

# Accommodating Care (Driffield) Limited

## Accommodating Care (Driffield)

### Inspection report

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28 November 2019  
29 November 2019  
02 December 2019  
11 December 2019

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Accommodating Care (Driffield) is a domiciliary care agency providing personal care to 20 people at the time of inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had recently appointed a new manager who had developed good working relationships with the local authority and begun work to make improvements to the service. Improvements had been made to ensure the safety of people using the service and delivery of person-centred care. Further improvements were needed to monitor the quality of the service.

People received kind and compassionate support from a team of well-trained and well-supported staff. Staff supported people to be independent, engage socially and maintain hobbies and interests.

Staff knew people well and cared for people in the way they preferred. Staff were prompt and on-time to calls. There were systems in place to inform people if staff were running late.

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.

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 inadequate (published 29 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made however, the provider remained in breach of one regulation.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified a breach in relation to the assessment and monitoring of the quality of the service at this inspection.

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

### 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 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# 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. 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

The inspection was carried out by two inspectors.

#### Service and service type

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

The provider was in the process of registering a manager with the Care Quality Commission. Being a registered manager 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 48 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 28 November 2019 and ended on 11 December 2019. We visited the office location on 28 November and 11 December 2019.

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We visited people in their own homes and made calls to people. We spoke with four members of staff including the manager, area manager and care workers.

We reviewed a range of records. This included four people's care records and three medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance information provided by the manager.

# 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 inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse; Using medicines safely;

At our last inspection the provider had failed to ensure the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. Some risk assessments lacked detail specific to the individual. The manager told us they would review all risk assessments and work began during the inspection to address this.
- People told us they felt safe in the care of staff.

Learning lessons when things go wrong

- Staff reported accidents and incidents to the manager and responsive action was taken to ensure people's safety.
- Opportunities to learn from incidents were not always maximised to reduce the risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of neglect, abuse and ill-treatment.
- There were effective safeguarding systems in place to address concerns. Staff had a thorough understanding of abuse and knew how and when to report any concerns.
- The manager had a good working relationship with the local authority and took prompt action to keep people safe.

Using medicines safely

- Medicines were managed consistently and safely. People received their medicines as prescribed.
- Staff received training in the safe management of medicines and the manager assessed their competency in this area.

Staffing and recruitment

At our last inspection the provider had failed to fit and proper people were employed at the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had safe recruitment and selection processes in place to protect people from the employment of unsuitable staff. The manager had identified risks associated with past recruitment practices and acted to keep people safe.
- The provider employed the right number of skilled staff to meet the needs of people using the service.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to prevent the spread of infection when providing care. One person told us, "[Staff] always have their gloves on."



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was planned and delivered following an assessment of people's needs and preferences. At our last inspection we found care records contained little information. The manager had worked to improve care records by including more up to date information which reflected people's current needs.
- People told us they had been involved in writing their care plans and had a copy in their own homes.
- The provider had recently invested in new technology to monitor staff attendance at care visits. Systems were in place to inform people where staff may be running late to care visits. One person told us, "There are occasions when [staff] are running late but they call ahead; they always let me know."

Staff support: induction, training, skills and experience

- People were cared for by well-trained and well-supported staff. People told us, "Yes, staff are well trained" and "[The staff] are excellent."
- The manager met regularly with staff to review their practice and development and had implemented a new system to record this. They recognised where staff required additional training and support to meet good practice standards.

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

- People who needed assistance with eating, drinking and meal preparation were positive about the support they received.
- Staff gave people choice and made sure people had access to enough food and drink throughout the day.

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

- Staff worked together to provide consistent care and treatment. Staff communicated changes in people's needs across shifts.
- Where necessary, urgent medical care was sought for people without delay.

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.

- The manager had a good understanding of the MCA. Where people lacked the capacity to make particular decisions, relevant people had consented to those decisions on people's behalf, and the manager kept records of this.
- Staff respected people's human and legal rights. They routinely asked people for their consent when they provided care and support.

# 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 requires improvement. At this inspection this key question has now improved to 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 were consistently positive about the caring attitude of the staff. Comments about staff included, "They are ever so friendly", "They are absolutely brilliant. I couldn't fault them in any way" and ""They are lovely."
- Staff had enough time to get to know people well. One staff member told us, "I keep up with what's going on in [people's] lives because I am interested."
- The manager had worked to improve care records by including more information about people's preferences and how they wished to be cared for.

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

- Staff supported people to express their views and be involved in making decisions about their care. One staff member told us, "I also tell people they have the right to say no. I always give people choice."
- People and their relatives were involved in care planning and reviews took place regularly to make any changes that were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They closed curtains and doors before supporting people to wash or dress and ensured they remained covered wherever possible.
- People were supported to remain as independent as possible. Staff allowed people to do what they could for themselves and only offered support where it was needed.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### 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.

- People's communication needs were recorded in their care plans. However, information provided to people was not always accessible. For example, two people we spoke with told us they could not read the rota which had been printed in small text. The provider told us they would immediately review their policy and processes for AIS.

### Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure the proper management of complaints. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People knew how to give feedback about their experiences of care and support. Information about how to do this had been provided to everyone who used the service.
- The manager took people's complaints seriously and responded in good time. They explored concerns in an open and transparent way and learnt lessons where they could.

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

- People and their families were involved in developing their care and support plans. Improvements had been made to include more information about people's likes, dislikes, daily routine and life history. Staff used this information to care for people in the way they preferred.
- Staff enabled people to engage in social activities and encouraged them to maintain hobbies and interests. One person told us, "I can be reluctant to get out. They (staff) have encouraged me to return to horse riding...to get a bit of life back into me."

## End of life care and support

- Information about people's requirements and preferences was recorded in their care plans, including their preferred place of care.

# 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 inadequate. At this inspection this key question has now improved 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to put systems and processes in place to ensure the quality and safety of the services provided. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance and performance management was not always reliable and effective. Action had been taken to address shortfalls, but this had not always been recoded.
- Systems and processes to measure the quality and safety of care were limited. The provider had recently appointed a new manager who was in the process of registering with CQC. The manager told us they had focussed on ensuring risks to people were properly managed and making improvements to care records to reflected people's needs. They told us they would now put systems and processes in place to measure the quality of the service and support continuous improvements.
- We looked at the results of a recent survey which demonstrated people were able to provide feedback about their experience of care. We did not see evidence of any in-depth analysis of survey results, such as identifying any themes or trends. We could not be assured the provider had used the information to learn and improve the standards of care for people.

At our last inspection the provider had failed to notify CQC of significant incidents. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The manager had a good understanding of the range of events and occurrences that must be notified to CQC. Systems were in place to ensure notifications were made without delay.

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

- People told us they would recommend the service. One person told us, "I have no complaints at all. They are wonderful."
- The manager promoted a culture of honesty, compassion and team work, and they led by example. They told us, "I want the team to work together and not be afraid to speak up."
- The provider was transparent and open with all relevant external stakeholders and agencies. The manager had developed good working relationships with the local authority and had worked with other professionals to make improvements in the service.
- The provider put systems in place to support the manager to continue to make necessary improvements in the service. A senior manager offered regular guidance and support to the manager.
- Staff had access to on-call system whereby they could contact a senior member of staff for advice if they needed it. One staff member told us, "If I ring they come straight to me. Any questions they are straight there to support you."

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 failed ensure systems and processes to monitor the quality and safety of the service.