

Authentic Kare Company Limited

# Authentic Kare Kettering

## Inspection report

Chesham House  
51 Lower Street  
Kettering  
Northamptonshire  
NN16 8BH

Tel: 01536527440

Date of inspection visit:

07 June 2022

08 June 2022

16 June 2022

Date of publication:

19 July 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Authentic Kare Kettering is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of our inspection there were 26 people using the service.

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

Recruitment processes were not always safe so the provider could not assure themselves staff had the right character and experience for their roles. There were some concerns about staff working practice including some staff working long hours and some being required to give a long notice period if they wished to leave.

Management oversight of the service was insufficient. Quality assurance audits were not always effective at identifying concerns or areas for improvement. Records management was disorganised. There were multiple systems in place, both electronic and paper based, which made accessing and reviewing information confusing and time consuming.

The provider was not prepared or organised to facilitate a CQC inspection. Gaining access to the necessary information to complete the inspection was difficult.

People had care plans and risk assessments in place setting out their care needs and how risks should be safely managed, but reviews of these did not take place regularly. Up to date care records were not always readily available as some were held in people's homes.

Accidents and incidents were recorded by staff and followed up. Regular reviews to identify any patterns or themes did not take place, which meant opportunities may be missed to reduce the risk of the same thing happening again.

Support was provided to assist people take medicines when required and this was recorded electronically. Guidance for staff to follow for all 'as needed' medicines was not available to view during the inspection.

People felt safe with the care they received and safeguarding processes were followed when required.

Staff had received training in infection prevention and control and positive feedback was received about staff practice in this area.

Positive feedback was mainly positive from staff about their experience of working for the service. Team meetings took place and feedback was sought from people about their experience of the service.

People and relatives provided positive feedback about the quality, timeliness and consistency of care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 16 October 2018)

#### Why we inspected

We received concerns in relation to recruitment practices in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Authentic Kare Milton Keynes on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified two breaches of regulation in relation to recruitment practices and good governance at this inspection.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always Well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Authentic Kare Kettering

## Detailed findings

### Background to this 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector, a specialist adviser 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, who was also the provider.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 June 2022 and ended on 16 June 2022. We visited the location's office on 6, 7 and 16 June. The Expert by Experience made phone calls to people and their relatives on 8 June 2022 to gain their feedback.

Inspections of the Kettering and Milton Keynes locations of Authentic Kare took place at the same time. The service was mainly run out of the Kettering office, and staff were shared between the two locations. Systems and processes were the same in both services.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited two people in their homes to request feedback in person. We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual who was also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medicine records. We looked at 12 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and additional documents. We emailed 14 staff members for feedback about their experience of working for the service and received feedback from 10 of those staff. We also liaised with the local authority and other partner agencies.

# 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 Good. At this inspection the rating has changed 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.

### Staffing and recruitment

- Safe recruitment processes were not always followed. For example, there were gaps in employment histories, not all employees had references and there was no up to date photograph of each staff member. Some staff went by names different to their real names, making it difficult to identify who was who when we looked at staff rotas and training records.
- We found that many of the employment checks had been completed after the staff member commenced work. This put people at risk of receiving care from staff who may not be suitable to support them.
- Some documents in staff files appeared to have been signed by other people as the signatures on those documents did not match those we saw on people's passports. This meant staff may not have seen or read those documents, such as being willing to work more than 48 hours per week or agreeing to staff company car rules.

The provider had not ensured safe recruitment processes were always followed. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found concerns about staff working hours and practices. People and their relatives told us staff appeared tired at times and worked long hours, but this did not affect the quality of the care delivered. Some staff told us they worked more hours than they got paid for. The staff rota we looked at included staff scheduled to work up to 18 calls in a day starting at 6.15am and finishing at 9.10pm.
- The provider used a visa sponsorship scheme to assist in recruitment, with some staff employed internationally and travelling to work in the UK for Authentic Kare. Although staff told us they could leave the company if they wished, we saw some contracts of employment contained clauses requiring repayment of significant costs if staff left within three years, and also lengthy notice periods.
- People and relatives provided positive feedback about the timings and consistency of their care calls. One person said, "They are very punctual. We have had no problems to date. They will inform me of any changes and send me a rota." Another person told us, "I get the same carers. They know me well and I know them."

### Assessing risk, safety monitoring and management

- Reviews and updates to people's known risks did not always take place regularly. For example, some people were at higher risk of pressure wounds or expressing distressed behaviour but the care plans in the office had not been updated in over twelve months. The registered manager told us updates were recorded in the paper files in people's homes, but these were not readily available to refer to when needed. This placed people at higher risk of receiving care which did not meet their current needs.

- Risks associated to people's care were assessed and recorded in their care and risk support plans. This included risks connected to moving and handling, nutrition, skin and personal care. One person told us they required the use of a hoist to move from one place to another. They commented, "I need two staff to help me transfer. I always have two staff so that my transfers are always done safely."
- Staff completed daily records and followed clear instructions on an electronic system of the tasks to be completed during each visit. This took into account people's risks and vulnerabilities.

#### Using medicines safely

- The electronic medicine administration record (MAR) was usually used effectively by staff, which included sending alerts to office staff when medicine was running low. We found some gaps in one person's MAR chart over several months, which had not been picked up in any of the provider's audits.
- Guidance for staff to follow when medicine was administered 'as needed' was not held on the electronic system. For example, what circumstances the medicine should be given or the maximum dose in a day. The provider told us this information was held in the paper file in people's homes. This meant it could not be easily accessed or reviewed if required and was not available during the inspection.
- Care plans provided details of the support people needed with their medicines, if required. The electronic system gave guidance to staff on what tasks to complete, including where to apply creams when needed.

#### Learning lessons when things go wrong

- Processes to learn lessons when things went wrong required strengthening. Regular reviews of accidents and incidents to identify any patterns or themes and identify where lessons could be learned did not take place. This meant opportunities for improvement may be missed.

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

- People felt safe with the care they received. One person told us, "Yes, I feel safe and comfortable. I like the women carers. They check on me, they ask me if I am okay. They will check every hour."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. The registered manager understood their responsibility to report safeguarding concerns to the relevant authorities.

#### Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE). One person told us, "They always wear gloves, they come in with the masks on, they go straight to wash their hands and put on their gloves and apron. Always!"

# 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 Good. At this inspection the rating has changed 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

- Oversight of the service was insufficient. The provider undertook some quality assurance audits but these were not always effective at identifying areas for improvement. For example, quality checks on staff files did not identify the recruitment issues we found during this inspection.
- The registered manager told us they aimed to audit 30% of care files each month, but during the inspection we were provided with only a few. We were unable to fully check that follow up action had been taken as identified in the audits, as some of the records were held in people's homes.
- Records management was disorganised and chaotic. For example, we found multiple systems in use, including an electronic system used by care staff to update tasks, word documents on the computer for care plans and risk assessments and paper copies in people's homes to record reviews. This made accessing the correct information difficult.
- The provider was not prepared or organised to facilitate a CQC inspection. On the first day of our site visit we found the registered manager was not available. There were no senior staff managing the office in the absence of the registered manager except for an administrative assistant who told us they had no access to any records and were not able to support the inspection. We found that all records we needed to look at as part of our inspection were locked away in a separate office. The administrative assistant told us they did not have a key to the second office, and this was held by the registered manager.
- The staff rota was disorganised and difficult to navigate. Staff names on the rota were not always their real names and there were staff who no longer worked at the service still on the rota system. Many staff initially unidentified, were explained as agency staff by the registered manager. There was no way to distinguish who were agency staff and who were not.
- Staff were supported through supervision, appraisals and spot checks. There was no overall tracker to show when these took place, so the provider could not confirm these occurred at the frequency set out in their policy.

The provider failed to ensure robust systems and processes were in place to manage the service effectively. Systems and processes in place to assess, monitor and improve the service were not effective at driving improvement. This was a breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People told us they received person centred care and felt involved in their care and support. One person told us, "I am very happy. When I came home from hospital I couldn't walk. Now I can get about with my frame. The staff have helped me get to this point." A relative commented, "I just feel we are one of the fortunate ones. [Family member] is very happy and I have a lot to be grateful for."
- Feedback we received from staff was mainly positive. One staff commented, "The management is very open and responsive to my concerns. They are very supportive." Another informed us, "The management are helpful, and they listen if I have any worries. They try to help."
- Regular team meetings took place and minutes were available. Some staff told us they had not been able to attend any team meetings. We saw in the minutes of the meetings that some staff attended in person and some had joined by zoom.
- Satisfaction surveys were sent out to obtain people's views about the service and their care. We saw a 'You said, we did' action plan. This detailed the comments people had made about the service and how the provider had addressed people's concerns. For example, some people felt some staff needed further training. The response recorded from the provider was to offer staff national vocational qualification training and we saw some staff had taken this up.

Working in partnership with others: 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 provider engaged with partner agencies. The registered manager told us they worked with GPs, district nurses and social workers as required. One person's relative told us, "The carers will call the doctor or the nurse if they are worried about [family member]."
- The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw this had been updated and was displayed in the hallway.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective quality assurance systems in place to ensure good oversight of all aspects of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment processes were not always followed by the provider.