the registered manager. One staff member said, "He is approachable and easy to get hold of." Another said, "The manager is very nice. The whole team are very supportive, they are very good. The manager is always available, even at night time." This promoted a positive culture at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. No incidents had occurred of this nature since the last inspection.

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

- Feedback was sought from people and relatives verbally at reviews and in regular conversations. No formal feedback had been sought since the last inspection. The registered manager said that resident meetings took place infrequently as people were not keen to attend.
- Staff meetings and supervision took place where staff were able to provide their views and suggestions.

Continuous learning and improving care

- The registered manager was keen to keep improving and developing the service in order to achieve good outcomes for people. The provider was open to the inspection process and willing to take on board suggestions in order to drive improvements of the service.

#### Working in partnership with others

- The registered manager and staff team worked well with health and social care professionals and responded promptly to people's changing needs. This included continually encouraging and supporting people to develop their skills, improve their health and wellbeing, and live as independently as possible.