

Associates Healthcare Community Interest Company

Croydon Borough

Inspection report

Challenge House
616 Mitcham Road
Croydon
Surrey
CR0 3AA

Tel: 02086831289
Website: www.ahcic.co.uk

Date of inspection visit:
10 May 2022

Date of publication:
12 July 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Croydon Borough is a domiciliary care agency providing personal care to older people, people living with dementia, people living with physical disability and people living with learning disabilities or autism. The service was providing care to one person at the time of the inspection. The person was living with a learning disability.

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

Right Support

The service provided the person with the right support. Staff supported the person to take part in activities they liked doing and attend a local day centre, so they had a fulfilling and meaningful everyday life. The service made adjustments for the person and their relative so they could be fully involved in discussions about how the person received support, such as holding meetings at the person's home. The service worked with the person and their relative to plan for when the person experienced periods of distress. Staff supported the person and their relative so the person could access specialist health care support in the community. The service supported the person and their relative to make decisions following best practice in decision-making. Staff supported the person with their medicines in a way that achieved the best possible health outcome. Staff communicated with the person in ways that met their needs.

Right Care

The service had not always provided the person with the right care. The provider had not always provided the person with sufficiently trained and experienced staff. Some of the staff used to provide the person with care when their usual care workers were not available had not received training to work with epilepsy, learning disabilities, behaviours that some people may find distressing and PEG (percutaneous endoscopic gastrostomy) tube support. PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach and allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth. Staff had not always followed medicines administration guidance and best practice. We found no evidence the person had been harmed. However, this meant the person had sometimes not received the right care.

Staff promoted equality and diversity in their support for the person. They understood their cultural and religious needs and preferences and provided them with culturally appropriate care. The person received kind and compassionate care and staff respected their privacy and dignity. Staff understood and responded

to the person's individual needs. The person had individual ways of communicating, including using body language and sounds for example and the person could communicate with staff because staff supported them consistently and understood their individual communication needs. The person's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

The service was not always sufficiently person-centred. The provider had not always provided the person with replacement staff that had personalised information about them. The provider had not always understood and assured quality performance. They had not regularly carried out audits and the audits they had carried out were ineffective because they had not identified the issues we found during our inspection.

The person received good quality care, support and treatment the majority of the time because their usual care workers were trained and experienced and had good knowledge about them and could meet their needs and wishes. Staff knew and understood the person well and were responsive, supporting theirs and their relative's aspirations for them to live a quality life of their choosing. Staff turnover was very low, which supported the person to receive consistent care from staff who knew them well. The person and their relative were involved in planning the person's care. The provider obtained feedback from the person's relative about the quality of support provided to the person.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

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.

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 ●

Croydon Borough

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 10 May 2022 and ended on 20 May 2022. We visited the office location on 10 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC.

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 spoke with the relative of the person who used the service about their experience of the care provided. We spoke with four members of staff, including the registered manager, care workers and the operations manager.

We reviewed a range of records. This included one person's care records and multiple medicines administration records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- The person's medicines were not managed safely.
- Some medicines administration record (MAR) charts were missing information, some had not been completed correctly and one week their MAR chart had not been completed and was blank.
- This meant the person's records did not always make it clear whether they had been given their medicines, whether they had received their medicines on time or whether they had been given the correct amount of medicine.
- The provider's medicines audits were not always effective because they had not identified the issues we found during our inspection. This meant the provider did not have a safe system for knowing whether the person had received the correct medicine and was safe.
- We found no evidence the person had been harmed. However, the provider's failure to manage medicines safely put the person at risk of potential harm.

The provider's failure to manage medicines safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider had not always assessed, monitored and managed risks to the person effectively.
- The person's risk assessments were not always completed and their risk assessments and care plan did not always contain detailed and specific information for staff to manage risks safely.
- The risk assessment for the equipment they used had not been completed. Their level of risk of pressure sores had not been calculated correctly. The risk assessment of their mobility and how staff should support them with moving and handling did not contain any information for staff about how to support the person to mobilise or how to mitigate the risk of injury to the person.
- The person was assessed to be at risk of chest infections or pneumonia. However, their risk assessment and care plan did not contain any information for staff about how to support them to reduce the risk of chest infections.
- The person was assessed to be at risk of malnutrition and dehydration and behaviour that could injure them when eating. They required support with eating and drinking. However, their nutritional risk assessment had not been completed and there was no information for staff about what actions they should take to prevent the person injuring themselves when eating.
- The person also required PEG support (percutaneous endoscopic gastrostomy). PEG is a procedure in

which a flexible feeding tube is placed through the abdominal wall and into the stomach and allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth. Their risk assessment stated there was a risk their PEG tube could become blocked but there was no information for staff about how or why it could become blocked or what they should do if it did get blocked.

- The provider's reviews of the person's risk assessment had not identified the issues we found during our inspection.
- We found no evidence the person had been harmed. However, the provider's failure to sufficiently assess, monitor and mitigate the risks to the person put them at risk of potential harm.

This was further evidence of a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes did not always sufficiently safeguard people from abuse.
- Some staff lacked sufficient knowledge and understanding about the types of abuse people could experience, how to recognise signs of abuse and how to report abuse to external organisations. Some staff lacked knowledge and understanding about whistleblowing and how to raise concerns outside of the service. This meant staff lacked sufficient competency about safeguarding and the person was not always sufficiently protected from abuse.
- Staff had completed safeguarding training. However, the provider had not assessed staff members' safeguarding competency,
- The provider had not always reported safeguarding incidents to the local authority.

The provider's failure to operate effective systems and processes to safeguard people from abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's relative said they and the person receiving support felt safe with staff and the service.
- The provider agreed to inform the local authority of the safeguarding incidents they had previously not reported.

Staffing and recruitment

- There were enough staff to support people safely. However, the provider had not always followed safer recruitment practices.
- The provider had not always gathered sufficient information about the work history and previous employers of new staff and had not always obtained references for new staff from one of their previous employers listed on their application form. The provider had obtained references from other sources.
- Recruitment checks were carried out for new staff, including identification, proof of address and a check with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The provider's infection prevention and control (IPC) practice reduced the risk of spreading infections.
- However, the provider had not carried out individual COVID-19 risk assessments for the person and staff. This increased the potential risk of harm to the person and the staff from COVID-19 because the provider did not know whether the person or any of the staff were in a higher risk category and did not know how to reduce the risk to them if they were more vulnerable to COVID-19.
- The provider had an IPC policy in place and COVID-19 testing for staff was in line with Government guidance.

- The person's relative confirmed staff wore Personal Protective Equipment (PPE) when providing the person with support and disposed of it safely.
- Staff had been trained in how to put on and take off PPE to avoid the spread of infection and had received hand washing training.

Learning lessons when things go wrong

- The provider had an accidents and incidents policy in place and staff knew how to report accidents and incidents.
- Staff felt comfortable to approach managers and report accidents and incidents when things went wrong.
- People and their families knew how to raise concerns and felt confident to speak with staff and management about any issues.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff were always trained and supported to provide effective care.
- Replacement staff used to provide the person with care when their usual care workers were not available had not always received training to work with epilepsy, learning disabilities, behaviours that display distress and PEG (percutaneous endoscopic gastrostomy) tube support. PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach and allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth.
- Some replacement staff lacked knowledge and information about the person's needs and how to provide their care. The person's relative said, "When somebody else comes instead of the usual carers they do not have the proper PEG training. At times I have had to give [name of person] their medicines when I get home from work because the carer could not use the PEG tube and it meant [name of person] got their medicines too late". The person's relative also told us, "A carer came and [name of person] had a seizure and I saw on the camera that the member of staff tried to lift [name of person] up during the tonic seizure instead of leaving [name of person] until the seizure had passed, people cannot stand up during a tonic seizure. I saw on camera the member of staff grabbed [name of person's] hand and tried to get [name of person] up. I asked the service not to send that member of staff again". They added, "[Name of person's] usual carers are very good but other carers are not so good due to a lack of knowledge and training".

The provider's failure to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's usual care workers received the training and support required to provide effective care.
- New staff received induction training, which included compulsory training and observing other care staff before delivering care on their own.
- One of the person's usual care workers had received specialist training from hospital nurses in PEG tube support. The person sometimes received their food and medicines via their PEG tube and the trained member of staff displayed detailed knowledge about how to administer the person's food and medicines via their PEG tube and the procedures involved.
- The provider carried out regular competency spot checks for the person's usual care workers and regular one to one supervision and annual appraisals. However, the provider had not always arranged training to

take place when a member of staff had requested to do specific training.

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

- The provider had assessed the person's needs and included their preferences and choices.
- However, the person's assessments were not always accurately linked together. For example, not all of the risks associated with the person's care needs were included in their risk assessments and not all of the assessed risks to the person were covered in their care plan.
- Also, the person's care was not always delivered in line with guidance and standards. For example, the person's medicines were not always administered in line with NICE (The National Institute for Health and Care Excellence) guidelines for medicines management and the registered manager did not always know which medicines were listed as a controlled drug. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about drugs that are especially addictive and harmful.
- The person did receive their care in line with their choices and preferences.

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

- Staff supported the person to eat and drink enough and maintain a balanced diet.
- Staff prepared meals and made sure the person ate food they liked in line with their cultural and personal preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with the person's GP, hospitals, nurses and the local authority to provide effective, consistent and timely care.
- Management and staff worked closely with the person's specialist epilepsy nurse and GP to ensure the person received the right medicines.

Supporting people to live healthier lives, access healthcare services and support

- The person was supported to access healthcare services and receive the right medical treatment and support when they needed it.
- Staff supported the person to go to hospital if necessary.

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 MCA 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 and whether appropriate legal authorisations were in place.

- The person lacked the capacity to make decisions for themselves and give their consent. The provider sought and obtained consent from the person's relative in line with legislation and guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The person and their relative were well treated.
- The person's care plan included information about their cultural and religious identity and preferences. It also contained some information about sexual identity and sexuality, although this information was not sufficiently personalised.
- The person's relative told us staff were caring. They said, "They [the staff] are friendly and kind, they are respectful and do everything they should. They always stay for the full amount of time and do all the tasks and do the right things" and "[The person's name] is happy with their two main care workers".

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

- The person's relative was supported to be involved in making decisions about the person's care and to share their views about the service.
- The registered manager carried out assessments with the person and their relative to plan what care the person needed and how it should be delivered.
- Management carried out quality monitoring, feedback surveys and spot checks with the person's relative to find out what they thought about the service the person received.
- The person's relative said staff and the registered manager were approachable and they felt comfortable to talk to staff and contact managers to raise issues and discuss the person's care.

Respecting and promoting people's privacy, dignity and independence

- The person was supported in a respectful way that promoted their privacy and dignity.
- Staff used the person's preferred name and treated them as an adult. They spoke to the person using appropriate language and asked for permission before doing something and talked through what they were doing with the person as they did it.
- Care workers made sure doors were closed and curtains were drawn and parts of the person's body were covered when providing them with personal care.
- Staff respected the person's right to do things on their own, such as watching the television for example.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires good.

This meant people's needs were met through good organisation and delivery.

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

- The person's assessments and care plan did not always contain personalised information. This meant they were not sufficiently person-centred.
- The person's daily support plan was task focused and did not contain any information for staff about how the person wanted tasks carried out or how they wanted their personal care done.
- The person's needs assessment and care plan did not contain sufficient information for staff about the person's interests and activities or how staff could support the person to be as independent as possible.
- However, the person's needs assessment contained detailed information about their care needs and their care plan included information about their goals and what they hoped to achieve and detailed information about their daily routine and the food they liked to eat. Also, the person's main care workers knew the person well, including their needs, likes and dislikes and preferences and the person's relative felt the person received the right support from their main care workers despite this lack of recording.
- The person's care plan also contained information for staff explaining the person wanted to be resuscitated in the event of an emergency and instructed care workers to call an ambulance and commence CPR (cardiopulmonary resuscitation) if necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported to avoid social isolation and take part in activities that were socially and culturally relevant to them.
- Staff supported the person to attend a day centre from Monday to Friday each week.
- Staff engaged the person in activities they liked and enjoyed.
- Staff supported the person to observe their spiritual practice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider followed the Accessible Information Standard.
- Staff and managers communicated with the person and their relative in line with their needs and in ways they could understand.

- The person did not communicate verbally. However, staff knew them well and recognised and understood the ways in which they expressed themselves, including how they communicated when they were in pain.

Improving care quality in response to complaints or concerns

- The service had not received any complaints.
- The provider had a complaint policy and procedure in place and the person's relative knew how to make a complaint.
- The person's relative had asked the provider to ensure there was a trained member of staff in place to provide the person with care when their main care worker went on annual leave. During our inspection the provider was in the process of training a new member of staff to provide the person with support when their main care worker went on holiday.
- The person's relative had on one occasion asked for a particular member of agency staff not to be sent again and the provider had stopped using that care worker.
- Staff had a good relationship with the person and their relative and were flexible in responding to changes and requests from the person's relative. For example, when the person's relative needed to go shopping or work extra hours, staff went to the person's home and provided them with further care at short notice. Staff also provided care at night on some occasions to further support the person's relative.

End of life care and support

- The person was not in need of end of life care at the time of our inspection.
- The provider had a process in place to assess people's end of life care needs and plans and to provide people with end of life care in line with their preferences should the need arise.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had not established sufficient systems and processes to effectively monitor and improve the quality and safety of the services provided and monitor and mitigate the risks to people. In addition, the systems and processes that were in place were not operated effectively.
- The provider had not always carried out audits and audits carried out had not identified the issues we found during the inspection.
- The provider had not recorded any information about COVID-19 testing for staff, including the results of staff Lateral Flow Tests.
- The provider's admissions policy contained information about staff COVID-19 testing but did not contain any information about COVID-19 procedures for people when they first started to use the service.
- The provider had not ensured all staff were sufficiently able to recognise signs of abuse and sufficiently knew the procedures for protecting vulnerable adults.

The provider's failure to establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had job descriptions and the provider had a statement of purpose and values. This clarified care worker's roles and informed them of their responsibilities and what was expected of them.
- The provider held staff meetings and updates were shared with staff. This further clarified care workers' roles and duties.

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

- The culture of the service was not always person-centred.
- The provider had not always provided the person with sufficiently trained and experienced staff that had good personalised information about the person. This meant the person had sometimes not received the right care.
- The provider told us they had wanted to have a small staff Christmas party in 2021 and to give staff

shopping vouchers to reward their effort and loyalty. This had not been possible due to COVID-19 restrictions. However, the provider had not posted or given the shopping vouchers to staff as an alternative.

- The provider was flexible and the person's main care workers had provided the person with extra care in line with changes to the person's relative's schedule and requests.
- The registered manager was approachable and supportive and the person's relative and staff felt comfortable to contact them with any issues or concerns.
- The person's two main care workers worked well together and provided the person with continuity of care. This helped the person feel safe and comfortable with their usual care workers.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have a system and process in place to obtain feedback from external professionals. The registered manager and the operations manager were not engaged with and did not participate in any learning and development or support networks for registered managers and providers. This meant the provider had not tried to learn as much as possible about how to improve the service. The registered manager was a member of a home care association and did receive some information from that organisation to support them with managing the service.
- The provider did not have a system and process in place to obtain feedback from staff. However, staff were able to contact the registered manager and share their views and suggestions at any time and they felt comfortable to do so. For example, a care worker had raised an issue that PPE gloves were not of a suitable quality and the registered manager sourced new gloves and changed the gloves used by staff.
- The provider used quality monitoring forms and feedback surveys to obtain the views of the person's relative. The person's relative could also contact the registered manager at any time to discuss their experience and feelings. The person's relative felt comfortable to share feedback and suggestions with the registered manager.

Working in partnership with others

- Staff and management worked well with other agencies, organisations and professionals.
- The service worked in partnership with the person's specialist epilepsy nurse, their GP, hospital staff and nurses, the local authority and the person's relative.

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 understood the requirements, their responsibilities and the processes and procedures involved in being open and honest with the person and their relative, the local authority, CQC and other professionals when there was an accident or incident.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to manage medicines safely and had not always sufficiently assessed, monitored and managed risks to the person.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to operate effective systems and processes to safeguard people from abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish and operate systems and processes to effectively assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks to the health, safety and welfare of people.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff.

