

Mr Millan Enkam Shalo

Academy Care

Inspection report

Unity House
Westgate
Wakefield
WF1 1EP

Tel: 01924925244
Website: www.academycare.co.uk/

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Academy Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 23 people.

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 management of medication was not safe. We could not be assured staff administering medicines had up to date training. Staff had not received medication competency assessments and the provider was not completing medication audits. The recruitment of staff was not robust. People and relatives were positive about how safe they felt with the service provided and being able to contact the service out of hours.

Management oversight was not evident over key aspects of the service. Systems to assess, monitor and improve the service were not sufficiently robust. Audits of service provision were not carried out. The provider was not aware of the areas of concern we identified at inspection. Care staff meetings were not held. People and relatives had regular contact with the provider.

Staff training was not up to date. Staff were not provided with supervision. Support plans were sufficiently detailed. There was an over-reliance by the provider on the assessments carried out by commissioners. Staff sought consent before supporting people. 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. The provider was working within the principles of the MCA.

People and relatives were extremely positively about the provider and staff who provided their care. Care staff protected people's privacy and dignity. People and relatives felt able to express their views and be involved in decisions about their care and support. The provider was responsive to people's needs and wishes and knew people well. People were offered choices and encouraged to remain independent.

People did receive care and support that was person-centred. Support plans were routinely reviewed. We have made a recommendation about the Accessible Information Standard. The provider had a complaints procedure in place.

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

Rating at last inspection

This service was registered with us on 7 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in regulation in relation to safe care and treatment, fit and proper persons employed, staffing and good governance. For requirement actions we are able to publish at this time, 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.

Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Academy Care

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 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

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had a manager who was also the provider registered with the Care Quality Commission. This means they 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 notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 5 February and ended on 9 March 2020. We visited the office location on 11 February 2020. We spoke with staff on 3 to 9 March 2020.

What we did before the inspection

Prior to the inspection we had received information about the service since its registration on 7 February 2019. We sought feedback from 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.

During the inspection

We spoke with two people who used the service and ten relatives about their experience of the care provided. We spoke with the provider who is also the registered manager, the office manager and six members of care staff.

During the inspection we looked at two people's support plans in detail which included risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to medicine competency assessments, staff recruitment, staff supervision and audits.

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 for this newly registered service. This key question has been rated as inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not safely managed. Staff were not always trained on the administration of medicines. The provider told us some staff had received medicine training at their previous employment, however, they had been unable to evidence their training certificates and no further checks had been completed by the provider.
- Staff did not always receive medicine competency checks to ensure their practices were safe. The provider told us they formally introduced staff to clients prior to support being provided and would ensure staff knew how to administer medicines correctly during the introduction. However, we found there was no written evidence medicine administration competency assessments had been completed for the provider or any staff.
- People had individual medication administration records (MARs). We saw MARs were returned to the office, however, these had not been audited to ensure people had received their medicine as prescribed. We looked at a MARs for one person and found one medicine had not been signed as given, however, the person's daily notes indicated all medicines had been administered. The provider was unaware of this and there was no evidence to show this had already been identified or addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safe and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment procedures were not sufficiently safe to ensure people were protected from the risk of unsuitable staff being employed. Potential staff were not asked to complete an application form prior to interview or subsequent employment. There was no record of current or previous employment, no reference details or references on file and no interview notes. Recruitment files were not routinely audited.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff recruitment was safe and effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. Comments included, "Most of the time [Person] has the same care staff. they let us know in advance if there is to be a change," "It really makes a difference

to me having the same staff all the time" and "It is usually the same person."

Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office if they occurred. The provider told us incidents or accidents were recorded on the electronic office management system along with an incident summary. However, we found these were not analysed for themes and trends to take preventative action.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and recorded. A person told us, "I can't use the oven as a result of a risk assessment, so [staff] prepare hot meals but also help me join in the preparation."
- Environmental assessments were also completed in people's homes regarding the safety and suitability of the environment.
- People and relatives confirmed the service provided out of hours 'on-call' support in the event of an emergency or issue arising. Comments included, "I have a direct phone number but I haven't needed it", "I can ring [provider] any time and will get through" and "I've got the office number and direct number for the manager. They are never too busy to speak."

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were kept safe. A relative told us, "I can go out and feel comfortable leaving [Person] in their care."
- Staff told us they would report any concerns they had to the provider or the local authority's safeguarding team if they needed to. There had not been any safeguarding concerns since registration.

Preventing and controlling infection

- The provider had infection control procedures in place. People were protected from the risk of infection.
- Personal protective equipment (PPE) was always available for staff. Staff told us there were plentiful supplies of gloves and aprons.

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 as 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

- Staff did not receive appropriate training and supervision to enable them to carry out their duties. For example, there was no evidence to demonstrate staff received regular spot checks, supervision or had completed their training.
- Staff training records were not complete. There were two staff training matrices in use and it was not clear which matrix was the most up to date. Some staff were not listed on either matrix so there was no clear overview of what training every member of staff had received. There was no provider overview to ensure staff completed the training deemed necessary to provide safe care despite being requested to do so.
- Staff did not receive supervision in line with organisational policy. There was no evidence any staff supervision had taken place. We saw some supervisions had been scheduled for the coming weeks after our announced inspection. A staff member told us, "It's as a result of being inspected. We are aware they needed doing but just hadn't got around to it."
- The provider told us spot checks were carried out with staff whilst working alongside them. However, there was no documentary evidence available at inspection to support this. We received evidence of two staff spot check records after our inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff training and supervision was safe and effectively managed. Staff did not receive appropriate support, training or supervision to enable them to carry out their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- People and relatives told us they felt staff were capable of carrying out their duties effectively. One person said, "[Staff] was saying they had just done a manual handling refresher training."

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

- The provider received assessments of people's needs as a service level agreement from commissioning groups which they used as a base for a support plan. There was an over reliance on this information.
- People and their relatives told us staff gained consent before providing care. Staff we asked were aware of the importance of obtaining consent when providing care and support. A person said, "They explain what they are doing and check I'm in agreement."
- Support plans documented the involvement of people, their relatives and where appropriate any health

and social care professionals. This ensured all the person's needs were considered and addressed. A relative told us, "We couldn't have coped without this level of care."

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

- People were supported to eat and drink where appropriate. This took into consideration their preferences and dietary requirements. A relative told us, "They know what [Person] can and can't eat. They check anything with me if they have any doubts."

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

- People's healthcare needs were assessed. Key information was recorded on any specific medical conditions people had and how staff should be aware and/or manage these.
- Advice provided by healthcare professionals was incorporated into people's support plans, so staff were providing care and support which met people's health needs. A person told us, "[Staff] worked with the district nurse about why I need it and how to look after it. I am always comfortable."

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.

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise.

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

- People and their relatives spoke extremely positively about the care they received. Comments included, "[Person] looks forward to them coming and we are happy with the service", "[Staff] are respectful of [Person], including when they are confused" and "They always treat [Person] with respect; I've been impressed by that."
- People were happy with how they were cared for and said that staff had developed supportive relationships with them. A relative said, "I hear them having a laugh together. [Person] says it keeps them going." Another relative told us, "They look after [Person] toe nails and do some foot massage too. They don't have to but it's good for [Person]."
- Staff told us how they promoted and supported people to follow routines of their own choosing. We were told they was enough time allocated to support calls and people were never rushed.

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

- Relatives told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. A relative told us, "The care book shows clearly what they have offered and what they have done" and "We know where we are with [Person's] care."
- Information was person centred and included what was important to them, such as 'what a good day looks like for me' and 'what a bad day looks like for me'. For example, one support plan recorded 'if I am in pain it will massively affect my mood' and gave advice for staff to follow.
- Support plans were written in a way that respected people's choices, wishes and individuality. This included signed consent forms, how they wished staff to address them and their preference regarding support from male or female care workers.

Respecting and promoting people's privacy, dignity and independence

- Sensitive personal information was stored securely in the office.
- People told us staff respected their privacy and dignity when providing personal care.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff said, "I put a towel on [Person] to cover up the parts I am not washing yet."
- People were supported to remain independent. A relative said, "Staff work well with [Person] to help them retain independence."

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 as requires improvement. This meant people's needs were not always met.

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.

- The provider was not aware of the AIS. However, they told us no one they currently supported required this.

We recommend the provider reviews current guidance on the AIS and take action to update their practice accordingly.

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

- People's daily records were completed by staff detailing the care and support they had provided during each visit and these were returned to the office. However, these were not reviewed or audited. This is discussed further in the well-led section of the report.
- Support plans contained guidance about people's personal preferences and how they liked to be supported. For example, one support plan recorded staff should 'talk to the person using simple sentences and not to rush them'.
- Staff told us they looked in the support plans to familiarise themselves with a person's requirements and support needs. A member of staff told us, "I look at people's support plans to see what their needs are."
- The provider told us they reviewed support plans six monthly or when the person's needs changed and involved family members when appropriate. A relative we spoke with confirmed they knew their family member had a support plan in place. They said, "[Relative] was involved in the care planning."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. At the time of inspection, no formal complaints had been received. The provider told us they addressed people's and relative's concerns immediately as they arose. A relative said, "I'm confident any issues arising would be dealt with as they've been very responsive to any queries."

End of life care and support

- At the time of inspection, no one required end of life care. The provider told us the service did not provide specific end of life 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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had minimal oversight over key aspects of the service. There were extremely limited records of the provider monitoring and assessing aspects of the service they were providing to people. For example, we reviewed the electronic monitoring system for service calls and found instances whereby staff had left the call earlier than the agreed time. However, the reason why not been recorded on the system by the staff member. The provider did not have an established process for reviewing service calls nor had spoken to staff to find out why.
- There were no systems in place to assess, monitor and improve the quality and safety of the service provided. The provider was unable to provide any evidence of audits being carried out across the whole service. Staff training was not up to date. Staff did not receive medicine competency checks. Staff did not receive supervision.
- The provider had failed to recognise the current system for the recruitment of staff was not robust.
- Records of accidents and incidents were maintained, but these were not analysed or used to inform and update people's risk assessments.
- The provider kept a business log of areas identified for review however, this did not highlight any of the shortfalls we identified during our inspection.
- The provider was not aware of their responsibilities in relation to the Accessible Information Standard.

We found no evidence that people had been harmed however systems to assess, monitor and improve the service were not sufficiently robust and management oversight was not evident over key aspects of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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 registered provider was not familiar with the duty of candour terminology. However, understood their responsibilities regarding being open and transparent.

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

- The provider had a thorough understanding of the people they were supporting, their needs and requirements.

- People and their relatives were exceptionally positive regarding the provider. Comments included, "[Provider] is an amazing person, they care so much", "[Provider] puts an emphasis on matching the right care staff to me. They are really approachable, like a friend but still clear where the boundaries are" and "[Provider] is very caring in nature and expects the highest standards from his staff."
- Staff were positive about the provider. Comments included, "[Provider] seem really helpful. If I've got any problems, I can speak to him and he will sort it out" and Very understanding, I can approach without any concerns."

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

- There were systems in place to ensure communication with staff and these including phone calls, text messages and emails. Care staff meetings were not held. The provider told us a managers meeting was held in September 2019 but an attendee list had not been recorded and minutes not circulated from that meeting wider than the management.
- People and relatives told us they were regularly contacted by the provider and asked whether they were happy with the service provided. A relative told us, "[Provider] rings every fortnight and we hear from them in between if they think care staff will be late." Another relative said, "I'm very pleased. They have got the time and the right people to do the job."
- The provider told us people and their relatives had been asked to complete a survey regarding the service in October 2019 and these had been reviewed. However, they were unable to find the summary review and was only able to evidence one completed survey during our inspection which we noted was positive.
- The service had received a compliment and positive comments from a relative. For example, a thank you card stated, 'Thank you so much for all the kindness and caring you showed for [Person]. All your help was much appreciated especially [Staff member]'.

Continuous learning and improving care

- The provider acknowledged that systems to demonstrate compliance with the regulations was required and significant improvements were required.

Working in partnership with others

- The service worked directly with clinical commissioning groups.

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 management of people's medicines was not safe. Staff did not received medicine competency assessments.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service provided.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment was not robust
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training and supervision was not safe or effectively managed