

Acre Care Ltd

AcreCare 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

This inspection took place on 12 January 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

AcreCare Limited provides a domiciliary care service. It is registered to provide personal care to people living in their own homes. The service provided personal care to 90 people on the day of our inspection.

A registered manager was in post and was present during our inspection. 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 felt safe with the service provided to them and staff were aware of how to protect them from the risk of potential abuse. People were protected from the risk of harm because staff were aware of their responsibility of identifying possible risks and to avoid them happening. There were enough staff to ensure people's needs were met and to support them to take their prescribed medicines.

People were supported by staff who had been checked to make sure they were suitable to work in their homes. Employment and criminal records checks were carried out on all staff before they started work at the service. Staffing levels were kept under review and people saw the same staff regularly which helped to make sure they had consistency of care.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to maintain their independence as much as possible.

People were cared for by staff who were skilled and who received regular support and supervision. People's human rights were protected because staff applied the principles of the Mental Capacity Act in their care practices.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training.

People's care needs were assessed and measures were in place to manage risks. People were involved in the development of their care plans which provided staff with guidance on how to support people safely whilst promoting their independence. The provider had recognised care planning as an area they wished to develop greater detail.

There was a complaints procedure and people knew how to use it. People and their relatives were confident

that any concerns raised would be responded listened to and addressed.

People benefitted from receiving a service that was managed well. Quality assurance systems were in place to monitor the quality of the care and support being delivered and the running of the service.

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.

Procedures were in place to protect people from abuse. Staff were aware of these and were confident in reporting concerns.

People's needs had been assessed and risks to their safety were identified and managed effectively by staff.

People were supported to receive their medicines in a safe way.

Safe recruitment systems were followed to ensure staff were suitable to work with people. There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively.

Staff respected people's right to make their own decisions and supported them to do so.

Where required, people were supported to eat and drink enough and access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by a staff team that was caring and respectful.

People received individualised care from staff who knew people's individual preferences.

People's dignity and privacy were respected and people were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed, planned and in line with their needs.

People and their relative's views were taken into account to ensure the care provided was personalised.

People knew how to complain.

Is the service well-led?

The service was well led.

People were happy with the service they received and told us the service was well managed.

Staff were happy working at the service and felt supported by the registered manager.

Quality assurance systems were in place to monitor the quality of service being delivered.

Good ●

AcreCare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 January 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager. We received feedback from seven people who use the service and two people's relatives. We also received feedback from three care staff.

We looked at nine people's care plans and associated records, four staff recruitment files, staff training records and the staff supervision and annual appraisal records. We reviewed a number of other documents relating to the management of the service. For example, compliments received, incidents records, spot check feedback, staff file audits and staff meeting minutes.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care staff that came to their house. One person said, "I feel very safe when they're here." People spoke about staff knowing what to do to help them feel safe and understood their routines. One relative told us, "She feels very safe with them. She's totally dependent on them due to her mobility and she wholeheartedly trusts them." Other comments from people and relatives included, "I feel she is safe with them, very confident that they're hitting the mark", "Very nice carers, I'm treated very well" and "I totally trust them."

The staff we spoke with had a good understanding about various forms of abuse. They told us if they had any concerns about abuse or poor care practices they would report this to the registered manager. Staff were also aware of other external agencies they could share their concerns of abuse with. The registered manager said all staff received annual safeguarding training and staff confirmed this. This ensured staff were aware of their responsibility of protecting people from abuse. Discussions with the registered manager confirmed their understanding of when to share information about abuse with the local authority to protect people from the risk of further harm.

Risk assessments were carried out to identify any risks to people when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks of falls and risks to people related to moving and handling.

The service assessed the environment and premises for safety of staff when providing the package of care as part of the initial assessment. For example, slip and trip hazards inside and outside people's homes and lone working safety. Other areas assessed for staff safety included the area local to the home of the person receiving the service, and other risks related to staff lone working and lone travelling. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather.

People were cared for by appropriate numbers of staff to meet their care needs. Most of the people we spoke with said they had never had a missed call and staff stayed their allocated time. One person said "She's (staff) always on time and has never missed an appointment." Other people told us, "They are always on time and never leave early" and "They have never missed an appointment." One person told us, "They didn't turn up once and I still don't know why."

The provider informed us that staffing levels were determined by people's assessed care and support needs and this was routinely reviewed to ensure people's needs were met. Staff confirmed there were enough staff available to care for people. One staff member said, "There is enough staff, any gaps through sickness for example are covered by other staff or senior staff stepping in."

People were cared for by suitable staff. All the staff we spoke with confirmed that before they started to work safety checks were carried out. These included a request for references and a Disclosure Barring Service [DBS] check. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people

to work within people's home. We looked at four staff files that confirmed these checks had been carried out.

People were supported by trained staff to take their prescribed medicines. The registered manager said staff had received training about how to manage people's medicines safely and staff confirmed this. Staff said they had access to information relating to people's prescribed medicines within their care records and the medication administration record [MAR]. A MAR is a record of people's prescribed medicines that staff signed to show when medicines have been given to the person. One person told us, "They always ask if I've taken my medication." Another said, "They're not involved with my medication, I do it myself but they always check with me that I've taken it." A third person said, "They always give me my medication in the morning and evening. They never forget."

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. They were pleased with the level of support they received and felt care staff understood the support they needed. People spoke about receiving care from people they were familiar with and felt they were well matched with the care staff they saw most often. Comments from people included, "I feel that she is very safe with them and it helps that she sees the same faces all the time", "Very good at communication; they've once called the ambulance service when she had a fall and then called me."

Staff told us they were satisfied with the induction they had received and the on-going training they undertook to carry effectively out their role. One staff member told us, "I hadn't worked in care previously but the induction gave me everything I needed. I thought shadowing more experienced members of staff was really useful." Another staff member said, "I was showed by the care manager how to do everything properly and if I wasn't sure then I would ask her, they were very helpful."

Records showed that staff had completed a range of essential training for their role that covered health and safety and related to the needs of people who used the service. Staff also had specialised training as required to support people, for example, training in dementia.

The Care Certificate is a set of standards for staff, which upon completion, helps to ensure they have the awareness, skills and knowledge they need to provide effective care and support. The registered manager ensured that staff, had or were in the process of completing the Care Certificate. This showed the provider invested in the staff team to ensure they were trained, equipped with the skills and knowledge to provide effective care in order to meet people's needs.

Staff had one to one meetings (supervision) with their manager once every two months. Staff also had their practice observed whilst they were working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were up to date with their supervision meetings. Staff said their supervision meetings enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place annually.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered provider was not currently supporting anyone who had been referred to the Court of Protection.

Staff demonstrated they were aware of the importance of seeking consent and respecting people's right to decline their care. Staff told us they sought people's consent and provided the care and support as detailed in the care plan. One person told us, "I never feel rushed or pressurised." Another person said, "Not rushed at all, they know it takes me a while to get dressed."

People we spoke with had varying amounts of support with eating and drinking. Where required they were supported to maintain a balanced diet and to have enough to eat and drink each day. People confirmed that staff always gave them a choice which was dependent on what food the person had. One person said, "They sometimes make my tea and it's always good." Another said, "Occasionally, they've prepared my evening meal and it's always done well." A third person told us, "Very helpful, will do anything I ask."

People were supported to access healthcare services when required. Staff said, "I will always try to assist people, if possible, to attend a doctor's appointment, for example by adjusting my visit times." People's care records contained information about people's medical conditions, prescribed medicines to manage the health condition and the contact details of the GP if required in an emergency.

Is the service caring?

Our findings

People told us their care workers were kind and caring when they supported them. One relative commented, "Very caring, they maintain her dignity and they're very respectful." Comments about the care provided by AcreCare by the people who used the service included; "Very professional and caring", "Very friendly staff", "We always have a laugh and a joke, they're just great girls" and, "They're all very kind and very gentle."

The registered manager told us they always undertook the initial assessments so that they had a clear understanding of people's needs. One person told us, "Had an initial assessment to discuss my needs." The registered manager and staff were able to explain different people's needs to us. Care records showed that people, and where appropriate, their relatives had been involved in the assessment and the development of their care plans. These were signed to show that people were in agreement with the support provided. The registered manager told us that where possible, they introduced staff to people before care and support commenced to make sure they were comfortable with the staff who were going to support them. This meant that people were supported by the staff most suited to meeting their needs.

Staff had a good understanding of people's care and support needs. One staff member said, "I always ask if anything has changed or if they need something else, regardless if I saw them earlier in the day." One person confirmed this by telling us, "They always ask if there's anything else they can do for me." They said they also had access to people's care records which provided them with information about how to care for them.

People told us staff respected their privacy and dignity. One person said, "They're very polite and respectful." Staff told us, "It's important to remain aware about privacy, dignity and respect. I am in someone's home after all." All the staff we spoke with were aware of the importance of respecting people's rights to privacy and dignity. A staff member said, "I always ensure the curtains and door are closed when I assist people with their personal care needs." Another staff member said, "I always explain what I intend to do before I assist people."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Is the service responsive?

Our findings

People received the care they wanted and that was responsive to their individual needs. Staff supported people in accordance with their preferences which included the choice, with regard to gender, of who provided their personal care. People also spoke about the flexibility of the service with regards to changing the content, timing and number of care calls they wanted. One person said, "Very flexible and adaptable."

They told us staff understood their care needs and adapted to what they wanted and needed at each care call. One person said, "They notice things and just do them for me; they're very good and adaptable." Another person told us that if they wanted something doing that wasn't part of the agreed package of care, the staff would do it if they could. One person said that AcreCare were, "Very caring and flexible."

People's care plans were based on an initial assessment, leading to a full assessment, with information gathered from the person and others who knew them well. Whilst people's preferred routines were included in their care plans and assessments captured some details of people's abilities and wishes the provider recognised that this aspect of care planning needed to be developed further. Staff told us that they knew how people liked things done and that they followed their wishes, this was not always recorded in great detail. The provider had very recently begun to overhaul the care planning system.

The care plans in place were periodically assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes to the registered manager so that the care plans could be updated. The care plans were up to date. Daily records were detailed and showed that care provided by staff matched the care set out in the care plans.

Whilst not everyone we spoke with was fully aware of the complaints procedure, they all felt confident to bring any issues, complaints or concerns to the attention of the registered manager. They all stated that they had the relevant contact numbers to hand if required. Staff told us that people had a copy of the provider's complaint procedure available in their care folder. Everyone we spoke with told us they would feel comfortable to speak with their care staff or telephone the office staff if they had any issues or complaints. One person told us, "Minor issues have always been sorted straightaway." Staff told us they would always support people with any concerns they had. One staff member said, "I have never received any but I would report any issues to the manager." We saw the policy and file but no formal complaints had been received.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager in post at the time of our inspection.

People and relatives we spoke with all told us they valued the care and support they received from the service. One person said, "I can't praise Acre Care enough." Another person said, "I've spoken to the management on the phone and they're very nice and always very co-operative." Some relatives we spoke with told us, "The management are pretty good at rectifying any issues that we've mentioned to them." People knew the registered manager and his role. They understood that they could call and speak with him if there were aspects of their care they needed to discuss. People and their families described the registered manager as accessible and that, "The management are very friendly people and only too happy to help."

Staff working at the service told us they enjoyed working there and that they felt supported. One staff member told, "The manager has been very supportive, it's a great place to work." Another staff member said, "It really is a very supportive company, they are always there for you." Staff told us that communication to and from the office was consistent and that they received the information they needed. Staff told us they had a regular rota and regularly visited the same people to support them. They felt this was important to them because it gave people the consistency they wanted.

Staff we spoke with told us they felt able to discuss people's care needs with the registered manager as they arose and did not always wait until a team meeting. Staff described having a mixture of text messages and phone calls to keep them updated about people's needs or any information they needed to be aware of. Staff told us the registered manager asked what they thought about the service and took their views into account. Whilst staff told us that communication with the registered manager was constant, formally documented team meetings were an area the provider had committed to improve upon. When team meetings were held staff were invited to give ideas for improvements and were kept up to date with what was happening within the company and with the people they provide care and support to.

Feedback on service provision was sought by the registered manager and care manager when they visited people to provide care, observe staff practice and during monthly telephone quality assurance checks. Remedial action was taken if issues were raised by people during those calls. People and their relatives confirmed they were asked their opinion on the service they received.

The service carried out routine audits of a number of areas related to the running of the service. For example, audits of care plans, training records, recruitment files, daily notes and medicine records. The spot checks on staff included checks of the records kept in people's home, as well as how staff worked with people who use the service.

People benefitted from a staff team that were happy in their work. The service had a positive culture that was person-centred, open and inclusive. It had a well-developed understanding of equality, diversity and

human rights and put these into practice. People and their relatives told us the service was managed well. Comments received were all positive and included, "Very happy with the service, very caring", "Definitely very happy with the service" and, "I'd recommend them to anybody."

Discussions with the registered manager confirmed their awareness of when to send us a statutory notification about events that occur which they are obliged to do by law.