

ACSC Limited

Advanced Care and Support in the Community

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

Advanced Care and Support in the community is a domiciliary care service. It provides care to people living in their own homes. At the time of our inspection they were supporting 58 people. The agency provided services for younger adults and older adults with physical disabilities, sensory impairment and dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People and their relatives spoke highly of the care workers who visited them and the management of the service. A relative told us, "We had three agencies before, these are by far the best."

People had continuity of care from staff and a management team who knew them well and were flexible to meet their needs and preferences.

People told us their care workers were usually reliable and arrived on time but if there were any issues then the office would contact them and let them know.

People told us they felt safe and they were cared for by staff who were well-trained and understood how to protect them from abuse. Risks faced by people were assessed and documented and staff understood how to mitigate them.

People and their relatives told us that when things went wrong they were comfortable in contacting the office and confident they would be listened to. People who had raised concerns in the past said their concerns had been dealt with appropriately.

Staff told us they enjoyed their work and felt supported by the management team. Many staff had worked there for many years and they told us that the service had a "friendly" and "family" atmosphere.

Staff were recruited safely. There were robust quality assurance systems in place and the service was working to best practice guidelines and current legislation.

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

Rating at last inspection:

The last rating for this service was good (published 23 June 2017).

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?

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 ●

Advanced Care and Support in the Community

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 consisted of one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2019 and ended on 30 December 2019. We visited the office location on 28 November 2019.

What we did before the inspection

We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the care supervisor, and four care workers. We made calls to 18 people and spoke with four people and four relatives. We reviewed a range of records, including six people's care records and medicines records. We looked at four staff files and various records relating to the running of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures. We sought feedback from health and social care professionals.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the signs of abuse and how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood their responsibilities to raise their concerns with management and how to escalate them further if necessary.
- There were suitable policies and procedures in place, and staff were following them. For example, staff who assisted people by shopping for them kept records and receipts to help protect them from financial abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed before the service started, and then regularly reviewed. The management team also routinely audited people's assessments, records and care plans.
- Staff visited the same people regularly and so were able to routinely monitor their safety on a day to day basis. They told us they were confident in reporting any safety concerns to the office and that they would be dealt with appropriately.
- The equipment used by staff when supporting people in the homes was regularly serviced. The due date of the next inspection was noted in people's assessments.

Staffing and recruitment

- The service had enough staff to meet people's needs and to cope with changes to the services required. Electronic call monitoring (ECM) was in place, and the records were routinely reviewed by the management team. People told us their care workers usually arrived on time and staff told us they had enough travel time between visits.
- People had continuity of care, even at weekends. Some people had had the same care workers visiting them for several years. This meant they were supported by staff who were familiar with their needs and knew how to keep them safe.
- Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- The support people required with their medicines was assessed and documented. There was clear guidance for medicines being taken 'as required' and homely remedies.

- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the agency's procedures and told us they adhered to them.
- Staff completed medicine administration records (MAR) each time they supported someone with their medicines. These records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.

Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. They confirmed there was a plentiful supply of PPE.
- People told us that staff were clean and tidy and disposed of waste appropriately.

Learning lessons when things go wrong

- The service had a proactive culture of learning from its mistakes and near-misses. Good records were kept and these were reviewed by the registered manager. We saw an example of where the service had had 'teething problems' when they began supporting someone with complex needs, but had worked closely with the person and their family to make the service the best it could be. We saw that the person's relative had described the response to the complaint as 'excellent'.

Is the service effective?

Our findings

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

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

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

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

- People's personal care needs and preferences were assessed and recorded in an appropriate level of detail for their needs. This included information about people's preferred routines and important details such as oral and denture care.
- Staff were delivering care in line with current guidance and best practice. They told us they were kept up to date during their supervisions and staff meetings. We saw several examples in the records, such as discussion of best practice around recording support given with medicines.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff.
- There was a strong culture of learning and progress at the agency. One staff member told us, "I have done my NVQ2 and my NVQ3 since I've been here." Staff were experienced and confident, and told us they felt supported in their role. They told us they had regular supervision and appraisal with their supervisor at which their professional development was discussed.

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

- People's needs around eating and drinking were assessed and documented. Their preferences and special diets were documented and recorded. Staff gave us examples of different ways they supported people with special diets, such as preparing puréed food for people who were at risk of choking.

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

- The service worked with other organisations and services to promote people's health and wellbeing. Care plans and records showed effective liaison with other health and social care professionals and other care services.
- Staff supported people to live healthier lives. They supported people to stay as fit and healthy as possible. One person told us, "I have an exercise bike I use three times a week, they help me with that."

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.

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.

- People's capacity to make decisions relevant to their care and support were assessed and documented. Where a relative or representative had signed on a person's behalf the reason for this was noted.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and looked for this information in people's care plans. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care, such as what to wear and what to eat.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and supported people with kindness. A person told us, "If there is anything I need, I know they will do it." A relative told us, "Absolutely brilliant... the care that they give [person] is absolutely extraordinary."
- Several people and their relatives gave us examples of occasions when staff were prepared to 'go the extra mile' for people. For example, making extra visits when people were delayed returning from hospital, even late at night. A relative told us, "I could give you half a dozen names of staff who have gone beyond. They have been exemplary, we've been so lucky."
- Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness. Staff told us, "I'm so glad I have great clients. It makes it easy to love the job" and "I don't feel like I'm working. I do love my job."
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they felt comfortable expressing their views and felt involved in decisions about their day to day care and support. They told us they would feel happy requesting changes to their care. One person said, "I'd just phone the office and they'd sort everything out straightaway."
- People's support plans promoted their independence at home. Staff spoke in detail about how they supported people, including those living with dementia, to remain independent. A person told us, "What I can do, they let me do."
- People were treated with respect and care workers promoted their dignity. Staff described the ways they ensured people maintained their dignity during personal care, such as using towels to cover them and making sure people did everything they could for themselves.

Is the service responsive?

Our findings

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

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

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 plans were personalised. Their plans included a background history of the person, their medicines, communication needs, continence management, oral hygiene, nutritional support, shopping, housework, financial and health conditions. Staff had a very good knowledge of the needs and preferences of the people they visited.
- The service involved people and their relatives in drawing up their support plans and reviewing them. People and their relatives told us that the supervisor or registered manager visited regularly to review the service. A person told us, "They come out every two or three months."

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.

- People's communication needs were assessed in line with the AIS and recorded in their support plans. Staff described for us the different ways they communicated with people, such as speaking clearly and facing the person when they have hearing loss.

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 visits were planned in accordance with their social needs, for example, one person's evening visits were scheduled at a later time on the days when they attended evening events at a social club.
- Because people had continuity of care, they were able to form friendly relationships with their regular care workers. People told us their care workers took the time to speak with them. Staff told us, "I have a close bond with them, I go to the same people six days a week" and "We talk, we have a good rapport, we laugh."

Improving care quality in response to complaints or concerns

- The management team told us they were responsive to complaints and concerns and feedback from people and their relatives confirmed this. A person told us, "I complained once, but that was immediately dealt with, within a couple of hours it wasn't a complaint anymore."
- Most people and their relatives told us they had never had to make a complaint. People were not always familiar with the formal complaints procedure, however they all said they would be confident in calling the

office to raise any concerns.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. Policies and procedures were in place and staff had been trained in end of life care. People's end of life wishes and preferences were noted where known. The registered manager told us they also sought guidance from a local hospice.

Is the service well-led?

Our findings

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

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the centre of the service's culture. It was clear when talking to both the managers and care staff that person-centred care was inherent to the culture of the service and informed its practice. A staff member told us, "The best thing about the job is the interaction with my clients."
- Feedback from people and their relatives described good outcomes. A relative said, "All [person] ever wanted to do was stay in their own home and without them we wouldn't have been able to keep [person] at home, they'd have been in a nursing home."
- People and their relatives praised the service for being able to deliver compassionate, person-centred care despite time constraints. Many people were receiving complex packages of care requiring several visits a day from two care workers. A relative said, "I do think we expect far too much of them. I can't praise them highly enough, especially the manager."
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work. Staff turnover was therefore low, ensuring people had continuity of care from experienced staff who knew them well. Many staff had worked together for years. One said, "I feel like I'm part of a family."
- The service communicated well with people and their relatives about occasional issues with the service, such as when care workers were running late. A person said, "Communication was difficult but it has improved." A relative said, "If they are going to be late then they phone me and I can reassure [person] that they are coming and say when."

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 provider understood their duty of candour. We could see from the detailed records being kept that complaints and concerns had been dealt with in a candid and honest way.
- The registered manager understood her responsibilities around notifying the CQC and had submitted all the required notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles. People told us that their support workers carried out their

tasks in a caring and responsible way and that they were backed up by a reliable and equally caring office team. A relative told us, "I'd like to single out the manager, she's exceptional... we don't live locally and I can't praise her enough. She's done far more than she ever should have done... she's really doing our job."

- The service had a strong culture of learning and improvement, and there were robust quality assurance systems in place. This included regular quality checks with people and their relatives, annual satisfaction surveys, audits of all the service's records and analysis of incidents and complaints to identify any concerning trends.
- There were regular, well-attended staff and management meetings and detailed records were kept. These included discussions of good practice and ways the service could improve.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals, such as district nurses and occupational therapists.