

ACAH Limited

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Inspection report

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24 March 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

ACAH limited is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 20 people were using the service. Only 14 people were receiving 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 and what we found

Risks to people's safety were assessed and details around the care they required were documented. People felt safe using the service.

Safe recruitment practices were followed, and there were enough staff employed to meet people's needs.

Medicines were administered safely.

People told us staff wore personal protective equipment (PPE) as required, and staff were trained in infection control.

Staff were given the training and support they required to carry out their roles.

When required, people received the support they needed with nutrition, hydration, and healthcare needs.

Audits and checks took place to ensure that standards were high, and any mistakes were found and resolved.

The registered manager understood their responsibilities, and worked in an open and transparent way. People and their relatives knew how to contact them if required.

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

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 requires improvement (published 11 March 2020).

Why we inspected

This was a focused inspection based upon the providers previous rating of requires improvement. We

undertook a focused inspection to review the key questions of Safe, Effective, and well-led only.

The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall 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 well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

ACAH Limited

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 inspection was carried out by one inspector.

Service and service type

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

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 March and ended on 25 March 2022. We visited the office location on 24 March 2022 and made telephone calls to people and relatives on 25 March 2022

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider was not asked to send in a 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with two care staff members, and the registered manager.

We reviewed a range of records. This included six people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. All the feedback we received was positive about staff safely supporting people's needs. One person told us, "I am very happy, very safe, and I have never had any problems with the carers."
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of harm. They understood how to report any concerns if they needed, by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored by the registered manager. The registered manager had recently begun moving care plans and risk assessments from a paper format, on to an electronic system. It was not always easy to find the relevant details in a person's care plans and risk assessments, as both paper and electronic formats were still in use. The registered manager told us that all former paper documentation would be transferred on to the new system immediately, to ensure ease of access to important information.
- Staff we spoke with, and the registered manager, had a good knowledge of the people they were supporting and understood each person's needs and risks clearly.
- People and relatives we spoke with, told us they were happy their family members were being safely supported in these areas.

Staffing and recruitment

- Safe recruitment procedures were in place. Pre employment checks had been carried out such as identity checks, and disclosure and barring (DBS) checks .
- Sufficient staffing was in place. People told us that staff were usually prompt, and they would get a phone call if anyone was running late. The registered manager was able to track the staff call times via a recently implemented electronic system which staff used to log in and out of calls. Any discrepancies could be identified quickly and acted upon by management.
- Staff we spoke with told us they had enough time to get from one person to another, and sufficient time to carry out the tasks asked of them.

Using medicines safely

- People received the support they needed with medicines. We saw that staff were using an electronic medicine administration system, which could be fully viewed and checked in real time by the registered

manager.

- Staff were trained in medicine administration and confirmed they did not undertake any tasks they were not trained to do.

Preventing and controlling infection

- People confirmed staff wore Personal Protective Equipment (PPE) such as aprons, gloves and masks when providing care to reduce the risks with cross infection.
- Staff were participating in the COVID-19 testing programme, to ensure the risk of COVID-19 transmission was reduced.

Learning lessons when things go wrong

- We saw the system that was in place to record and respond to any accidents or incidents. This included an analysis and follow up actions as required by the registered manager.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. 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 had their care needs and preferences assessed, and identified before any care was delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- The registered manager went out to complete a basic assessment of people's needs and included them and their families in the process.

Staff support: induction, training, skills and experience

- Staff had been trained in areas such as medication, safeguarding adults, and infection control, and felt confident in their roles. Staff confirmed they were not asked to undertake any tasks they had not been trained for. The registered manager conducted regular spot checks and competency checks on staff to ensure standards remained sufficient.
- People told us they considered staff to be sufficiently trained and supported. A relative of a person told us, "I can't fault any of the [staff]. They are very good, and they brighten [name's] day, and tick every box."
- A training record was kept which evidenced when staff should refresh their knowledge in all areas. Staff we spoke with felt the training in place was sufficient for their roles.

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

- Minimal support was provided to people in this area, however, people who did receive support with meals and drinks confirmed staff respected their choices and provided support as they wished.
- Care plans documented people's preferences and needs with food and drink.

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

- Staff recognised when people needed support with their health and wellbeing, and took action. For example, we saw records which showed how staff had discovered a skin sore on a person, and sought the support of district nurses to ensure it was managed effectively, until it was resolved.
- Care planning and risk assessments documented the support people required with any health care needs. Staff were confident in how to support people and seek further help when required.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty .

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. 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

- The registered manager and staff all had good knowledge and understanding of the people they were supporting, and knew them well. One person told us. "It's generally a very well-run company. I have a good rapport with the staff and manager."
- Staff told us they were happy working at the service and felt supported by the registered manager and provider. One staff member said, "We have all worked together for a very long time. We know each other well, and are a good team."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs.

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

- The registered manager demonstrated they understood their registration responsibilities. Staff were aware of the provider's systems and processes and understood their role, responsibilities, and accountability.
- Systems had been devised to ensure regular checks on quality took place, and regular support offered to staff delivering care. The electronic care system was still being fully implemented, but allowed for regular checks of information to be conducted, so that errors could be found quickly and acted upon.
- The registered manager was open and receptive to our feedback during the inspection.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems and processes in place to gain feedback from people about the care they received. This was via regular contact by the registered manager and feedback questionnaires. Results we saw were positive.

Working in partnership with others

- Contact with health professionals was made promptly to ensure joined up care was effective and met people's needs.