

ACAH Limited

# ACAH Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on 8 and 14 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection there were 19 people using the service.

There was a registered manager in post. 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.

Improvements were required to ensure that people's risk assessment procedures were fully documented and were updated when changes had occurred. The registered manager also needed to document the action they had taken to ensure that safe recruitment practices had been adhered to and that staff were given adequate feedback about their performance and development needs.

Improvements were also required to the understanding of the Mental Capacity Act and the documentation that this requires when considering if people who use the service have the capacity to make particular decisions about their care. The registered manager showed competence at delivering good quality care but improvements were required to their knowledge of the regulations with which they must comply.

Further improvements were required to ensure that policies and procedures reflected the current practices adopted by the service and that effective quality assurance systems were in place to review the quality of care that people received.

People felt safe using the service and felt that they were treated well by staff. Systems were in place to help protect people from harm and people received their care from consistent members of staff in a timely way.

People were supported to have their medicines as they needed them and people were suitably protected by the prevention and control of infection. Systems were in place to identify if lessons could be learned if anything within the service went wrong and this was quickly shared amongst staff if improvements had been identified.

The registered manager had good systems in place to complete a detailed assessment of people's needs, and they worked to match staff and people together with common interests or backgrounds if this would be beneficial. People were happy that staff had appropriate skills and competencies to provide the care they required, even in challenging circumstances.

People's nutritional needs were met and monitored by staff if people required this support, and people's healthcare needs were well supported with good liaison between services if necessary.

People spoke highly of the staff and the caring approach they took with them. People commented that the staff often went above and beyond expectations and they were thankful to have found ACAH. People were treated with kindness and respect and staff had developed positive relationships with people that helped to empower them.

People's care needs were met in a personalised manner and staff were responsive and considerate in their approach. Staff provided flexibility when it was required and people were able to rely on the service. People's care plans were person centred and each one was individualised to meet the specific needs of each person.

The registered manager was approachable and took an open approach to improving the service and providing the best care for people. The culture of the service promoted people's independence and encouraged and empowered people. People were able to provide feedback to the service and this was very complimentary.

This is the first inspection of the service, and the first time it has been rated as Requires Improvement. We have made a recommendation about increasing knowledge and understanding of the regulations which govern this 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?

The service was not always safe.

Improvements were required to ensure that people's risk assessments were adequately documented and updated following an incident.

Improvements were required to ensure that evidence was available to show that safe recruitment practices had been adhered to.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were required to ensure that staff supervision was adequately structured and documented.

Improvements were required to ensure that documentation was available to show compliance with the Mental Capacity Act 2005.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff demonstrated a caring and compassionate approach and people were happy with the way they were treated.

People were treated with dignity and respect and staff showed concern for people's wellbeing.

**Good** ●

### Is the service responsive?

The service was responsive.

People received care that was person centred and tailored specifically to meet their individual needs.

Staff provided care that was responsive and considerate to people and their needs.

**Good** ●

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Improvements were required to ensure a full understanding of the regulations with the social care sector.

Improvements were required to the quality assurance procedures to ensure that people received consistent high quality care.

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# ACAH 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 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 inspection took place on 8 and 14 November and was announced. We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was completed by one inspector.

Before the inspection, the provider 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection we spoke with four people who used the service, one person's relatives, two members of care staff and the Registered Manager. We also reviewed information we had received from healthcare providers that supported people using the service, and feedback provided from people that use the service and staff that work at the service and we took this into account when we made judgements in this report.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included questionnaires, training information for care staff, staff rotas and arrangements for managing complaints.

# Is the service safe?

## Our findings

Improvements were required to the updating and recording of people's risk assessments. Staff took action to ensure people were safe and people had risk assessments in place which identified areas when they may need additional support to keep them safe. One person said, "I live with [name of person] and therefore my main risks are reduced but the staff keep an eye on things like my skin and if there are any concerns they help me sort it." People's risk assessments were documented in their care plan and staff understood the guidance within them.

However, we found that when an incident had occurred and people's risk assessments required a review, this had not always been completed in a timely way. For example, after one person had fallen, their risk assessment had not been updated to reflect what had happened, and the measures that were in place to try to reduce a similar event. Staff were aware of what had happened and had taken appropriate action but this was not adequately recorded. We also found that risk assessments were not always in place when people required additional equipment to keep them safe. For example, we found that eight people used bed rails to keep them safe in their beds, but the risk assessments for these and the accompanying guidance for staff was incomplete. Staff were aware they needed to check the bed rails to ensure they were safe, and had taken action when they felt improvements could be made, however the guidance for staff was insufficient. Following the inspection the registered manager took immediate action to ensure risk assessments were in place when required, and they contained accurate and updated information.

Improvements were required to ensure that safe recruitment practices were complied with. The care staff employed at the service were all known to the registered manager in a professional capacity as they had previously worked together in care. Following the closure of a service the staff worked at, efforts to obtain individual references for the staff had not been forthcoming. Whilst the registered manager had considered a risk assessment regarding the employment of each person, this had not been documented in each staff file. Following feedback from the inspection the registered manager told us they had taken action to address this. Prior to employment, the registered manager had checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before people were able to provide independent care to people.

People felt safe using the service and there were safeguarding systems in place to help protect people from harm. One person said, "They're gentle and they treat me well. I feel lucky to have them." Staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. The registered manager had implemented a transparent system which ensured that people that used the service could report any concerns if necessary. The contact details for the local authority safeguarding team and the Care Quality Commission (CQC) were clearly and prominently displayed in people's care plans. People who used the service had an understanding that they could make their own reports if they were concerned about how they were treated.

The registered manager made appropriate notifications to the local authority and the CQC if there were concerns about how people were treated within their own homes. They ensured that people using the

service were safe and monitored people's safety if necessary.

Sufficient numbers of staff were available to support people with their care needs at the time they wanted it. One person said, "The same girls [staff] come to me each day. I know when they're coming. There's no problems there." Another person said, "I have a consistent carer, the same one. That's what I wanted." People were supported to receive their care from regular staff and were happy with the competencies of the staff.

People were happy with the support they received to take their medicines. One person said, "My medicines have never been missed. They [the staff] know what they're doing." Staff were knowledgeable about how to ensure people received their medicines safely. As part of the pre-assessment procedures the registered manager identified whether people were on any medicines, and if they were time critical. The registered manager ensured that these care visits were scheduled appropriately, and that staff had the training and skills to be able to administer people's medicines safely. Staff understood the importance of providing people with the correct medicines at the correct time and told us they took time to read and understand people's medicine instructions. People were encouraged and supported to be as independent with their medicines as possible, and staff helped to facilitate this by working with the pharmacy to provide people's medicines in blister packs if people felt this would be beneficial to them. Appropriate procedures were in place to record the medicines people required and when they had been administered. One member of staff confirmed, "I don't sign the MAR (Medication Administration Record) until I have seen that the person has swallowed it (the medicine)."

People were protected by the prevention and control of infection. One person said, "I have noticed they wear latex gloves or something [when they are helping me with my personal care] so there is no transference of bugs or anything like that to me. They're [the staff] always well-presented and clean so I don't have any concerns." We saw that staff had received training in food hygiene and hand hygiene and this had helped them to develop good infection control practices whilst supporting people in their own homes.

Procedures were in place in the event of an accident or incident and learning was shared from these. The registered manager investigated these incidents thoroughly and where necessary, worked with external partners and stakeholders to identify where improvements could be made. The registered manager had an open and transparent approach with staff and was keen to ensure staff were aware of any relevant information following an incident. We could see that to help staff with their understanding, photographs and clear instructions had been made to identify any changes in people's care as a result of an incident.



## Is the service effective?

### Our findings

Improvements were required to the way in which staff received feedback about their performance. The registered manager confirmed that they would meet or call staff on a regular basis about their work but there were no formal systems in place to review staff competence and their performance on a regular basis. Staff felt well supported by the registered manager and felt confident in the mentoring that they provided however this was on an informal basis and lacked structure in timing and the issues discussed. The registered manager confirmed that all supervision meetings would be recorded and reviews of staff people's performance would be recorded. The registered manager had planned for staff appraisals to take place in December, after staff had been at the service for a year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and were submitting any applications to the Court of Protection. We found that improvements were required to ensure all care was provided in line with the MCA. People were consulted about their care, and were given choices about how they received their care however assessments had not been recorded in line with the MCA when people lacked the capacity to make their own decisions. For example, we found that two people that did not have the capacity to make a decision about the use of bed rails had these in place. The registered manager had considered the appropriateness of this but had failed to follow the procedures and have written documentation in place regarding their use. Following the inspection they took action to rectify this however improvements were required to ensure all staff had a full understanding of the requirements of the MCA.

People's care needs were assessed by the registered manager to understand how each person could be best supported. The registered manager met with each person, and their relatives or other professionals involved in their care to get a full picture of the support the person required. This considered people's mental, physical and social care needs, and the registered manager took this into account when identifying which staff would be best suited to work with each person.

To ensure the best outcomes for people, the registered manager completed the first few visits of any new client so they could have a clear understanding of their care needs and preferred routines. The registered manager then used this insight to match the most suitable staff member with the person. For example, with one person who was new to the area, the registered manager ensured that the staff that worked with this person had a good knowledge of the local area, and may be able to support the person to meet people with similar social preferences.

People were happy with the skills of the staff and felt they were able to deliver effective care and support. One person provided feedback which said, "I require expert care and was told that ACAH would care for me. They are amazing..." Another person said, "They always give 100% care, professionalism and commitment to ensure their clients' needs are always completely fulfilled." Staff received an induction to the service, and received training in all the key areas of care. This included amongst other topics first aid training, pressure area care and the role of a carer. Arrangements were in place for staff skills to be refreshed with updated training, and if new personal care needs were identified, the registered manager supported staff to obtain the skills and knowledge required to meet those individual needs.

People were supported with their meal preparation if they required it. One member of staff told us, "We always ask people what they want to eat and drink and give them their choices, even if we know what they like. Sometimes they might change their mind and that's fine, we don't force it! Some people need encouragement to eat a bit more and we do that." We saw that staff were responsive to people's changing needs and recorded the foods and fluids that people consumed to help people remember what they had eaten, or if staff needed to take any action to offer further support.

People's healthcare needs were carefully monitored and staff worked proactively to support people to have access to healthcare professionals. One person provided feedback in a questionnaire which told us, "ACAH also give that valuable support between me and my doctor. If they are concerned about my health they will contact my doctor, husband and family. I feel relaxed with ACAH around." The consistency of carers allowed staff to recognise when people's healthcare needs had changed and they were effective at seeking support when required. We saw that the staff liaised with doctors, nurses and other healthcare professionals at appropriate intervals to ensure people received consistent care and that any concerns were acted on promptly.

## Is the service caring?

### Our findings

People spoke highly of the caring approach and nature of the staff and the support they provided. One person said, "They are supremely professional... Often going beyond their remit to resolve issues which we could not do for ourselves. Their good humour has often raised spirits which can so easily be depressed." Another relative said, "The girls [staff] are friendly, happy and provide excellent care of my [relative]." People described to us the caring approach of staff, understanding that on occasion's matters outside of their control meant that their care needs may have changed, but that staff showed compassion and flexibility at all times. People were made to feel like nothing was too much trouble and their needs would be supported in the way they wanted.

Staff told us they had developed positive relationships with people, and it helped that they were able to work with the same people on a regular basis. One member of staff said, "I don't feel rushed, there's enough time to provide the care people need and I always stand and chat afterwards. It helps that we have background information about some people so we already know some information which can help to start a conversation."

Staff respected how the little things mattered to people. One relative provided feedback which said, "They deliver an excellent care package for [relative], but they have also always been available for any advice, to arrange visits for [relative] and shown excellent communication standards that I feel are incredibly important. The registered manager also told us how they helped one person care for their dog when they were unable to let them outside. The registered manager told us that they understood how sometimes, it was just the little things that really helped people and the staff team worked to try and identify and resolve the small concerns.

People received their care from staff that showed concern for their wellbeing. One person said, "Nothing is too much trouble, even coming out at 3am to assist me." The registered manager confirmed that there were incidents that meant they had gone above and beyond normal requirements but this was because the staff showed concern for people. The registered manager confirmed that the standards for recruiting staff that were based around the values of providing high quality compassionate care that put people right at the heart of what they did, and people's feedback supported this approach.

People told us they were encouraged to express their own wishes and opinions regarding their care. For example, one person told us that when the care package was set up they had a discussion with the registered manager about what times they would like to receive their care and this was set up at the person's convenience. The staff responded to people's choices on a day to day level and gave them choices in everything they did. People had good relationships with staff and felt able and empowered to express their views.

People using the service did not require the use of an advocate as they had family or friends involved in their care. The registered manager confirmed that if anybody did not have a support network around them they would look to find an independent advocate that could help them with big decisions if necessary.

People's privacy and dignity were respected. One person said, "They keep my dignity whilst they're helping me and I keep it as light hearted as possible. I make it as easy as possible and they treat me with me respect. They are very good." Another person told us, "I have an ensuite so that helps with my privacy but they're very respectful about my dignity."

People were encouraged to be as independent as possible. One member of staff told us, "People's independence is important. I support one person who is so independent. You'd be shocked. They do their own ironing and shower themselves; I just help them along a little bit." The registered manager told us a key focus of their care was to encourage and support people to be independent. They understood the frustrations of people having to rely on others to help them, so did what they could do to enable people to do what they could for themselves. The registered manager recognised that one person became anxious and confused at various times in the day. They produced a short guide that the person could read whenever they wished which reminded them of their background and key pieces of information which could help to calm and reassure them. This was amended as required and staff took time to read this to the person during their visits.

People's personal information was handled carefully and people's records were protected. The registered manager had secure lockable cabinets for the storage of records and staff understood the need to maintain confidentiality. When information about people was shared between staff this was done discreetly and in a sensitive way. The provider had policies in place about confidentiality and data protection.

## Is the service responsive?

### Our findings

People's care needs were considered in a personalised manner, and each person's diverse needs were fully considered. We received feedback from the local authority which commended the approach taken by the service. They said, "ACAH look holistically at the whole needs rather than just the provision of needs that are assessed for. They are flexible to meet clients' needs and provide a very bespoke service. Each person was consulted on their care needs, and this formed the basis of each individual care plan. As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been amended to reflect each person's unique care needs. Staff were consulted to ensure that the care plan was reflective of the care that each person preferred and the care plans were easy to follow.

People received care that was responsive and considerate. For example, one person told us that there were periods of time when they were frequently required to go to hospital at short notice, or return home from hospital and require care at home at unexpected times. They said, "I just have to ring the registered manager and it's sorted. They understand when I've had a long and tiring day and just need my care when I need it. I've come home from hospital and they've had two staff members waiting outside for me. It's been a relief." People appreciated the flexible approach from staff and how this allowed them to have personalised care.

People's care plans had information about their personal history and their individual preferences. Staff told us they found the care plans helpful. They allowed staff to gain a good insight into the person and this helped them to build relationships together and share common interests. The registered manager took this information into account when allocating people and staff together, and this had positive outcomes for people.

Staff completed daily notes about the care and support each person had received, and the templates for these notes were personalised to reflect the individual needs of each person. For example, some people required specific support with their nutritional needs and the daily notes prompted staff to give the required information about this. Staff found it easier and quicker to record the information for each person which meant they had more time to provide care and have conversations with the people they supported.

The registered manager was aware of the detrimental effect social isolation and loneliness could have on people. They told us they worked with people to consider if they would like to attend day centres and staff encouraged this if they were a little reluctant. They also passed information about community groups to relatives who may also benefit from the additional support.

The registered manager took an open approach to complaints and was keen to learn if they had made mistakes or got something wrong. People were provided with a copy of the complaints procedure in their care plan so they had access to this in their homes. The registered manager maintained good communication with the people that used the service and frequently asked for feedback. People told us that if they did have any concerns or feedback they would feel comfortable talking to the registered manager. One person said, "I've no concerns at all, I'm very happy." Another person said, "If I was unhappy about anything I would talk to my [relative]. I know they talk regularly to the registered manager and they always

get everything sorted. We've no worries." At the time of inspection the service had not received any complaints, but had received a number of complimentary comments from people and their relatives that used the service.

The registered manager had recognised that improvements were needed to support people with good end of life care plans to ensure people could have a comfortable and dignified death. The registered manager had amended the pre-assessment template to introduce questions about people's end of life preferences and understood the importance of giving people the opportunity to let the care staff know their preferences. The registered manager had decided that they wished to build relationships with people before creating end of life care plans and was prepared to work with people to consider their options. One person told us they had very clear end of life plans and would feel comfortable discussing them with the staff, but felt at this time they did not need any additional support with those plans. Following our inspection the registered manager booked meetings with people that used the service to begin to discuss people's thoughts and preferences.

## Is the service well-led?

### Our findings

Improvements were required to ensure that the service was well led and the registered manager had a full understanding of all requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager needed to take steps to ensure that records related to people's risk assessments, mental capacity and equipment were documented and reviewed at regular intervals, or after people's circumstances had changed. In addition, improvements were required to staff files to include appropriate documentation regarding recruitment and supervision. We recommend that the service finds out more about the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the expectations contained within them.

The service had policies and procedures in place which covered all aspects relevant to operating a care agency; however these needed to be reviewed to ensure they were personalised and reflected the practices that the service had adopted. The registered manager submitted the required notifications to the Care Quality Commission (CQC) and understood the importance of transparency and openness.

Improvements were required to the quality assurance systems that were in place to ensure that people consistently received the care they required. The registered manager needed to make improvements to ensure medication audits were completed on a regular basis and that daily records were reviewed to ensure that care had been delivered as per people's requirements. The registered manager regularly requested feedback from people that used the service but adequate systems were not in place to observe or review staff competence on a regular basis. In addition there were no systems or schedules to review people's care plans on a regular basis to ensure all aspects had been reviewed and updated if necessary.

The registered manager had the skills and abilities to provide effective leadership. They were keen to learn and acted on feedback from the inspection promptly. This will be further developed as the service develops and their own understanding of the regulations progresses.

The registered manager promoted a positive and open culture to learning and acted as a positive role model to staff. At the core of the service were values which provided consistent, compassionate and caring support for people where staff went above and beyond people's expectations. The registered manager was keen for people to become independent and wherever possible to make positive progress so they could remain living at home for as long as possible. The registered manager spoke with pride and satisfaction when people had improved their independence and their care packages had been reduced.

Expectations of staff to deliver high quality care in a friendly and compassionate manner were high, and the registered manager wanted only the best staff. Staff were proud to work for the organisation and were proud of the good reputation for high quality care the service had earned. One member of staff said, "I really enjoy my job and I like working for the registered manager. They listen to us and we all work together." Staff were given opportunities to help improve the service, for example by making suggestions to how each person's care plan could be amended to make it easier to use.

The registered manager was approachable and accessible to staff, and the staff team were in regular contact with each other. The registered manager told us, "I see or speak to the staff almost every day to make sure everything is going OK, or to update them if anything has changed." The staff worked well together to ensure people received effective outcomes. For example, the staff team worked flexibly to ensure people received their care at the times they required their care.

People and their relatives were encouraged and supported to provide feedback about the service, and there were a number of opportunities to provide this. One person and their relative told us, "The registered manager comes to see us to help us with our care every now and then. We always have a full discussion and they always ask us if there is anything the service can do better and we always tell them that they're on top of everything. If it ain't broke don't fix it!"

We also saw that people had been asked to complete a survey about the quality of care they received and the results of this were very positive. People were happy with the care they received and many commented that they felt lucky to have found the service. The surveys had been reviewed to identify if any improvements could be made however there had been no negative feedback for the registered manager to address.

The registered manager was proactive in working with people's relatives or healthcare professionals to identify any lessons or improvements that could be made to ensure consistent care for people across other services. For example, when one person had required a hospital admission, the registered manager worked with the hospital team to identify what had caused their deterioration and shared the lessons from this hospital admission with the local doctor's service, staff and the person and their relatives. The registered manager, the staff and the hospital team had worked together to identify that the person had reacted badly to a change of brand of the same medicine. Following this the registered manager had taken photos of the packaging of the medicine that had caused the person difficulties and made it clear to all parties specifically which brand of medicine the person required.