

Accommodating Care (Driffield) Limited

Accommodating Care (Driffield)

Inspection report

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Driffield
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Date of inspection visit:
22 March 2019
04 April 2019
08 April 2019

Date of publication:
29 May 2019

Ratings

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

Summary of findings

Overall summary

About the service: Accommodating Care is a domiciliary care agency providing personal care to 21 people at the time of inspection. Not everyone using Accommodating Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service: People were not always protected from harm and abuse. Internal and external systems were not followed to protect people and ensure their safety.

Potential risks to people were not always identified. Where risks were identified the information for staff was brief and did not detail how to mitigate risks to people and keep them safe.

Staff recruitment was not robust. Pre-employment checks were insufficient and employment gaps were not explored to ensure potential staff were of good character and suitable to work with vulnerable people.

People had assessments and care plans regarding their care and support needs. However, the care plans lacked important information and were not always kept up to date.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; However, the policies and systems in the service did not support this practice.

Complaints were not managed in line with company policy.

The service was not well-led and there was a lack of effective governance and oversight. Quality assurance processes were not completed and records for the running of the service were not always accurate or up to date.

Rating at last inspection and update; At the last inspection the service was rated requires improvement (published 4 April 2018). This service has been rated requires improvement for the last two consecutive inspections.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection improvements were still needed and the provider continues to be in breach of regulations. This has resulted in the service being rated Inadequate overall and being placed in special measures. Services in special measures will be kept under review and, if we have not already taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months.

Why we inspected: This was a planned inspection based on the rating at last inspection.

Enforcement: We have identified breaches in relation to Regulations 19,12,16 and 17 of The Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. This provider did not ensure fit and proper people were employed at the service, did not ensure safe care and treatment of people using the service, did not manage complaints adequately and demonstrated a lack of robust quality assurance meant people were at risk of receiving poor quality care.

Following this inspection, we wrote to the provider to request an action plan and to gain further assurances for people's safety.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 safe.

Details are in our Safe findings below.

Inadequate ●

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.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Accommodating Care (Driffield)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: The inspection was carried out by one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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. The registered manager had left the service three months prior to the inspection. The previous care coordinator was now acting manager and was intending to apply for the position of registered manager.

Notice of inspection; This inspection was unannounced.

Inspection site visit activity started on 22 April 2019 and ended on 8 May 2019. We visited the office location on 5 May 2019 to see the manager and office staff; and to review care records and policies and procedures. The Expert by Experience contacted people via telephone on 22 April 2019 and the inspector completed home visits on the 8 May 2019.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from

the local authority, and spoke with other professionals who work with the service. 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 spoke with ten people who used the service and two relatives. In addition, we spoke with four members of staff including the acting manager, care coordinator and support workers. We reviewed a range of records. This included four people's care records and medication records. We also looked at three staff files and records relating to the management of the home.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse.

- Internal and external systems were not being used to safeguard people from harm or abuse. Safeguarding records did not clearly show if investigations had taken place or if action had been taken to prevent re-occurrence of incidents.
- The provider had not always ensured they reported safeguarding incidents to the local authority and the Care Quality Commission (CQC). They had failed to notify the CQC of seven incidents which had occurred at the service. We are dealing with this outside of the inspection process.
- Staff had completed recent safeguarding training and were able to tell us what action they would take to reduce the risk of harm to people.
- People and staff continued to be at risk of harm due to poor information recorded in people's care plans.
- People told us they felt the service was safe and looked forward to the staff visiting. One person told us, "I feel very safe with the staff, they are wonderful, and I wouldn't be without them now."

Assessing risk, safety monitoring and management.

- At the last inspection we identified risks to people were not appropriately completed or monitored. At this inspection we found the service had not made any improvements to appropriately assessing, reviewing or managing risks to people. Risk assessment's in people's records did not reflect people's current needs. Where risks had been assessed appropriate plans had not been implemented to reduce these risks.
- People were at risk of receiving unsafe care and support. People with specific health conditions did not have the relevant risk assessments in place to inform staff of possible risks and how to manage or mitigate these risks.
- Safety concerns and incidents were not recorded and did not clearly show if investigations had taken place or if action had been taken to prevent re-occurrence of incidents.

Using medicines safely.

- Medication records were monitored weekly, however where anomalies were identified there was no evidence of any action taken to address these to prevent re-occurrence.
- Where appropriate, people were supported to take their medicines safely and as prescribed.
- We saw no evidence of staff competencies been checked to ensure they followed best practice when administering medication.
- People told us they were supported to take their medicines and apply creams when needed.

Learning lessons when things go wrong.

- There were no systems or processes in place to review, investigate and monitor concerns, issues or incidents within the service to use as learning opportunities to improve practice.

The provider did not ensure safe care and treatment of people using the service. This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment.

- Safe recruitment processes had not always been followed. Disclosure and barring checks had been completed, as had health questionnaires. Some files did not contain employment references or proof of conduct and good character of staff and employment gaps were not explored.
- People were supported consistently by the same staff.

This provider did not ensure fit and proper people were employed at the service. This demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection.

- Staff received training in infection control. Staff wore gloves and aprons when supporting them with personal care.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's care records did not always reflect the care and support they received.
- An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. However, this was not revisited or reviewed when people's needs changed.
- Care plans were brief and did not contain current information around people's health needs and support required.
- Staff had a good understanding of people's needs and spoke knowledgably about their preferences.

The lack of current information held about people and their support needs demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience.

- People using the service said they thought staff were sufficiently trained. Staff completed a comprehensive induction and training was provided, which ensured they had sufficient knowledge to support people and fulfil their role effectively.
- Competencies checks were not always completed. The manager informed us they had tried to complete competency checks with staff however due to staff changing their calls within their rota this had not been possible.
- Staff told us they received supervision from the acting manager, however there was no system in place to monitor this or show when staff had last received this..
- Staff told us they felt supported by the manager and provider, one staff member told us, "I can talk to them about anything they are very supportive."

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

- Nutritional assessments and care plans were contradictory and did not provide staff with clear information to support people with their meals.
- People who had specific dietary requirements did not have care plans in place to instruct staff on how to support people when required. Information required for staff to support the use of percutaneous endoscopic gastrostomy feeding equipment was not in place.
- People told us staff supported them to prepare meals and encouraged independence.

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

- People we spoke with told us they generally did not have support with healthcare appointments because they managed these themselves or with help from relatives.
- There was no evidence of communication between the service and other services.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

- People told us that staff always gained consent before supporting them with their needs. Consent to care was not always gained using the care plan and the manager informed us that there was no need for consent with the care plan as people consented to care when assessed by the local authority.
- Staff had limited understanding of MCA and were not aware of the principles.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People told us they were supported by staff who were caring. However due to ineffective systems and lack of oversight in place to monitor the service the provider could not be assured that staff were providing safe and caring support.
- Staff had a good knowledge of equality and diversity and how to support people's diverse needs. However, care plans did not always capture this information or inform staff of people's beliefs and preferences.
- People were happy with staff and the care and support they received. Comments included, "The staff are very kind and always happy to help me", "They are really good, nothing is too much trouble" and "They are very caring."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- People told us that occasionally staff may be late, but the majority advised they were contacted by office staff to inform them.
- Relatives told us staff were kind and respectful when talking to people.

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

- People told us staff always asked them for permission before providing support and encouraged them to maintain their independence. Care plans did not reflect or show how people were involved in planning or reviewing their care.
- People told us staff always gave them choice and supported them to make informed decisions.

Respecting and promoting people's privacy, dignity and independence.

- Staff encouraged people to be as independent as they could be. One person told us, "They know I am independent and respect that I am able to do things for myself." Another person told us, "They are very respectful. If everyone has carers like I do then they are very, very lucky."
- People told us staff supported them to have choice and control within their everyday life.
- Staff spoke of how they promoted dignity and confidently explained ways in which they did this.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were not person centred and were not reviewed consistently or updated when people's needs changed. This meant staff did not have the information they needed to provide care in line with people's individual preferences.
- People and their relatives told us they were not always involved in developing care plans and regular reviews of care and support needs.
- People told us staff spent time with them to find out their likes and dislikes and staff could clearly describe people support needs.
- People were encouraged to engaged in activities, hobbies and interests. One person told us, "Staff ask me if what I have been doing and show genuine interests in my hobbies."

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The acting manager of the service was unfamiliar with this standard and we did not see any evidence to show the service was providing accessible information for people.

End of life care and support.

- There was no evidence within people's care plan to show people's end of life wishes were discuss or explored.
- We were informed by the acting manager that the service was delivering end of life care, however there was no care plan in place for this person to instruct staff on this person's end of life wishes.

The service failed to ensure that detailed, up to date records were held detailing people's care and support needs demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns.

- Complaints were not responded to in line with company policy. We identified complaints that had been made to the acting manager and these had not been dealt with appropriately.
- There was no system in place to monitor complaints received to ensure the appropriate action was taken.
- People and their relatives told us they knew how to raise concerns and were confident the acting manager would act appropriately if they did.

The provider did not manage complaints adequately. This demonstrates a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The acting manager was unaware of what notifications were required to be sent to the Care Quality Commission and unaware of processes to safeguard people from abuse.
- There was no audit trail to support the action the manager had taken in relation to possible safeguarding incidents, complaints or accidents and incidents.

The provider did not notify the Commission of significant incidents. This is a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- There was no registered manager at the service they had left the service a month prior to the inspection.
- The leadership of the service lacked understanding of the importance of promoting a diverse staff team to meet people's individual support needs.
- The acting manager of the service lacked knowledge and understanding of the manager role and internal and external systems in line with legislation and regulation.
- The acting manager was very caring and showed values of ensuring all people using the service received the care they required.
- People and their relatives spoke positively about the acting manager. Comments included. "They are great", "They often come to see me and make sure everything is ok" and "They are so kind and really care about me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- There was no evidence of feedback been sought from people, their relatives or health professionals.

Continuous learning and improving care.

- Quality assurance systems were not in place at the service to monitor and identify improvements
- There was a lack of other audits, for instance monitoring information such as daily notes and monitoring charts.
- There was no oversight of the induction and supervision process and we could not be certain staff practice was otherwise monitored.
- The acting manager had been ineffective at checking the competencies of staff due to staff changing their calls within their rota.

- Due to the lack of effectively kept records we could not be certain that mistakes that had happened had been identified and acted on. This meant lessons would not have been learnt to remove the risk of repeating mistakes.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not notify the Commission of significant incidents.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure safe care and treatment of people using the service.</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider did not manage complaints adequately.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to ensure that contemptuous records were held detailing people's care and support needs. The lack of robust quality assurance meant people were at risk of receiving poor quality care.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

This provider did not ensure fit and proper people were employed at the service.