

A & K Home Care Services LTD

A & K Home Care Services Ltd

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

About the service

A & K Home Care Services Ltd is a domiciliary care agency that provides personal care to older people who are living in their own homes. At the time of our inspection visit, all thirty-five people being supported by the service received personal care.

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

Safeguarding systems and processes were not robust to protect people from avoidable harm. Despite this, people told us they were safe.

Risks to people's health and well-being were not always identified or managed.

The recruitment process checked employees were suitable for working with vulnerable people.

People and relatives told us care calls had been later than agreed which had caused them concern.

However, most people told us staff arriving on time to scheduled calls had recently improved.

People who required support to take their medicines told us they received their medicines as prescribed.

However, systems and processes did not always demonstrate this.

The registered manager was unable to demonstrate staff had received enough training to fulfil their role.

People and relatives confirmed staff followed good infection control practices.

People's needs, wishes and preferences had been assessed before they received support from the service.

Staff ensured people had enough to eat and drink.

People told us they made daily decisions about their care. 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; the policies and systems in the service supported this practice.

People told us staff were caring and kind and treated them with dignity and respect.

Some people and relatives told us the service had been flexible and responsive to their needs.

People and relatives confirmed any concerns raised had been resolved, but no records of complaints had been maintained to ensure lessons were learned.

Checks had not always been completed to ensure people using the service received high quality, compassionate care. Significant changes in office and supervising staff over the past 12 months had impacted on the effectiveness of the provider's oversight and governance.

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 good (published 07 March 2017).

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed now from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A & K

Home Care Services Ltd on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement

We have identified two breaches in relation to safeguarding service users from abuse and improper treatment and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

A & K Home Care Services Ltd

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

Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 24 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 22 July 2019 and ended on 26 July 2019. We visited the office location on 23 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as any serious injuries. We sought feedback from the local authority and professionals who work with the service as well as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke to a director of the provider company and the registered manager who was also the nominated individual. Due to the open plan layout of the office, we were unable to speak to members of care staff confidentially. We therefore spoke to 2 members of care staff via the telephone. We also asked the registered manager if we could speak to a healthcare professional who was involved with the service, but contact details were not provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff, when receiving care from A & K Home Care Ltd. One person told us, "They [staff] make me feel quite secure."
- However, it was not clear from looking at records if all staff had received up to date training in safeguarding people from the risk of abuse. One member of staff told us, "I don't know if I had this training." The director provided assurance staff were only recruited if they had relevant health and social care qualifications or previous training and would have therefore had an awareness of safeguarding.
- Staff assured us they would report any concerns to their supervisor. However, staff were not always confident safeguarding concerns would be investigated. One member of staff told us they had recently raised a safeguarding concern with their supervisor and action had not been taken to safeguard the person from abuse.
- Systems and processes were not effective in managing and responding to safeguarding concerns as the registered manager and provider had not been made aware of this incident.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment.

Assessing risk, safety monitoring and management

- Overall, where risks had been identified, risk assessments were in place and instructed staff how to support the person to mitigate risk.
- However, some risks had not been identified or managed. For example, one person was at risk of choking and required thickener to be added to drinks. There was no risk assessment to inform staff about the risks associated with the use of thickener when preparing this person's drinks. This risk was mitigated as the person lived with someone who could speak on their behalf and left separate instructions to remind staff how to prepare the person's drinks.
- Another person's needs had changed following discharge from hospital. This person was now reliant on staff for food and drink and was also at risk of skin damage. There was no risk assessment or care plan to inform staff how to manage and minimise these new risks.

Staffing and recruitment

- The provider's recruitment process checked employees were suitable for working with vulnerable people. Records showed staff were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check.
- Staff told us there were not enough staff. One staff member told us staff retention had been a problem and

many new staff had left the service quickly which impacted on the time they had to spend with people. One staff member told us, "There are always staffing issues. We get given extra calls, but you feel like you are rushing the call to get them done. We have raised it but there is nothing the managers can do if people decide to leave."

- Despite this, people and relatives told us staff stayed with them for the time they required, and they did not feel rushed. Comments included, "Staff are definitely not rushing out the door and one thing I like is they have time for [person]" and, "They aren't rushing to get away."
- People and relatives told us care calls had been later than originally agreed which had caused them concern. However, most people told us this had recently improved, and they were now getting their care at a time they had agreed. Comments included, "They were late a lot in the beginning and it was causing me a lot of upset. It is so much better now" and, "Over the last month it has been better, but we have had a lot of trouble before."
- One person told us their call had been missed three times recently but assured us there had been no adverse effects. We discussed this with the registered manager who told us they had investigated this with staff and was taking action to ensure calls were not missed in the future.
- A system had been sourced to monitor call times and to ensure any missed or late calls were quickly identified and resolved. However, at the time of our visit this had not been implemented effectively and the registered manager continued to rely on feedback from people and staff to monitor whether care staff arrived on time.

Using medicines safely

- Some people required support from staff to take their medicines. Whilst people told us they received their medicines as prescribed, this was not supported by the medicine records because they were not always accurate. The registered manager told us, "I am confident people are receiving their medicines, its just staff forgetting to fill in the chart."
- The registered manager told us they had a robust system for checking people had been given their medicines but accepted the checks had not been happening as regularly as they should have been.
- Staff administering medicines had not always received training in safe medicines management and their competency to administer medicines had not always been assessed. One member of staff told us, "I had been giving medication for some time before they realised I hadn't had the training." Another member of staff said, "They showed us how to complete charts, but they basically just say pop it out and give it them. That's not training."

Preventing and controlling infection

- People and relatives confirmed staff followed good infection control practices. One relative told us, "They wear gloves and wash their hands. I have seen them and have no concerns about that."
- Staff understood their responsibilities for maintaining standards of infection control.

Learning lessons when things go wrong

- There had been no reported incident and accidents within the 12 months prior to our visit.
- Staff understood the importance of reporting and recording incidents and accidents so planned care could be adjusted to reduce the risk of a re-occurrence. However, staff told us the required additional forms such as body maps were not always available if they needed to record significant events. This information was therefore recorded in peoples daily log's.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs, wishes and preferences had been assessed before they received support from the service. This assessment enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments was used to develop individual care plans in line with current best practice guidelines.
- However, staff did not always feel they were given this information before attending people's initial calls. One staff member told us, "New care plans would take a week or more to get to the person and they will send us to people and we had no idea what to do so we had to ask the people." The registered manager recognised care records had not been updated in a timely way due to difficulties in retaining supervising staff but always made sure staff had information about people verbally.

Staff support: induction, training, skills and experience

- The registered manager was unable to provide us with up to date information about the training staff had received to fulfil their role. We could therefore not be assured all staff had updated their knowledge to meet people's individual needs.
- One staff member told us they, "If that is considered training, then I don't know what it is. They make us see loads of videos then answer a few questions and that's it."
- Despite this, people told us staff had the right skills to be able to care for them. One person told us, "They seem suitably trained and capable of looking after me."
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. However, staff told us despite being issued with the Care Certificate at the beginning of their employment, they had not had time to complete it.
- Staff told us they worked alongside experienced members of staff when they began working at the service and this gave them confidence to complete their role independently.

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

- Where required, staff ensured people had enough to eat and drink. Care plans encouraged staff to offer people a drink at each of their care calls.
- Preferences were recorded in care plans to guide staff on how to support people with their nutritional

needs. For example, one person wished to follow a vegetarian diet.

- Records relating to people's nutrition and hydration needs were not always accurate. For example, one person's care plan recorded they had a normal diet that was managed independently. Other information in the person's records stated they required full support from staff as they were not able to get themselves food or drink. We discussed this with the registered manager who told us staff were aware of this change, but the support plan had not been updated.

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

- The registered manager told us they worked with other healthcare professionals to ensure people had access to healthcare services. However, these referrals and appointments had not always been recorded. We discussed this with the registered manager and the director who told us they would implement a new system of recording to ensure this information was reflected within the care notes.

- Staff told us they would not hesitate in contacting a doctor if a person was unwell. One staff member told us about two occasions when they called an ambulance due to a person's deterioration in health.

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. We checked whether the service was working within the principles of the MCA.

- People told us they made daily decisions about their care. One person told us, "I have agreed to the way they care for me."

- At the time of our inspection visit, everyone receiving support had the capacity to make their own decisions about their support needs.

- Records showed people had given consent to the way in which their care was planned to be delivered.

- Staff understood their responsibility to comply with the requirements of the Act and told us "We care for people how they want to be cared for. Everyone we look after can make decisions and we respect that."

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.

At the last inspection this key question was rated as good. At this inspection, this key question remained rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them in a kind and caring way. Comments included, "They are friendly, caring and treat me with respect", "They are nice people. I get on well with them," "I wouldn't be without them" and, "I get on well with the carers. They feel more like my friends."
- Relatives told us they had witnessed the caring approach of staff. One relative told us, "They make [person] feel so relaxed. They communicate in a kind way. I leave the door open, so I can hear the way they talk to [person] and it is always in a nice way."
- The director was committed to employing staff with a person-centred and compassionate approach. They told us, "The staff we employ, are staff I would be happy to look after my family member."
- Staff spoke positively about their role and the care they provided to people. One staff member told us, "The reason I do this job is because of the clients. It is like caring for your family and making them smile. It's rewarding."
- People's equality and diversity needs were explored during assessment and care planning. Although nobody required any specific support at the time of our inspection, the director told us they would welcome people from all backgrounds and offer them the support they wanted.

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

- People were encouraged to express their views and make decisions about the care they received. Comments included, "They talk to me about my needs and how I like things done" and, "I make my choices. The staff will say things like 'what would you like for your breakfast'. They all know how to make a very nice cup of tea."
- People receiving care from A & K Home Care Ltd were able to make decisions about their care. Some people preferred their relatives to discuss their care needs which was incorporated in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person told us, "They make me feel comfortable when they change me. They don't make me feel embarrassed at all." Another person told us, "They treat me with dignity and always make sure I have everything I need before they leave."
- Staff promoted people's independence. One person told us, "The staff leave me to do what I can do so don't take away independence. They don't try and take over."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People told us they received personalised care. One person told us, "I made the decision about what staff do when they are here. I will always tell them what to do and they do it."
- People recognised improvements in the timeliness of care calls. One person told us, "I would be sitting in my nighty at ten and panicking I wouldn't be ready when I went out with my daughter or my friend. I told the office and they did everything they could to satisfy me and they sorted it."
- Some people and relatives told us the service had been flexible and responsive to their needs. One relative said, "They come earlier if [person] has appointments. They are very flexible like that."
- The views of people and their relatives had been considered when plans for people's care had been put in place, however these had not always been reviewed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of our inspection visit, nobody had any special requirements relating to the way in which information was presented. However, the registered manager explained records could be made available in different formats such as easy to read or large print when required.
- People told us staff communicated with them in a way they understood, although they could have difficulties when communicating with staff whose first language was not English. One person told us, "They don't understand what I say sometimes so I have to use actions to explain what I need."
- The registered manager told us they had made special adjustments for staff to ensure learning material was presented in a way they could understand. For example, one staff member had previously required electronic tools to assist in training sessions.

Improving care quality in response to complaints or concerns

- When people started to use the service, they were issued with a 'family welcome pack' which included information about how to complain to the service or us (CQC).
- A policy was in place to manage and respond to complaints and concerns. In the twelve months prior to our inspection there had not been any recorded formal complaints.
- During our conversations with people, relatives and the local authority we were told some concerns had been raised with the service. One relative told us, "I have made several complaints to the office about lateness." Whilst there were no records of the complaints, people and relatives confirmed the concerns had

been resolved and they were happy with the outcome.

End of life care and support

- At the time of our inspection visit there was no end of life care being delivered and the registered manager confirmed it was not usual practice for them to take referrals from people requiring end of life care.
- Everyone being supported by the service had capacity to discuss and explain their end of life wishes should the need arise. However, the registered manager agreed they needed to explore people's preferences in relation to end of life to ensure their specific choices were recorded.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although systems and processes were in place to monitor the quality and safety of the service, these had not been regularly completed. For example, medication audits had not been completed to ensure safe medication practices, there was no oversight of staff training and checks on care plans were not always up to date to ensure they contained accurate information. Complaints had also not been recorded so we could be assured concerns had been investigated thoroughly.
- Systems and processes had not always assessed or mitigated risks relating to the health and safety of people using the service. For example, safeguarding concerns had not been reported to the registered manager or provider, risk assessments and care plans had not been reviewed where there had been a change to a person's health and there was no effective system in place to identify and respond to missed or late calls.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance

- The registered manager explained there had been significant changes in the office and supervising staff over the previous 12 months when six care co-coordinators left the service. The registered manager explained whilst the quality of care people received had been maintained, the oversight and management of the service had been affected. They told us, "We have been really let down. The clients haven't suffered as I am out visiting clients, but the office has a back log of paperwork. Care plan reviews are out of date, staff supervisions are behind and, spot checks and quality audits are out of date."
- Following our inspection visit we were alerted to a significant event that had not been shared with us during our inspection visit. Registered managers and providers have a responsibility to inform us (CQC) about any significant events such as allegations of abuse. We discussed this with the director who confirmed they had not been made aware of this incident and had therefore not submitted a notification. They assured us they understood their regulatory responsibilities and would submit a retrospective notification without delay.

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

- Both the director and registered manager were clear about their main focus which was to deliver good

outcomes to people. They explained the quality of care provided was what mattered most, and they were actively recruiting supervisors with these values.

- People and relatives gave mixed feedback about the management of the service. Some people had a positive experience whilst others did not. Comments included, "To be honest the management have bent over backwards to help [person]" and, "The management is not good in terms of their organisation. They don't seem to be a slick outfit. There is always an excuse."
- Everyone we spoke to knew who the managers were and told us they were comfortable in contacting them should they need to.
- One staff member told us, "The managers are as good as they can be but there is a lot of pressure on them as new staff let them down."

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

- Due to difficulties in retaining supervising staff, the registered manager explained it had been difficult to arrange formal staff meetings or supervisions. However, due to completing care calls, the registered manager told us they regularly saw care staff and made themselves available where needed.
- Staff told us staff morale was low. One staff member said, "Staff morale isn't great. A lot are moaning about the staffing." The registered manager and director were actively recruiting new staff and a supervisor was due to start following our inspection visit which they hoped would improve morale and governance at the service.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes did not keep people safe from abuse and avoidable harm
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the quality and safety of the service had not been complete Systems and processes had not always assessed or mitigated risks relating to the health and safety of people using the service.