

Acme Care 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

The office visit of this inspection took place on 6 September 2018 and was announced.

Acme Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported 19 people and employed 28 care staff. Three people who used the service required regular support with personal care, other people required assistance to access community facilities. Staff provided personal care to people accessing community facilities when needed. Some people received support 24 hours a day, while other people received support at pre-arranged times.

At our last comprehensive inspection of the service in December 2015 we rated the service as Good. At this inspection we found the service remained Good.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. The registered manager was also an owner of the company, and the providers 'nominated individual' for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

There were enough skilled and experienced staff to meet the needs of people who used the service. People were supported by staff who had the skills and training to meet their needs. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service.

The managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives.

People were supported by a team of regular staff that they knew and who they said were kind and caring. Staff respected people's privacy and dignity and promoted their independence. Relatives and people said the support they received helped people who used the service live independently in their own homes.

The service was responsive to people's needs and wishes. People were provided with care and support which was individual to them. Support plans were detailed and personalised. Plans provided guidance for staff about how to support each person in the way they preferred. People's care and support needs were

kept under review and staff responded when there were changes in these needs. Where required, people were supported to have sufficient to eat and drink and their health needs were regularly monitored.

The service continued to be well led. Staff said they received good support from the management team who were always available to give advice. Managers and staff told us there was good team work and that all staff worked well together. There were effective and responsive processes for assessing and monitoring the quality of the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Acme Care 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 checked 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 comprehensive inspection was carried out by one inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Inspection activity started on 15 August 2018 and ended on 6 September 2018. This included telephoning people and their relatives to get their views on the care they received. We visited the office location on 6 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

The provider had completed a Provider Information Collection (PIC) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIC during our visit. We found the information reflected how the service operated.

Prior to the office visit we reviewed the information we held about the service. This included statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. There had been no notifiable incidents the provider needed to inform us about.

We reviewed the 'share your experience' information we had received. This is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about. These can be concerns or compliments. We also contacted professionals who arranged placements with the service. Information received was considered as part of our inspection planning.

The provider sent a list of people who used the service to us; this was so we could contact people by phone

to ask them their views of the service. We spoke with three people, and nine relatives of people who used the service. We used this information to help us make a judgement about the Acme Care Ltd.

During our inspection visit we spoke with the registered manager and assistant manager about their management of the service. We spoke with the care co-ordinator, and three care staff about their roles, and what it was like to work for Acme Care Ltd.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection, and the rating continues to be Good.

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. A staff member told us, "If I had any concerns at all I would let the managers know. They would check it out and refer it to social services." Another told us, "I have no concerns, but if I did I would report it straight away. If it was about a member of staff we have a whistle blowing policy and I would go straight to the manager and report it." The registered manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

People we spoke with said they, or their relative felt safe with care staff. For example, a relative told us, "I work during the day so it is just not physically possible for me to be able to monitor [family member] overnight. For that reason, we have a care worker overnight to watch for times when [name] tries to get out of bed I do feel safe in the knowledge that [family member] is being looked after by their regular care worker." Another told us, "It has taken some time for me to build up my trust in [Name's] carer's. I know that [name] is going to be alright when they are out. [Name] has one particular care worker, who is excellent with them." People we spoke with knew what to do if they had any concerns about safety. "If I had any concerns whatsoever about safety, I would pick up the phone immediately and I'd speak with [registered manager], who we've known for some years now."

Plans were in place to provide staff with guidance about how to reduce risks to the care and support people required. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care. For example, how to assist people to move around, how to manage catheters and any specific behaviours.

Staff told us they had completed training in pressure area management and carried out checks on people's skin during personal care routines to make sure people's skin remained healthy. A care worker told us about one person they supported who required a hoist to transfer in and out of bed. They explained, "We check their skin on each visit. Their skin is lovely no redness at all. They are so well looked after."

The managers and staff told us there were sufficient staff to support people's needs safely. People said where two staff were required to meet their needs, two were always provided. People were usually visited by a small team of care staff who they knew well. People said care staff stayed the time allocated to provide care and support. A relative told us, "They are usually good and stay for the full amount of time, even if they are finished relatively early sometimes." Another told us care staff did not rush and explained, "The care workers come to provide personal care for [family member]. Because of the nature of their disability, we have allowed for plenty of time, so that they don't have to rush."

An 'on call' telephone service was in operation for out of hours' concerns or emergency situations. The registered manager told us the on-call service supported them to make sure unplanned absences and emergencies were covered, so people's safety was not compromised. Staff told us the managers were available at any time if they had any worries or concerns.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment to ensure staff were suitable to work with people who used the service. Records confirmed Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

People who required support to take their medicines received these as prescribed. A relative told us, "Each morning, the care worker helps our [family member] with their daily tablets. Once they have given a drink and have made sure that the tablets have been swallowed, it is written up in the charts that are in the folder."

Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Staff signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given to confirm this. MARs were checked during 'spot checks' to people's homes and when they were returned to the office. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

Two people required their medicines to be administered through a percutaneous endoscopic gastroscopy (PEG) tube. A PEG is a way of introducing nutrition, fluids and medicines directly into the stomach, where the person is unable to swallow or is at risk of choking. Instructions were available for staff about how to manage the PEG and for maintaining and checking the PEG regularly. Care workers we spoke with knew how to administer medicines through the tube and said they had received training so they could do this safely.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. People we spoke with confirmed care staff wore protective clothing when providing personal care and carrying out other tasks. One person told us, "Yes they do wear gloves and they leave everywhere clean and tidy." A relative told us, "They do keep some gloves with them in case [name] needs help with toileting whilst they are out."

The registered manager told us there had been no accidents or incidents since the last inspection. The provider had a procedure in place to review any incidents if they did occur.

Is the service effective?

Our findings

We found staff had the same level of skill, experience and support to meet people's needs effectively as we found at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

An assessment was completed at the start of the service so the registered manager knew what care people required and that staff had the skills to meet people's needs. One person told us, "Yes, we had a long conversation with [registered manager], who came out to visit us at home and talk through exactly what was needed."

People received care from care staff that were knowledgeable and supported to keep their training up to date. Care staff told us they had completed training to enable them to carry out their roles. They said they completed an induction to their role when they started to work for the service, which included working alongside (shadowing) more experienced care staff. They said this helped them to understand their role and how to support people.

The registered manager told us the induction training completed by staff was linked to the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager told us staff had observations of their practice during their induction to make sure they were competent and confident putting their training into practice, before they worked on their own.

Staff completed training in areas the provider considered essential for care staff. This included moving and handling people, safeguarding adults and health and safety training. Staff told us the training was "good", and provided them with the knowledge they needed to support people and carry out their roles safely. Some staff said they would prefer more face to face training as most was e-learning which they completed on the computer in the office.

People told us staff had the skills to meet their needs. Some relatives thought care staff who had been with the agency for a while were more skilled than new staff. For example, a relative told us, "I have found that the care workers who have been with the agency for some time know exactly what they are doing in relation to care. I sometimes find the newer care workers don't understand the implications of Alzheimer's." Another described experienced staff skills as 'excellent' but said they sometimes had to provide guidance to some new staff until they got to know their family member.

Care staff said they had regular meetings to discuss their work and personal development. They also confirmed they had observations of their practice. One told us, "I have supervisions and regular observations of my practice. They check to see if I have done everything I should, and speak to the client to see if they are happy with my care."

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.

We checked whether the provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. They understood their responsibilities to protect people's rights and what to do when someone may not have the capacity to make their own decisions, so these were made in people's best interests. People's consent to care continued to be sought and people's rights with regards to consent and making their own decisions was respected by staff.

Staff had completed training in MCA and knew to assume people had capacity unless proved otherwise and to gain people's consent before they provided care. They told us everyone they visited could make everyday decisions for themselves or had someone who could support them to do this. People confirmed staff asked for consent. One person told us, "They always ask [name] if they are ready, before they do anything." Care plans had been signed by people or their relatives on their behalf, to agree to the care being provided.

Most people we spoke with made their own meals or who had family that supported them with this. Where people required support with their meals, staff supported them to have sufficient to eat and drink. Relatives told us, "They certainly encourage my [family member] to drink while they are out at activities during the day." Another said, "Food is provided at the daily activities, but the care staff need to help by making sure the food is cut up properly and that [person] is taking their time to eat it all." Some people were at risk of choking and required their food and fluids prepared in a specific way. For example, pureed, or administered through a PEG. Staff knew how to prepare special diets and how to ensure people received enough nutrition and fluids through the PEG to maintain good health.

People and relatives told us they made their own health appointments, but staff would support them with this if they needed it. A relative told us they contacted the agency if their family member had a medical appointment. They told us, "When an appointment come's through, we ring the agency and arrange for them to provide someone to take [name] there. They stay with them and then bring [name] home. It works very well." Staff told us they liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed. Care staff completed training to support people's health conditions, such as epilepsy.

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld and they remained happy with the staff who visited them regularly. The rating continues to be Good.

People and relatives were positive about the standard of care they received. A relative told us, "They certainly take their time when they are helping my [family member] in the mornings. If it takes a bit longer and they need to stay over the time, they always will and we appreciate that." The registered manager told us, "My motto is to treat people as I would want my nan or daughter treated." Feedback from people confirmed staff treated people with respect. A relative told us, "They never talk down to our [family member], they talk to them as if they were talking to any of their friends, which is exactly how we would wish it to be." A staff member told us, "I like the way Acme staff work with people, the relationships we have with people is on an equal level."

People told us their privacy and dignity was maintained. A relative said "They just do this naturally when they are with him." Another told us, "They specifically don't wear uniforms so that when they are out together, the general public can't tell that they are out with a care worker, and just assume she's out with a friend."

The registered manager told us that care staff always met the person using the service before they provided any care or support. Care staff confirmed this happened. One care worker told us, "We always do a shadow shift with people before working on our own."

Staff reflected in their conversations that they were fond of people who they visited. They knew people well, as they regularly provided care to the same people and had built up trusting relationships. People said they got on well with their care workers. Relatives told us, "That's what is so nice, because [name] gets to spend time and chat with people who treat her as an individual rather than somebody who has a disability." Another said, "He always comes home with a smile on his face when he's been out with the care worker. I can always tell he's had fun and enjoyed spending time with them and doing some of the activities." One care worker told us how they were looking forward to taking a person they supported on holiday to Blackpool in October.

Where possible care staff told us they encouraged and supported people to maintain their independence. One person told us that the support they received from the agency had helped them to gain confidence and to go out shopping. They said, "Because I have this support, my confidence has grown immensely but I still find it important that I have my care worker with me just in case anything alarms me while we're out." A staff member said, "We try and encourage people to do things for themselves when they are able, we never take over. We do things together."

People told us and records confirmed people were involved in their care, and how they would like to receive this. One person told us, "We just like the fact that the care can be fairly flexible and can be organised when we need it, rather than when it's convenient to the agency."

Staff told us they were always mindful of respecting people's wishes and evidenced through conversations that they knew people's likes and dislikes. For example, how people liked to spend their day, what they liked to eat and what clothes they preferred to wear. People told us they were involved on an ongoing basis through discussions with staff and reviews of their care. This was evidenced within people's care plan, which reflected staff respected people's wishes.

No one we spoke with had any specific cultural or religious needs that care staff supported. The registered manager told us the service supported a person who was Muslim, and that care staff supported the family to provide personal care. Both the registered manager and care staff told us this had increased their awareness of the religion. For example, they told us that they had recently experienced a Muslim funeral. They said this had been a learning experience as, "They [family] were very quick to bury the person compared to other funerals I have been to. The family also wore white, which again was different to my previous experience of people wearing black." The registered manager also told us, although the person they supported was exempt from fasting due to their disability, they offered support to the family member, who was the person's main carer, during fasting to allow them to rest.

Staff understood the importance of maintaining confidentiality and said they would not discuss personal information unless the person was authorised for them to share it with. One person told us, "I've never heard any of them [care staff] talking about any other clients that they look after ...". Care records at the office were kept safe and secure.

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People and their relatives told us that prior to receiving a service from Acme Care the managers had spent time finding out about their preferences, care and support needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. One person told us "We certainly met with the manager at the beginning, and went through everything."

People received care and support from care staff they knew well. Most people told us they had a small team of care staff that visited them regularly. A relative told us, "They certainly wouldn't be able to look after [family member] if they didn't, [know them well]. That's why it's important there is a small number of regular care staff, so that they get to know him, and importantly he is comfortable with them." A staff member told us about a person they supported, "I have worked with [name] for some time now, I know them very well. They can sometime be verbally and physically aggressive, but when they show any inappropriate behaviours they can be easily distracted, and we usually end up laughing."

People we spoke with said they had a care plan in their home for staff to follow. A copy of the person's care plan was kept at the office. We reviewed the care plans for three people who received personal care. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Care plans were focused on the person and included, their choices, likes and preferences. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. Staff told us that care plans were up to date and easy to follow.

Plans we viewed had been updated when people's needs had changed and reviewed annually if there were no changes. People told us they were involved in their reviews. One person told us, "Yes, we see [registered manager] at least once a year when we go through the care plan and get the opportunity to discuss anything that we are not particularly happy with. If there are any changes needed in between times, we just give her a call and she comes around. We do it when it's needed rather than waiting." Another told us, "We sit and do a proper review at least once a year with [registered manager], so that we make sure the care plan has been gone through thoroughly in case any changes are needed." People said they would contact the registered manager if anything changed between reviews. One person said, "We have been with the agency for a number of years and we have regular reviews. I know though, if I have any concerns during the year I can always call [registered manager] and she will come out and see us as soon as she can."

Some people using the service were unable to communicate verbally. Staff we spoke with understood people's communication skills. A care worker told us, "[Name] will frown so you know they don't like something. They really enjoy a head massage and love a fuss."

The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this

standard was being met. The registered manager told us no one using the service required information in other formats other than written English, but information would be made available in other formats if people required this.

People knew how to make a complaint if they needed to, one person told us, "As far as I'm aware there is a leaflet in the folder that is here with all the information on it from the agency." Another said, "I remember [registered manager] showing us a leaflet when we first started having the care provided and I presume it's in the folder, not that we've ever had to look at it."

People told us they would have no hesitation raising a concern or a complaint if they needed to. Comments from people included, "Absolutely, there is no way I would let my [family member's] care affect him, for the sake of not having a conversation with the agency," and, "I really don't like complaining, but I certainly won't sit and suffer in silence if I thought I needed to speak with the manager."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in people's homes. It tells them who to contact if they have any concerns." Care workers said they would refer any concerns people raised to the registered manager and were confident concerns would be dealt with effectively. The registered manager told us there had been no formal complaints about the service. They went on to say that they were in regular contact with people and relatives and any concerns were dealt with as they arose before they became complaints. No one we spoke with had a complaint about the service, although some people told us that care staff could sometimes be later than expected. One person said, "I have spoken with [registered manager] about the times that some care staff get to us. It wasn't really an official complaint, but she listened and said that she would remind care staff about being on time in future."

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced registered manager who had systems in place to ensure people received a good quality service. The rating continues to be Good.

There was a registered manager in post who understood their responsibilities and the requirements of their registration. For example, they understood what notifications they needed to submit and had completed their Provider Information Collection (PIC) when requested. 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.

The management team consisted of the registered manager, an assistant manager and a care co-ordinator. The registered manager told us the management team worked closely together. They did not have formal management meetings, but discussed issues related to people who used the service and staff as they arose. The registered manager said these discussions were not always recorded, so there were not always records of any decisions made or actions taken. They advised these meetings would be recorded in future.

People thought the service was well managed and were happy with the service they received. People told us, "Yes, they have looked after us well for a number of years." Another said, "I've had different agencies in the past who really didn't understand my anxiety. When I moved to Acme, I felt that they really took on board the issues that I have and they have been really sympathetic and understanding all the time that they've been providing me with care."

Staff we spoke with enjoyed working for the service and felt supported to carry out their role. Comments from staff included, "It is a really open and caring service." Another told us, "I love it here, we have a good staff team. The [registered manager] and [assistant manager] provide good support and will come out if we need them." They went on to tell us about how, after they informed the managers of the death of a person who used the service, they came straight out to the person's home and stayed with the care staff for the remainder of their shift. They said this was to make sure they [care staff] were okay and to support the person's family.

Staff had regular supervision (individual) meetings to make sure they understood their role and spot checks to make sure they put their training into practice safely. There was an 'on call' system for staff working out of office hours so they always had access to support and advice.

The provider had policies and procedures for staff to follow to support their role and ensure they carried this out safely. The registered manager told us that all policies required updating and was in the process of arranging for this to be completed.

When we asked staff what the service did well. Staff told us, "The managers care about the people we support and they care about the staff. They know people really well and are very understanding about

personal issues." Another told us, "Communication works really well here, the managers keep you informed about everything you need to know." We asked staff if there was anything that could be improved. They could not think of anything.

People told us they could contact the office if they needed to. One person told us, "There has been quite a bit of change in the office over the last few months and I don't recognise everybody's voice any more. However, they do usually pick up the phone whenever I do call and if I leave a message somebody will call me back at some point later in the day." A relative told us, "[Assistant manager] really understands everything about [family member] and it means when I need to phone and speak to somebody, I know she will be there and know exactly what I'm asking for."

People said they were asked for their opinion of the service. Comments included, "Yes, we meet with [registered manager] quite regularly and have the opportunity to talk about what we think about the service." Another said, "I do recall being sent a survey from time to time. Don't think the responses have ever been mentioned though."

We asked people if there was anything the service could improve. Two people told us they seemed to be short of staff if their regular care worker was unavailable. One said, "I think they could do with a few more care staff because there doesn't seem to be much slack when one or two either go on holiday or are off sick."

There were procedures to monitor the effectiveness and quality of the service. The managers undertook regular checks to ensure quality was maintained. This included telephone calls and visits to people to discuss their care. Records from people's homes were returned to the office for checking. For example, daily records staff completed during visits and medicines administration records (MARs). This was to ensure people received their care as recorded in their care plans and supported to have their medicines as prescribed. The registered manager told us, they had recently implemented daily audit sheets for medicines in people's homes to ensure errors were minimised and identified quickly. The assistant manager told us since the last inspection the service was, "More organised and we have better processes for monitoring that systems are up to date. Everything is working really well."

The registered manager told us they worked well with other professional including an organisation that supports people who receive direct payments, consultant psychiatrists, community nurses, SALT, and district nurses.