ACG CARE LTD

Trading Office

Inspection report

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19 November 2018

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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

We carried out an announced inspection of Trading Office on 14 and 19 November 2018. This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This was the first inspection of the service since they registered with the Care Quality Commission (CQC).

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

The service was safe. Risks had been identified. Information and processes were in place on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within and outside the organisation. Medicines were managed safely and people had been receiving their prescribed medicines. Staff told us they had time to provide person centred care and had enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control and knew how to ensure risks of infection were minimised when supporting people. Pre-employment checks had been carried out to make sure staff were suitable to care for people safely.

The service was effective. Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Staff had received regular supervisions and told us that they were supported in their role. Staff knew the principles of the Mental Capacity Act 2005 (MCA) and requested people's consent prior to supporting them. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals to ensure people were in the best of health.

The service was caring. People had a positive relationship with staff. People told us that staff were caring and their privacy and dignity were respected by staff. People were involved with making decisions about their care.

The service was responsive. Care plans were person centred and detailed people's preferences, interests, communication ability and support needs. People knew how to make complaints and staff were aware of how to manage complaints.

The service was well-led. Regular audits were being carried out. Staff told us the service was well-led. People's and staff feedback was sought through meetings and surveys.

Further information is in the detailed findings below.

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.

Risk assessments had been completed and information put in place to minimise identified risks to ensure people were safe at all times.

Staffing levels were appropriate.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

A full pre-employment check had been carried to ensure staff were of good character and suitable to work with people.

Medicines were managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

The registered manager and staff were aware of the principles of the MCA. Staff asked for people's consent before carrying out tasks.

People had access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved in decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Complaints were investigated and action taken when needed.

Is the service well-led?

Good

The service was well-led.

Systems were in place for quality assurance.

Staff told us the service was well-led and were positive about the management.

Feedback were sought from people and staff through meetings and surveys.

Trading Office

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.

The inspection was carried out by one inspector on 14 and 19 November 2018 and was announced. We gave the provider notice as we wanted to ensure that someone would be available to support us with the inspection.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR 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.

During the inspection we visited the provider's head office and the supported living site. We reviewed documents and records that related to people's care and the management of the service. We reviewed one person's care plans, which included risk assessments and three staff files, which included pre-employment checks. We looked at other documents held at the service such as medicines management, training and quality assurance records. We spoke to the registered manager, a care staff member, one person who received care from the service and their relative.

After the inspection, we contacted a health professional.

Good

Is the service safe?

Our findings

The person and the relative we spoke to told us that people were safe. The relative told us, "[Person] is safe, it's been good."

Assessments were carried out with people to identify risks. Risks assessments included the area of risks, identified risks, level of risks and strategies to minimise risks. Risks that had been identified included people who were at risk of falls, behaviours that may challenge, financial exploitation and fire safety. For example, one person who was at risk of financial exploitation, assessment included that a weekly budget is set and all transactions were recorded with evidence of receipts, this was then reviewed by the registered manager.

The service was committed to learning from incidents or mistakes to ensure that there was continuous improvement and people using the service remained safe. Incidents were recorded appropriately and these showed the provider took appropriate action following incidents. The details of the incidents were recorded along with the actions taken and ways to minimise the risk of reoccurrence. We found that there had been a number of incidents relating to one person. The registered manager told us that action had been taken to learn from these types of incidents to minimise the risk of re-occurrence and gave us an example of how learning had taken place in regard to fire safety to ensure the risk of fire was minimised. The registered manager and staff were aware about what to do if accidents or incidents occurred.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. Whistleblowing occurs when a staff member raises concerns internally or to external authorities, about a workplace danger or illegality that affects others such as abuse. One staff member told us, "Safeguarding is to protect vulnerable adults from abuse. Abuse comes in a lot of ways such as stealing, verbal and physical. If I see this, I will make a complaint to the manager or team leader. If nothing happens, then I will go to the police." Records showed that staff had been trained in safeguarding people and a safeguarding policy was available to staff.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. The registered manager told us that staff did not start working at the service until all pre-employment checks had been completed. Staff confirmed this. We checked three staff records. Relevant pre-employment checks such as criminal record checks, medical background checks, references and proof of the person's identity had been carried out as part of the recruitment process.

There were sufficient staff available to support people. A relative told us, "There is quite a lot of staff." A staff member told us, "We have time to do everything. We have enough time." Staff told us that they were not rushed in their duties and had time to provide person centred care and support people when needed. Our observations confirmed this. The staff rota confirmed planned staffing levels were maintained throughout the day and night.

People were supported with their medicines safely. A relative told us, "Medicine is fine." Where people refused medicines, then protocols were in place that provided information on what to do such as informing social care professionals within 24 hours. Medicines were stored securely. We looked at Medicine Administration Records (MAR) and found two gaps in signatures in October and November 2018. We checked the daily records and found the medicine had been administered but was not signed for. The registered manager informed that she would carry out supervision with staff to ensure if training was required. Where 'as required' (PRN) medicines had been prescribed, these had been administered when needed. PRN medicines are prescribed to people and given when required and can include pain killers. Staff had been trained in medicine management. Records showed that staff had been competency assessed to check their understanding of medicines prior to administering medicines. Staff confirmed that they were confident with managing medicines.

Staff were trained in fire safety procedures and were able to tell us what to do in an emergency such as evacuating people, moving them to the assembly point and ensuring everyone was there and calling the emergency services. There were fire safety procedures available and smoke alarms were installed throughout the supporting living site. For people that may pose a fire risk, risk assessments had been completed that included information on how to minimise risks. Checks were made regularly in people's room to ensure the risk of fire was minimal.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control. The person and relative we spoke to told us that people's rooms were clean and staff wore appropriate clothing when supporting them. A cleaning schedule was in place to ensure the supported living site was cleaned throughout the day and night. We observed that the supported living site was clean. A staff member told us, "We do the cleaning. It [supported living site] is always kept clean. We all do cleaning, even the manager."

Good

Is the service effective?

Our findings

The person and relative we spoke to told us staff were skilled, knowledgeable and able to provide care and support. The relative told us, "They are quite patient, they seem to do a good job."

Staff had received training required to do their role effectively. A staff member told us, "I got an induction. Induction included mandatory training. It is helpful because it gives you an idea on how to help clients [people]." Records showed new staff that had started employment had received an induction. New staff members received introductory training that was required for them to carry out their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The training included infection control, health and safety, moving and handling, communication, nutrition, first aid and safeguarding people. Specific training had been provided in the areas of mental health, positive behaviour support and learning disability.

Staff were supported in their role. Records showed that staff received regular supervision. Supervision topics included, 'What I want from you as my supervisor', 'What will I contribute to make my supervision work', 'What will we do if there are any difficulties working together'. Training and developments were also discussed during supervision meetings. Staff told us that they were supported in their role. A staff member told us, "The manager supports us."

Pre-assessments had been completed before people started using the service. These enabled the service to identify people's daily living activities and the support they required, and allowed the service to determine if they could support people effectively. Using this information, care plans were developed. People's needs and choices were assessed through regular key worker meetings. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. The review meetings with the key worker included important details on people's current circumstances such as activities, behaviour, cleanliness and independence. Assessments of people's needs and the subsequent development of personalised care plans gave guidance to staff about people's specific care needs and how best to support them. These were key requirements in ensuring people received care and support in accordance with their identified needs and wishes. This meant that people's needs and choices were being assessed to achieve effective outcomes.

People's GP details and any community professionals involved in their care were recorded in their care plans. We saw evidence that occupational therapists had been involved to support one person with their mobility. Multi-disciplinary meetings took place with social and health professionals to review people's support needs and health. Staff had awareness of when people did not feel well and what to do if they were unwell. This meant that people were supported to ensure they were in the best of health.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager and staff were able to tell us the principles of the MCA and the best interest decision process. People had signed consent forms to agree that the service could support them. A staff member told us, "We always ask for consent like with medicines, I ask do you want your medicines now. You have to allow them to decide on what they want to do." A relative told us, "They do ask for consent."

People were able to buy their own food and space was made available for them to store food in the kitchen. Records showed that one person was supported to order their ingredients for meals online with the support of staff. People were given choices with meals and were supported to cook by themselves. A relative told us, "[Person] cooks for themselves. [Person] can choose what [person] wants." A person commented, "I like my cooking. I choose what I want to cook. I am writing down what food I want." A staff member told us, "If [people] want us to assist them with cooking, then we help them. [Person] decides what they want to eat like lunch now, [person] wants to make tomato soup and toast. That is what [person] is having now." We observed that the kitchen area was clean and tidy and contained fruit and vegetable items. Sharp instruments were stored in a secure area.

People had their own rooms and access to the communal lounge, where they could participate in activities with other people or spend time with staff and people. We observed that people's rooms were clean and included their personal belongings. Cleaning substances had been securely stored. Regular room check were carried out with people to check for hazards such as loose carpets, broken furniture's and cleanliness of rooms.

Good

Is the service caring?

Our findings

The person and relative we spoke to told us staff were caring. The relative commented, "They are friendly and caring." A health professional told us, "I find the staff to be very friendly and approachable."

People received care from staff who were familiar with their care and support needs. The relative we spoke to told us that their family member had the same staff supporting them when required. This helped with consistency and enabled people to have a positive relationship with care staff. A staff member told us, "[Person] did not let me help them at first but then I spent some time with them, spoke to them offering my support slowly. After that we became friends."

Where possible, people had been included in making decisions about how best to support them. There was a decisions section on people's care plan that included who to involve when making decisions about people. Care plans, where possible had been signed by people to evidence they agreed with the contents of the care and support they received from the service. The relative we spoke to confirmed that they were included with decisions also. Records showed that people should be encouraged to be independent and prompted to carry out tasks with the support of staff. Staff told us that people were encouraged to be independent especially on areas where they needed support. A staff member told us, "We allow them to be independent, we are not here to take away independence. For example, at times [person] wants to wash themselves, so we let them but give support when we need to."

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private and that they would always knock on people's doors before entering. We did not observe any particular care being provided that would had negatively impacted on a person's dignity. A staff member told us, "You have to close the door when giving someone personal care."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. People's records were filed securely in the office and supported living site, which showed that the registered manager recognised the importance of people's personal details being protected and to preserve confidentiality.

People were protected from discrimination. Staff had been trained in equality and understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious beliefs were recorded on their care plan. The person and relative we spoke to confirmed that they were treated equally and had no concerns about the way staff approached them.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences, interests, health and support needs, which enabled them to provide a personalised service.

The registered manager told us that a person's general well-being and health had improved since they moved into the supported living service. The registered manager gave us an example of when a person first moved into the supported living site and had a history of refusing their medicine. The service then devised a plan to ensure the person took their medicine, which involved encouragement and offering the medicines when it suited the person. As a result, the person took their medicine regularly. This meant that the service responded to people's circumstances to ensure they were in the best of health.

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "Care plans is helpful." There was a personal profile, which included people's date of birth, religion, family backgrounds, and upbringing. Care plans detailed the support people would require each day to ensure they received person centred care. There was a 'Summary Assessment' that provided information on people's support needs and risks. In one person's care plan, information included that the person liked to use warm water when having baths at night and staff should apply olive oil when requested by the person. The service also discussed people's goals and aspirations and the support required to achieve these goals such as one person wanted to learn a foreign language and their care plan detailed the support required to achieve this goal. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There was a comprehensive daily log sheet, which recorded information about people's daily routines such as their behaviours, medicine management, personal hygiene and daily activities. The registered manager told us that the information was used to communicate with each other between shifts on the overall care people received and if certain tasks needed completing. This ensured people received continuity of care.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who receive care have information made available to them that they can access and understand. The information tells them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans did not included details on people's communication abilities. The registered manager told us that the people the service supported did not have difficulties with communicating. However, as the service was in the process of expanding this level of information may be needed to ensure people that the service supported always have information that was accessible to them. The registered manager told us that this would be included and where people may have difficulties with communicating then materials would be sourced to ensure information was accessible to them.

Records showed that complaints had been received by the service and these had been investigated and resolved. The person and relative we spoke to told us they had no concerns but knew how to make complaints and were confident these would be addressed. There was a complaints policy in place. The

registered manager and staff were aware of how to manage complaints.

Good

Is the service well-led?

Our findings

Spot checks of staff supporting people had been carried out and this had been recorded. They focused on appearance, consent, infection control, medicine management, staff attitude and gathering people's feedback. This was then communicated to staff and if required an action plan was devised to support staff with development. This meant that the service was able to identify what areas staff were doing well in and identify if further development was required, to ensure people received effective care and support.

Monthly medicines audits were carried out and this focused on accuracy, administration, record keeping and confidentiality. However, as we found some gaps on one person's medicine administration record the registered manager told us that medicine audit process would be made more robust and this would include auditing medicine records weekly rather than monthly to ensure gaps in records or issues could be identified promptly and action taken.

Quality monitoring systems were in place. The service requested feedback from people in the form of a survey. The survey focused on medicine management, safety, staffing, staff skills, decisions and dignity and respect. Staff survey also had been carried out. The surveys focused on roles and responsibilities, medicine management, staffing and person-centred care. The results of both surveys were positive.

The person and relative we spoke to were positive about the service. The person told us, "Yes, it is ok here." The relative told us, "She [registered manager] is always available. She contacts me if there is any problems. She is a good manager." A health professional told us, "I have always known them to be professional, reliable, kind and gentle. They are very open, transparent and honest."

Staff told us that they were supported in their role, the service was well-led and they enjoyed working at the service. We observed the relationship between staff and the registered manager to be professional and respectful. One staff member told us, "I enjoy working here, I have job satisfaction. She [registered manager] is a good manager."

We have not received notifications or safeguarding concerns about the service as incidents had not taken place that the service was required to inform us on. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

Meetings between people and staff were held regularly. At these meetings people discussed house rules, support needs, infection control and ethics. Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on communication, activities, cleaning schedule, medicine management and security. This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.