

A.C.C.E.S.S 2016 Limited

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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

A.C.C.E.S.S 2016 Ltd is a domiciliary care agency providing personal care to older and younger adults with a range of needs, including dementia. At the time of the inspection the service was supporting 16 people.

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

People felt safe when being supported by staff. People had their risks assessed and managed appropriately. People felt staff arrived mostly on time and were always informed if they were running late. People were supported to take their medicines safely.

People's needs had been assessed prior to being supported to ensure the service could meet them. People were supported to lead healthier lives by staff who were appropriately trained. 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 friendly, kind and caring staff. People felt respected and treated with dignity. People were able to express their views and maintain their independence as much as possible.

People and their relatives were involved in care planning which ensured their views and preferences were included and the care they received was personalised. People's complaints had been looked into promptly and thoroughly, with changes being made where necessary to improve the care provided.

People spoke positively about the management and running of the service. People and staff were actively engaged by the service. Good quality monitoring processes ensured care was delivered at a high standard.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 09 September 2017). Since this rating was awarded the registered provider of the service has changed.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

A.C.C.E.S.S 2016 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

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 houses and flats.

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 48 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.

What we did before the inspection

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

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, three support workers and the care coordinator.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We looked at information requested from the provider to show how they were meeting the regulations. This included training data and policies. We sought feedback from two professionals who had worked with some of the people supported by the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe whilst receiving support from staff. Relatives said they felt their loved ones were in safe hands.
- Staff had received training in safeguarding and understood how to protect people from the risk of abuse. The service had a clear process in place to safeguard people they supported.
- Staff explained, "If anything concerned me I would speak to [registered manager] first. If they didn't do anything, I would pass it on to the safeguarding team." Another said, "I have a duty of care to keep eye out for abuse or neglect. I would report to my supervisor, in line with policies and procedures at work." Staff were confident that management would address concerns efficiently.

Assessing risk, safety monitoring and management

- People's risks had been identified, assessed and mitigated appropriately with clear guidance for staff to support people safely. For example, risks associated with people's medical conditions and mobility.
- The registered manager understood the importance of ensuring people's home environments were also safe, they gave the example of notifying the fire service to a person whose living arrangements presented a potential fire risk.

Staffing and recruitment

- The service employed enough staff to ensure people rarely experienced late calls and no calls had been missed. One person explained, "[Staff] turn up on time, it's not their fault if they are late, they let me know if there is traffic, the other day they knew it would take a while, so they swapped and they were nearly on time."
- The service had its own four-wheel drive vehicle to ensure that calls were not missed even in adverse weather conditions.
- Safe recruitment practices were followed. The service conducted relevant pre-employment checks, such as references and criminal checks, to ensure the safety of people by recruiting appropriate staff.

Using medicines safely

- People were supported with their medicines as required.
- Staff were trained in the safe administration of medicines. Training included a demonstration on how to use a blister pack, which is the way most of the people using the services received their medicines from the pharmacy.
- The service conducted observations and competency checks of staff to ensure people were supported to take their medicines safely.

- The service ensured accurate records were kept when people took medicines, in line with their medication policy.

Preventing and controlling infection

- The service ensured staff had access to a supply of personal protection equipment (PPE) such as aprons and gloves.
- People said staff wore PPE when they were supporting them with personal care.
- Staff were trained in food hygiene and infection control, in line with the service's infection control policy.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated by the registered manager and appropriate actions were taken to reduce risk. For example, the service changed the support aids they used for a specific service user.
- Lessons learnt were shared with staff promptly via a secure messaging application and reiterated at team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Prior to support starting the registered manager ensured people's needs were thoroughly assessed and this included their choices. A relative explained, "[The registered manager] came out and spent a long time with my [relative] and myself.
- The registered manager kept up to date with best practice and regularly arranged sessions with staff to ensure care was delivered in line with current guidance.
- The service was moving to digital technology for care plans and risk assessments to improve the quality of care being delivered by ensuring records were as up to date as possible. They already utilised technology for staff communication and rotas.

Staff support: induction, training, skills and experience

- Staff had the appropriate induction, training and support to fulfil their role.
- Staff received a comprehensive induction which included a considerable amount of time shadowing senior members of staff. Part of the induction was to meet each person being supported to ensure they knew how to meet their specific needs.
- All staff were enrolled on to the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- People felt staff had the correct skills and experience to support them.
- Staff were encouraged to improve their skills and progress in their professional development. Staff had ongoing support both informally and through formal supervisions.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people were supported with their eating and drinking needs. Care plans clearly explained people's routines for staff. Plan's also included indicators around people's eating habits which may mean there were underlying health concerns. This meant staff had the information required to enable them to support people to live healthier lives.
- People had a copy of their care plan in their own home, which contained an emergency grab sheet to assist paramedics or other visiting health professionals.
- People had been supported to go to medical appointments and to the opticians. A relative said, "[Relative] has had to go to hospital a couple of times and [registered manager] has put themselves out and gone with [relative] if I'm not available. They have stayed with them in A&E."

- Staff worked closely with health professionals such as occupational therapists. A healthcare professional said, "Staff have been excellent at communicating and listening to what we were doing and adapting it in to what they were doing. One person was bed bound for a while, they have supported them and got them out most of the day and more active."

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.

- The service was working within the principles of the MCA.
- Staff understood the principles of the MCA and knew how these applied on a day to day basis.
- We found the MCA assessments were not sufficient and lacked detail, however we raised this with the registered manager and they immediately addressed this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about staff. One relative said, "I couldn't ask for anyone better, they are amazing to [relative]. Nothing is too much for them, they support me as well as a family member." Another said, "They are all marvellous with [relative]...they care for [relative] very well." People said, "They are brilliant and friendly", and "They are very good and gentle".
- The service trained all staff in diversity and equality to ensure that their staff understood how to respect people's differences. This meant the service recognised their need to meet the Equality Act 2010.

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

- People were involved in their care. One person said, "They do anything I ask them to". Another said, "[The registered manager] is always there if you need her, if you have query about your care or anything else she will respond straight away."
- A relative explained how, despite their loved one being unable to verbalise, staff still included them and asked them questions about their care.
- Staff explained, "I always let them be involved in their own decision making".
- The service user guide contained information on how to get in touch with an advocate. This meant people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People felt respected when being supported by staff.
- Relatives felt that staff acted respectfully toward their loved ones and described them as being part of the family. One explained that staff made it easy for their relative to transition from being entirely independent to being supported. A relative said, "They completely treat [relative] with dignity."
- Staff understood the importance of promoting people's independence by giving people a choice. Staff explained, "If they may want to do something different, give them opportunity to say how they would like it to be. I like to sit and be the service user's friend as well as help them. I give them options to pick what they want to do, I give them freedom."
- Staff knew how to maintain people's dignity. Staff explained, "I do what we are trained to do and what I would want when I am being cared for. I shut curtains and blinds, keep a quiet environment, not embarrassing them in any way. Speak with respect, show kindness, talk them through what we are doing."
- The registered manager understood the importance of keeping people's information confidential and secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care was planned in a personalised and individualised way. People and their relatives were involved in planning to ensure care met their needs and choices.
- A relative said, "[The registered manager} has kept in close contact for these initial few weeks, giving me updates, and discussing how care may need tweaking."
- Staff got to know people from the in-depth detailed routines, that included their likes and dislikes, documented in their care plans. In addition, they had time on the calls to get to know people as individuals. A relative explained, "They are spot on and I can see the way they interact with my [relative] that they are like friends."
- People were supported to remain part of the community and to continue to do things that were important to them. For example, staff supported people to go to the hairdressers.

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 understood their duty to comply with the AIS.
- People's care plan's included information on how they communicated. Staff worked with people with varying communication abilities and supported them in their preferred way. For example, a relative explained how staff had learnt a person's facial expressions and could understand what they were trying to express.
- Communication aids were also used, for example communication picture books. The registered manager described how had used Makaton signs, and had worked with a person to introduce bespoke signs specific to their needs and shared this with the staff team. Makaton uses a combination of picture symbols and hand gestures that are similar to sign language and speech to aid communication.
- At the time of the inspection no one being supported required information in alternative formats, however the registered manager had links with a local printer to be able to produce these when required.

Improving care quality in response to complaints or concerns

- The service had received very few complaints and those had been investigated and addressed appropriately. Any learning from the complaints had been used to improve the quality of care delivered.
- People we spoke with did not have any current concerns and knew how to raise issues if they did.
- A relative explained, "I have no concerns, quite the opposite." Another said, "No complaints what so ever, I

can't praise them highly enough."

End of life care and support

- People's end of life wishes were not recorded in their care plans. We spoke with the registered manager who assured us these would be included imminently if people wished.
- Staff had received training in dying, death and bereavement to enable to support people at a difficult time.
- For people that were being supported at the end of their life, the registered manager ensured staff who knew them best were the only ones caring for them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an enthusiastic registered manager whose focus was on providing personalised quality care for people.
- Staff members felt included in the service and spoke highly of the registered manager. Staff explained, "I feel really supported by the team, they strive to succeed in all aspects, [registered manager] has a caring nature and has people right at the forefront of their mind."
- Regular audits were undertaken to monitor the quality of the service, these included audits on care plans and medication records. These were effective in identifying and addressing issues. The registered manager also regularly held supervisions and observations to ensure quality service was being delivered.
- The registered manager understood their regulatory duties, such as notifying CQC when certain events occurred. This ensured that CQC can continually monitor the quality of the service and appropriate action had been taken.

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

- Accidents and incidents were investigated appropriately in an open and transparent manner. The registered manager understood when they were required to share information with people when things went wrong.
- People and their relatives described the registered manager as "open and approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had integrated the service into the local community and had links with local businesses.
- The office had an open-door policy and was welcoming to the public, staff and people who used the service. There was a suggestion box available for people to provide feedback at any time, a small form was also sent out monthly to give people an opportunity to further engage with the service.
- People had been asked to complete an annual service user questionnaire, any issues raised had been dealt with on an individual basis. Staff had also completed a questionnaire, the results of which meant an increase in training being offered and more feedback being provided from management.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.