

AK Care Ltd

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We undertook this announced inspection on 6 July 2017.

During our last inspection in August 2016 we found the provider was not meeting all the required Regulations. The provider did not make reasonable adjustments to care plans to enable people who used the service to receive their care when needs had changed and did not monitor and improve the quality and risks in relation to the health and welfare of services users. We found during this inspection that the provider had taken appropriate actions to address the requirements made.

AK Care Services Limited is a small domiciliary care agency providing care and support to four people living in their own homes. The agency had five care workers employed. The agency refers to care workers as personal assistants.

The agency had a manager registered with the Care Quality Commission (CQC). 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.

Staff demonstrated good understanding in how to recognise and report abuse and told us that they were confident that the provider would deal appropriately with allegations of abuse in relation to people who used the service.

People's risk was managed appropriately, risk assessments reflected people's needs and had been reviewed if people's risk had changed.

People who used the service praised the provider's flexibility to accommodate their requests to change calls and ensure the same care workers were allocated. Robust recruitment procedures ensured that all staff had been vetted appropriately prior to working with vulnerable people.

At the time of our inspection none of the people who used the service required any support with taking their medicines.

Care workers were provided with regular supervisions and appraisals to discuss and plan their development and training. Training was provided to care workers to ensure they had the necessary skill and knowledge to support people who used the service.

On occasions care workers helped people to prepare meals, however, all people were able to eat their meals without assistance.

Care workers had contacted the office if people's health care needs had changed and on the person's request accompany people to health appointments.

People told us that they had good relationships with the care workers who listened to their requests and provided caring and understanding support.

Care plans were reviewed regularly and had been updated if people's needs had changed. People who used the service or their relatives had been involved in this process.

People told us they knew how to raise a complaint, but had currently no concerns regards to the treatment or care provided.

Regular spot-checks and surveys ensured people were able to comment on the care provided and suggest changes if required to improve the quality of care provided.

## 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. Staff demonstrated understanding in how to protect people from harm and abuse. Staff knew the action required if they thought someone was at risk.

Staff were knowledgeable about risks and strategies were in place to ensure people were protected from risk in relation to their care.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed

Good 

### Is the service effective?

The service was effective. Staff received training and supervision to support them in their roles.

Staff understood how to apply the Mental Capacity Act 2005(MCA) and demonstrated understanding to make sure people were not restricted unnecessarily.

People could be confident that they were supported appropriately if they required support to eat or drink.

Good 

### Is the service caring?

The service was caring. Staff ensured people's rights to privacy and dignity were maintained while supporting them.

Staff treated people with kindness, respect and dignity and relatives were satisfied with the care and support their family member received.

Consistent staff ensured that meaningful relationships were developed who understood people's likes and preferences.

Good 

### Is the service responsive?

The service was responsive. People received personalised care which had been discussed and planned with them, including their relatives where necessary.

Good 

People knew how to complain and felt that they were able to raise any concerns and they would be listened to.

**Is the service well-led?**

The service was well-led. Staff felt supported by the registered manager who they described as approachable.

Quality assurance processes were in place including satisfaction surveys of people who used the service.

**Good** ●

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## **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 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

We reviewed records held by the service that included the care records for four people using the service and five staff records, along with records relating to management of the service. We spoke with the nominated individual, the registered manager and one care worker. We also spoke with one person who used the service and one family member.

## Is the service safe?

### Our findings

People who used the service and their relatives told us that they were safe with staff. One relative told us "The carer and my son have a great relationship; he is very safe I have no concerns." One person told us "I have no problems with my carer, she knows what she is doing and I am completely safe, I would tell them [the agency] otherwise."

Staff had received safeguarding adults training after our last inspection. The registered manager told us that refresher training had been planned for later this year. Care workers were able to explain to us the different forms of abuse and how they would recognise and report abuse. One care worker told us "I would call the office, but I can call the police or social services as well."

Since our last inspection the provider has reviewed and updated all risk assessments. Risk assessments were detailed and provided information on how to manage risk. Risk assessments were based around people's needs and included topics such as manual handling, epilepsy, mobility, pressure care and accessing the community. Risk assessments were formulated together with the person or their representative. One relative told us "The manager visited us and we discussed how to manage my son's health care needs best."

We looked at recruitment folders for five staff. The provider followed safe recruitment practice, which included background checks including enhanced criminal record checks, two references, proof of their identity and right to work in the United Kingdom had also been obtained. The provider deployed sufficient staff to meet people's needs. One relative told us that she really valued having one regular care worker who visited their house. The relative told us "This is good for consistency, but also because [carers name] knows how my relatives likes things done." The registered manager told us that annual leave or sickness would be covered by him or the nominated individual.

None of the people who used the service currently received any support or assistance in taking their medicines. However, a medicines procedure was in place in case this has changed and some staff had received training in the administration of medicines.

Care workers told us that they would always wear gloves when supporting people around their personal care and also said, "There are always gloves available in the office, this has never been any problem."

## Is the service effective?

### Our findings

One person told us, "Staff is very good, they know what they are doing and told me that they had training." Care workers told us, "Training is easy to access."

We saw in training records that all care workers had training in manual handling which included a practice session as well as theory, food hygiene and safeguarding adults training. Depending on the needs of individual people some staff did training in epilepsy or medicines administration. The records showed that the majority of training was provided in August and September 2016. We discussed this with the registered manager who told us that they agency was currently sourcing refresher training for all staff with a new training provider and the training would be offered within the next few month.

Staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff had received appraisals to discuss their individual performance and had an opportunity to review their personal development and progress. We saw in some supervision records that little information was recorded of what had been discussed with the member of staff. The registered manager reassured us that he would provide in future greater detail in the supervision records.

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.

We checked whether the service was working within the principles of the MCA. Care records we viewed were person centred and people or their relatives were consulted and signed the records to show they agreed with the care plans. Care workers were aware that when a person lacked the capacity to make a specific decision and told us that they would talk with the person's relative to seek clarification.

Care workers supported some people in the preparation of meals. Care plans for people who required some help with meal preparation reflected this, however, none of the people using the service required any assistance to eat or drink.

Care workers told us that they would contact the office or speak to the person's relative when they had concerns of people's health care needs. We saw evidence in people's daily records that staff had contacted the GP for one person on their request to arrange a home visit. We also found evidence that care workers accompanied one person to the hospital on their request.

## Is the service caring?

### Our findings

People who used the service and their relatives voiced their satisfaction of having regular permanent care workers visiting them. One person told us "It really helps that I have the same carer for a number of years, she knows what I need and we have established a very good relationship." The provider undertook a survey in February 2017 and one relative wrote, "We are very pleased with the care provided."

Care workers made positive comments about the people they supported. They told us that they understood people's needs and that it really helped to have regular people they support to form and maintain good caring relationships.

The registered manager told us that any new care workers had shadowed more experienced staff and an introductory visit was arranged to ensure people who used the service and care workers could build a relationship and establish if they would "get on with each other." We saw in one record that a relative requested for the care worker to be changed, which was actioned and a new care worker was introduced.

Care plans contained information of people's cultural and ethnic background and the agency matched to ensure people's diverse needs were met. We saw an example where a person asked the agency to change the care worker due to their religious beliefs.

Information in regards to dignity and respect was included in people's care plans. One relative told us, "The care worker understands my relative well and always ensures that he is respected." Care workers told us, "I would always ring the doorbell before entering someone's house; I wouldn't want people to come into my house without being invited."

One person told us that the agency was very good in staying in touch, "They call me regularly to find out if I am ok and ask me for my views."

## Is the service responsive?

### Our findings

One person told us, "[Managers name] comes around frequently and talk to me about my care plan and asks me if I am still happy with it." A relative told us, "We looked at my relatives care plan together and discussed if it still meet his needs."

During our last inspection in August 2016 the provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care. The provider did not make reasonable adjustments to care plans to enable people who used the service to receive their care when needs had changed. We looked at care plans for all people and saw that they had all been reviewed following our inspection and had been updated if people's needs had changed. Care plans were person centred and documented who took part in the review and had been signed by the person or their relative to show they agreed with the revised care plan.

People told us that daily care notes were kept at their home. We looked at recent daily care notes for four people. We saw that these contained information how the care was delivered and if the person was happy with their care or if people had any concerns. Daily care notes also recorded how support had been offered, and the activities that they had supported people to participate in. For example, one person received support by staff to escort them to the day centre.

The service had a complaints policy and procedure. The providers PIR informed us that the agency had not received a formal complaint in the past twelve months. People who used the service told us that they would contact the office if they had a concern, but also told us, "I have no complaint, everything is good."

## Is the service well-led?

### Our findings

People who used the service and relatives spoke positively about the registered manager and nominated individual. One relative told us "[Registered Manager] calls often and visits us to talk about [person name] care." Care workers told us, "The manager is very good, it's a good company to work for, he listens and I can talk with him about everything."

During our last inspection in August 2016 the provider was in breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. The registered person did not monitor and improve the quality and risks in relation to the health and welfare of services users. During this inspection we found that the provider had undertaken regular spot-checks to observe care workers and speak to people who used the service about the treatment and care provided. During spot-checks the registered manager looked at daily care notes and took copies to the office for archiving.

In February 2017 the provider sent out a questionnaire asking people to comment on the care, all but one person responded to the questionnaire. Feedback received was generally very positive and comments included, "This is an easy to use agency", "They never leave a client without a replacement" and "The agency is good and reliable".

Regular staff meetings had been introduced. During the last meeting in February 2017 the staff team discussed employment matters, individual people and the welfare of staff. We asked one care worker about the staff meeting who told us, "Very helpful."