

Annual Inspection Report 2022-2023

Accessible Care

Domiciliary Care

29 September 2022



DHSC

We carried out this announced inspection on 29 September 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Accessible Care is a domiciliary care agency.

Accessible Care arranges for others to be provided with personal care or personal support, with or without personal assistance in their own dwelling.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Several areas of improvement were identified in relation to the service. These included care plans, recruitment documentation, staff medication competency assessments and medication risk assessments. In addition, staff spot checks, initial assessments, supervision records and induction records were not in place. Changing needs of clients in care plans, quality assurance systems, team meetings and service user contracts were all either lacking information or were not in place.

Staff feedback was mixed regarding the service. Some staff said that they felt they had enough information to know how to care for clients. Other staff said that there was a general lack of clear information and planned inductions.

Service user and family feedback again was mixed. Family feedback confirmed satisfaction with the service, saying it was "wonderful;" other feedback cited a lack of clear documentation and structured reviews.

We found the following areas where the service needs to make improvements:

This was the first inspection of the service since registration.

There were several areas requiring improvement.

- Care plans did not include all relevant information.
- Staff files were incomplete and did not evidence all required checks had been carried out.

- No evidence was in place of staff medication competency assessments.
- No evidence was in place of medication risk assessments.
- No evidence was in place of staff spot checks.
- No evidence of initial assessments was in place.
- Supervision records were incomplete.
- Inductions were not seen for all staff.
- Assurance was not in place of changing needs being fully recorded.
- No structured quality assurance systems were in place.
- No record of team meetings was in place.
- No service user contracts were in place in the agency.

SECTION B The Inspection

About the service

The service provides support to people living in their own homes.

Registered manager status

The service has a registered manager. 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

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 20 September 2022. We visited the service on 29 September 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A range of records were reviewed. These included people's care records, staff recruitment records, and a variety of documents relating to the management of the service. We spent time with the registered manager discussing the service.

After the inspection

We talked with two families of service users, and three staff who told us about their experiences of providing care.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires improvements in this area.

We found that this service was not safe in line with the inspection framework.

Systems and processes to safeguard people from the risk of abuse

The safeguarding policy and procedure was in place. Safeguarding training was done by staff as part of the Care Certificate. Staff had received training as part of their induction. Staff told us that they had received training as part of their induction. The staff said that they “liked the ethos of Accessible Care – very for the people.” However, we were also told that there was “no planned induction; haphazard.”

Families generally said they “felt safe” with staff. However some staff feedback expressed doubt as to whether due to lack of information, the service was totally safe.

We were told on the inspection that there was no service user contracts in place, and this was confirmed by service user feedback.

Assessing risk, safety monitoring and management

Although the inspector was informed that initial assessments had been carried out, there was no evidence in place on inspection.

There were environmental risk assessments in place, together with basic information in care plans.

All records were securely stored.

Staff confirmed that they “were able to raise things” with the manager. Staff told us of a situation where extra training had been provided to provide extra skills; the staff member had then felt safer in providing care.

Staffing and recruitment

All staff recruitment checks were not in place. Staff files were incomplete. A training matrix was provided to the inspector; however training certificates were not in place.

Using medication safely

A medication policy was in place. Staff had undertaken training in using administration covertly, and the inspector was informed that this had been carried out for one client. Information sheets regarding medication were seen, but no risk assessments were in place with regard to prompting medication. Staff medication competency assessments were not seen.

Preventing and controlling infection

The service had an infection control policy in place. Appropriate PPE (Personal Protective Equipment) was in use. The service had worked closely with other professionals in providing, for example, end of life care.

Learning lessons when things go wrong

The manager discussed with the inspector changes they had made in relation to issues identified. Additional training, together with changes in practice, demonstrated to us that the service was receptive to suggestion.

Action we require the provider to take

Key areas for improvement

- Service user contracts to be in place for all service users.
- Staff files need to contain all required information.
- Medication risk assessments need to be in place.
- Staff medication competency assessments need to be in place.

Inspection Findings

C2 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. The service requires improvements in this area.

This service was found not to be effective in accordance with the inspection framework.

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

Policies and procedures were in place.

No initial assessments were able to be viewed on inspection. The inspector therefore was unable to verify that identified assessed needs were included in the care plan.

The manager told us that care was carried out in line with recognised professional guidance. However there was limited evidence in documentation as to detailed care required.

Staff support: induction, training, skills and experience

All staff were undertaking the care certificate. Some inductions were seen, but these were not in place for all staff. Some supervisions were seen, but the majority of supervision records were not in place.

The manager informed the inspector that spot checks on staff were being done, but no evidence was available. No record of staff meetings was in place; some staff told us that there were informal staff meetings, but no organised and recorded programme was seen.

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

Care plans contained information regarding people’s nutritional needs. The manager discussed individual need, but insufficient detail were contained in care plans.

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

The inspector was informed that the service liaised with other agencies to deliver care. Information was shared as necessary. However, clear evidence was not seen.

Ensuring consent to care and treatment in line with law and guidance

Capacity assessments were documented in the service, and carried out with relevant professionals.

Action we require the provider to take

Key areas for improvement

- Clear initial assessments need to be in place.
- Supervisions need to be completed and fully recorded.
- Staff inductions to be completed and recorded on staff files.
- Staff spot checks need to be carried out and recorded.

Inspection Findings

C3 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. The service does not require improvement in this area.

This service was found to be caring in line with the inspection framework.

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

People spoke very positively about the care they received. "Excellent care;" "Respectful, gentle, kind and supportive;" "Wonderful." "Gone the extra mile keeping me informed and up to date." Family members commented; "Grateful for the help and confidence it gives me and the family."

Supporting people to express their views and be involved in making decisions about their care

Families told us that they knew the carers well and they felt able to discuss issues. Staff told us that it was "very important" to involve people in reviews of their care.

Respecting and promoting people's privacy, dignity and independence

Staff emphasised that they tried to encourage people to be independent, and "do as much as they can." Staff told us about practical ways in which they preserved people's dignity during personal care.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does require improvements in this area.

This service was found not to be responsive in line with the inspection framework.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

As no initial care needs assessments were able to be viewed on inspection, the inspector was unable to evidence that client needs had been properly assessed. Care plans that were viewed on inspection were brief, and we were not assured that people’s needs were always fully recorded. Staff feedback was mixed regarding the level of detail in the care plans. Some staff felt that enough information was given to them regarding care needed. Feedback from other staff stated that care plans were “very very brief” and did not contain sufficient information.

Meeting people’s communication needs

We were not assured that people’s communication needs were always fully identified and met. Specific needs were not always documented.

Improving care quality in response to complaints or concerns

A complaints policy was in place and information on how to make a complaint was available to people. No complaints had been received by the agency. Feedback from families of service users confirmed that they would feel comfortable to approach the manager if they had a concern.

End of life care and support

The service was providing end of life care and support. Some care plans were seen which contained information as to choices, together with more detailed information. Liaison with end of life services was evidenced, and feedback from family confirmed that “we could not have done it without you.” However, discussion was had with the manager regarding end of life care which was not documented in the care plans.

Action we require the provider to take

Key areas for improvement

- Care plans need to be detailed, regularly reviewed and communicated to all staff.

Inspection Findings

C5 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. The service requires improvements in this area.

This service was found not to be well-led in line with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

No structured quality assurance systems were in place on inspection. This means that we could not evidence that the service was being evaluated on a regular basis.

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

A registered manager was in post. Appropriate insurance cover was in place.

We discussed with the manager the operation of the service. They were aware of the need to have systems in place, and the need to learn and improve. However, we were unable to evidence that there were robust processes in place.

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

Staff feedback did not give any assurance as to regular team meetings, nor regular supervision that could be evidenced.

How does the service continuously learn, improve, innovate and ensure sustainability?

No evidence was seen of a robust system of seeking feedback from clients and staff members.

Working in partnership with others

The staff had worked in partnership with another agency to provide care for a client.

Action we require the provider to take

Key areas for improvement

- There needs to be structured quality assurance systems in place.
- Regular team meetings need to be held and recorded.
- Regular staff supervision needs to be completed and recorded.