Mrs Pauline Ann Daniels

AA-I-Care - 35 Southwell

Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of AAI Care on 13 October 2014, giving short notice to ensure we had the opportunity to speak with people receiving a service before the inspection visit took place.

The inspection team included an expert by experience who spoke with 19 people before the visit took place. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We used this method to help us focus on the experience of people using the service. At the time of our inspection 60 people were receiving a personal care service, including sitting and live-in services. Most people were older adults with needs associated with physical disability, dementia or long term conditions. There were also a small number of younger adults with physical or learning disabilities. Some people had complex needs which were met by the provider, working jointly with other agencies.

At the last inspection of 25 September 2013, we found the provider was not meeting the standard for assessing and monitoring the quality of the service. At this inspection we found actions had been taken however not all were

Summary of findings

completed. The use of electronic call monitoring had been developed effectively and the appointment of additional staff to carry out training and development had allowed improvements to take place. Staff told us they found this helpful. There were action plans for on-going improvements which were monitored. Although there were systems in place for assessing and monitoring the quality of the service these were not sufficiently developed to ensure the service was always consistent in all areas. In particular, the service did not have effective methods to understand the experience of people or the views of staff, which meant the service was not consistently caring and responsive.

There was a registered manager in post who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager was present for the inspection.

People told us they would prefer a more consistent service, with less change to the staff attending to them, and to be informed about changes in advance. People told us this affected their experience of the service and sometimes affected their wellbeing. One person told us, "I don't want to keep complaining every day, all day. It is a struggle when they don't take it on board. I have more trouble with the office than the carers."

People spoke highly of the care staff and told us they were treated with respect. Staff demonstrated their understanding of offering choice in day to day care and the need to seek people's consent to receiving care and support.

Staff supported people to attend healthcare appointments. The provider worked in partnership with GPs and other health and social care professionals to meet people's needs and ensure risks were well managed. We spoke with other agencies and professionals who were positive about collaborative working with AAI-Care. Staff received regular training and understood their role and responsibilities. They had the skills and knowledge required to support people with their care and support needs and they were receiving support to learn.

Care plans were in place detailing how people wished to be supported. The service was implementing plans to ensure all these were reviewed and any changes recorded. The lack of up to date records in some places meant there was a risk that changes in the needs of people or in their circumstances may not be noticed or acted upon. However this was mitigated by communication between staff and the office about changes. Some people told us they did not feel involved in decisions about their service as they had not yet received a review The provider was aware of the delays and actions were in progress to address this. Some people and their relatives did feel involved in making decisions about their care plan and were satisfied with the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were processes in place to help make sure people were protected from the risk of abuse.

Staff were aware of safeguarding vulnerable adult's procedures and how to identify and report concerns.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place and followed to manage these risks.

Medicines were administered safely.

Good

Is the service effective?

Staff were supported to develop the skills and knowledge to meet people's needs.

The manager and staff understood the need to work with the consent of people and within the requirements of the Mental Capacity Act 2005.

The provider worked effectively in partnership with health and social care professionals to meet ensure people's needs were met.

Good

Is the service caring?

People's experience of the service was affected by inconsistency of staffing and lack of communication at times.

People who used the service told us they liked the staff and gave examples of how they had been supportive.

Staff were respectful of people's privacy and dignity.

Requires Improvement

Is the service responsive?

Care plans were in place outlining people's care and support needs, however some people did not have copies of the latest reviews of their care plans and did not therefore feel as involved as they would like.

Staff were knowledgeable about people's support needs and preferences however people did not always experience their service as personalised due to the number of different care staff providing their care.

People did not always feel their views were sought or that they were listened to.

Requires Improvement

Is the service well-led?

The systems for checking the quality of the service did not adequately capture the feedback from people, relatives and staff, which meant this was not acted upon.

Requires Improvement

Summary of findings

Additional management staff were in place to improve the delivery of the service.	

AA-I-Care - 35 Southwell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 October 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed some time to check who was receiving the service so we could speak with people and their representatives before the site visit.

The inspection team included an 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. The expert on this inspection had expertise in caring for an older frail person and direct experience of services for people with physical disabilities.

Before the inspection we reviewed information referred to us by other people and agencies about the service since the last inspection in September 2013. These included a notification of a safeguarding incident, some information of concern and a complaint from a relative. We also reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the last inspection in September 2013 we found the provider was meeting all but one of the regulations we inspected. We found they did not meet the standard for assessing and monitoring the quality of the service. At this inspection we found there had not been sufficient improvement in this area.

The methods we used to carry out the inspection included talking with people using the service and relatives. We spoke with the registered manager, the quality manager, the care coordinator and administrative members of staff. We interviewed eight care staff, including two senior care staff. We also looked at staff training and employment records. We looked at eight individual care records. We looked at policies and other documents related to the service, including the type of information given to people who used the service.

We spoke with three community healthcare staff and three social workers who were involved in the care provided to people who used the service.

Good

Is the service safe?

Our findings

The service was safe. The staffing of the service was adequate. There was a mixed picture presented in the comments and feedback from people about whether there were enough staff. Some people told us their service was reliable however some people expressed a lack of confidence that the service would be there when they needed it. Five people told us their calls had been late and they had not been informed about this or who was coming. For example, one person told us their relative did not always get the care staff they wanted and they assumed there were not enough staff. The service told us it had been difficult to consistently cover all the visits over the last year, due to staff shortages or sickness. They told us they had tried to avoid any missed calls however where they could not occasionally provide the visits, they had prioritised which people had essential needs that would not be met if the visit did not take place. For example, one person told us, "when I have to go to hospital regularly, they do make an effort to get someone here on time in the morning and if I am not home until late, to call back on me to make sure I am back and okay." The service told us they communicated with people and made alternative arrangements where possible. The impact of this was that people sometimes experienced delays to their service, with staff turning up late or with occasional missed visits. One person told us, "They don't have enough staff, hence late calls and being rushed."

We looked at two different time periods of the year. A member of staff gave us information from the electronic monitoring call system which showed that in the period from May to July 2014, 11 calls were missed, one of which was due to adverse weather conditions. Explanations were recorded with comments about whether the person was informed before or afterwards. The care coordinator told us that sometimes people experienced changes to their service at the last minute if a member of staff went off sick; however most gaps were reported and covered. We looked at the rotas and at the visit times for four people over the two months prior to the inspection, we found the visits had been allocated and none were missed. However, times varied by over an hour on visit times for two out of four people over this period. The registered manager told us there had been a period earlier in the year when it had been difficult to cover calls due to some long standing members of staff leaving. We there was an on-going programme of recruitment and induction for new staff which helped to maintain the workforce however. We looked at the care delivery for three people assessed as high risk, either because they lived alone and had complex needs, or because the care required was highly time specific. We found this was prioritised by the service in order to ensure risk was managed and a safe service was in place.

People told us they felt safe when their care worker was providing their care. Information about reporting concerns was made available for people and staff. All but one of the people we spoke with told us they understood what abuse was and had been supported by the service to understand what abuse was. One person who was a carer for someone receiving the service told us about recently when they had concerns about a member of staff and contacted the office.They said they were impressed how this was dealt with. This incident was not reported as a safeguarding notification to the local authority or the Care Quality Commission.

Staff were knowledgeable in recognising signs of potential abuse and in the relevant reporting procedures Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. One safeguarding concern had been raised since the last inspection in September 2013. The registered manager and other members of staff worked in partnership with local authority and family members to address and resolve this. New guidance was put in place for staff to help prevent the repeat of future incidents.

There were safe recruitment and selection processes in place to protect people receiving a service. Checks required to be made by the employer as part of their recruitment process had taken place before the employee started work. These included references from previous employers and references about character, explanations of any gaps in employment history and checks made with the Disclosure and Barring Service who keep data to help employers make safer recruitment decisions.

People's medicines were administered safely. A medicines policy described the support people received from the service if they were unable to manage their medicines independently. From our review of training records and speaking with staff, we saw staff received training in medicines as part of their induction and on-going training. We looked at four care records where people had

Good

Is the service safe?

medicines administered by care staff. Each care record included a plan for how medicines were to be administered, including times and method of support, for example, prompting and supervision. A standard chart was used to record the administration of medicines which was kept in the person's home. People they told us staff checked their medicine and recorded which tablets they had given. One person told us, "staff do help me with my tablets and make sure I take it. They always write in the book what they should give me." Another person told us, "the staff check I have taken my medication and that my medicine is out and ready to use later in the day. They always record what they do."

People's care records contained an assessment of their needs and a plan detailing how these needs should be met. Appropriate consideration was given to risk as part of the assessments of need. We observed arrangements being made for an assessment of risk relating to the home environment of one person. This helped to ensure the person and staff would be safe using equipment when supporting the person. The registered manager demonstrated their knowledge of the risks being managed within the service. The provider ensured that people who required specific support received a service from staff who had been adequately prepared through training or experience which helped to maintain a safe service. For example, one staff member told us they were part of a team that supported one person who presented behaviour which challenged at times. They told us how they worked as part of a small group of staff to support the person so they could build a relationship with them. This helped staff to understand triggers for behaviour which challenged and how to prevent or de-escalate the situation when required, and learn from each other what worked and what was safe.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet people's needs, however, some people told us this was not always consistent. For example one person told us, "new carers should shadow more regular ones. I end up telling carers when things are not right and I do suggest to new carers to read the book so they know what was expected of them. Their writing isn't always clear so can be difficult for others to ascertain what has been done or picked up before."

Another person told us "The people I have I am really pleased with and they are really good at meeting my needs. When others come I have to help them a little bit." We found the service variations experienced by people was linked to the number of changes in care staff and the opportunities staff had to get to know people's individual needs and preferences. Of the 19 people we spoke with five people said they had regular care workers, the other 14 did not. One person told us, "I have had lots of different carers although I have been lucky to get the same girl for four days. All the carers are lovely." We looked at the rotas for five people, including for those with a high number of visits each day. We found that two people received a consistent service and three people experienced a number of changes to their care staff. Most people told us when they received care from regular staff they felt their needs were met, however, when care staff were new, they had to help them more. One person told us, "They put the care given in writing in the worksheets. Less regular carers ask me what is needed and do and read the sheets before they start to check if the previous carer has picked up anything they need to be aware of." Another person told us, "I have never seen a carer not read my plan it is the first thing new carers look at." One person told us, "They talk to me. New ones not so well but they always wrap towels around me to keep me warm when going from room to room to get dressed after a shower."

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. All staff completed an induction programme. This included a combination of group taught face to face and workbook or online methods. Training on health and safety, safeguarding adults, managing medicines and moving and handling were included in the induction. We spoke with staff who had either completed induction or were in the process of completing this. One staff member told us, "I received a lot of support and training including three days off site and two days on site reading or completing tests. I shadowed other staff for several weeks before I went out on my own. There is always someone around to ask, I always ask if I am not sure of something."

Some staff had additional training on specific conditions such as dementia or specific care interventions such as catheter care. People who needed staff to support their mobility were allocated at least one care staff who had experience of this so the less experienced member of staff could learn from them. Trained staff were allocated to support people with their needs. For example, one person who needed special assistance with eating was visited by staff who had received training from the community nurse.

The provider worked in partnership with health and social care professionals to ensure people received the right support. A community healthcare professional told us the service alerted them when there were potential risks to a person, for example, in relation to skin damage. They told us, staff worked with them effectively stating, "staff are very good at carrying out our instructions, which helps to prevent skin breakdown where a risk has been identified.

Staff told us about how they supported one person who had behaviour that was challenging. They told us about the signs the person showed when they were feeling frustrated and had learned what helped to defuse the situation. This was passed onto the manager and care staff and recorded in the care plan. A healthcare professional told us about an example where staff provided support in challenging circumstances had been able ensure the person continued to receive the care they needed. We saw the provider had considered how staff could be supported to communicate effectively with family members and reduce the potential for conflict.

The provider had established effective partnerships with community healthcare services, social services and GPs to ensure people were appropriately supported with their care. Feedback from three out of four external agencies who worked with AAI-Care was positive, with one reporting that they would have liked more timely communication on one occasion. We saw evidence in four of the eight care plans we looked at where the provider involved other professionals when required, for example, occupational therapy, community nurses and GPs .Six people we spoke with were supported to attend healthcare or social appointments. One person said they requested an earlier

Good

Is the service effective?

call on the days they needed to go to hospital but did not always get confirmation until the night before. One person said they went out on one day each week and," they always make sure a carer gets to me so I am ready for the right time."

Staff supported people to have enough to eat and drink and to have a balanced diet. For example, where someone was receiving a 'live in' care package the provider, after discussion with the person, made arrangements to ensure there was sufficient fresh and nutritious food in their home.

Staff showed they understood the need to work with the consent of people and told us they had received training in mental capacity. People told us they were able to tell the carer workers what they wanted them to do and that they followed their wishes. The registered manager demonstrated an understanding of the legal requirements around the Mental Capacity Act 2005 (MCA) and always carried out an assessment of people's capacity to consent to their care and support. . They told us where they had sought specialist advice and guidance in relation to when decisions may be required to be made in someone's best interests because they were unable to make decisions on their own. The PIR stated that everyone using the service had mental capacity. However, when we looked at care plans and spoke with the registered manager we found one person could not make all their own decisions due to their mental capacity. This meant that they could not always give their informed consent to all aspects of their care and support. The registered manager told us they had assessed the person however would immediately review the care plan with the person and their family to that any decisions made on behalf of the person protected their rights.

Requires Improvement

Is the service caring?

Our findings

People told us they found staff caring, however, the number of changes to their service meant they did not consistently experience the service as caring. One person commented; “the office changes timings without consulting you, never ask if I mind or if it is convenient. I have emailed them, phoned them to review my hours when they have altered them without my agreement but they don’t respond. If they are short of staff and rung and spoke to you about a change of carer and times I would understand but they don’t.” Another person told us; “they don’t seem to care now at one time the office would have called to inform you of late calls or changes, not anymore”.

People told us that although they had been involved with their care plan and had found this useful but that they would prefer to see a copy of the care plan. For example, one person told us they were involved in the discussion about their care plan, which they found useful; however, they still had not had a copy over one month later. We saw three care plans where reviews had taken place and actions were in progress but people had not been sent a copy. Staff told us they sometimes found it difficult to find time to produce the written care plan reviews. We saw a care plan where important advice from a professional had not been recorded on the review. This meant that where different members of staff were delivering the service, the provider could not be sure they were aware of the latest guidance about someone’s care.

People told us the care staff who visited them treated them with respect and were kind and compassionate. One person told us a senior member of care staff helped them to solve a difficult problem; “the staff member picked up how worried I was and said they would look into it, which they did and resolved the problem for me, a very positive experience."

People gave us examples of where care staff had demonstrated concern for their wellbeing and safety. One person told us that when a precious object was damaged whilst the service was being provided the care staff said they would get it repaired professionally. “I didn’t think it could be done but they managed to get it done which I was delighted about.”

People’s dignity and privacy was respected. For example, one person told us, “They don’t hover round when they help me to the toilet. Always make sure they wrap me in towels when they finish helping me in the shower.”

Care plans contained information about the person and what was important to them, including their preferences. We spoke with staff about how they supported people who had difficulties communicating due conditions such as stroke. One member of staff told us, “you would always talk with people all the way through care giving and make sure you have their consent. Some people can respond with gestures. Although someone cannot speak they make their needs known.”

Staff told us they always had the opportunity to shadow more experienced members of staff. This helped them observe how people communicated and how they expressed their preferences. The service user guide contained information about the service, who to contact and a list of telephone numbers about organisations which supported people to have their voice heard.

Requires Improvement

Is the service responsive?

Our findings

Each person receiving a service had their needs assessed prior to the service being delivered. This was recorded in a care plan which included detailed information about the person's home circumstances, next of kin and support network. The care plan included some information about the person's preferences, for example, about how they liked to be greeted or how they liked things done. This helped to guide staff in how to provide a personalised service. However changes to care or requests for change were not always recorded and up to date and some people told us they did not always know until the very late if their requests could be met. This meant that there was a risk people were not receiving consistently personalised care and support. The provider told us they had taken action to improve this by allocating additional staff to carry out reviews and updates to care plans and where relevant, communicate more regularly with people and their relatives. We saw evidence that the service tried to be flexible and respond to requests for changes.

The service had carried out a survey of people's views in August 2014. From around 60 surveys sent out, 33 were returned. Most of the results were positive; the service had noted that six people had made negative comments which related to changes of care staff. People commented on, not being informed when there were changes to the staff who would be visiting, and not having a helpful response when contacting the office. People's views had been acknowledged by the management team however there was no evidence that there a specific plan to respond to the concerns of people.

The service user guide contained guidance about how to make a complaint. We looked at how complaints were being handled by the service. We found the complaints log evidenced that no complaints had been recorded. However, information we looked at prior to the inspection indicated there had been a complaint by a relative and that this was investigated and dealt with by the provider in conjunction with the local authority. People told us they felt a lack of confidence when they expressed concerns about the way their care was organised and the response they received when they expressed their concerns, For example, one person told us, "I don't want to keep complaining every day, all day. It is a struggle when they don't take it on board. I have more trouble with the office than the carers." Staff told us that whenever someone contacted the office with a 'grumble', they were routinely asked if they wished to make a formal complaint, the majority of people did not wish to make a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 25 September 2013, we found that the service was not meeting the standard for assessing and monitoring the quality of the service. We asked them to take action to address. At this inspection we found that not all actions were completed and there were still shortfalls in the systems for auditing and checking of the service, in particular for seeking and analysing the views of people, their representatives and the views of staff. The provider was not aware of people's experience of the service as inconsistent and how this affected the quality of their care and their peace of mind.

The on-going views and experience of staff delivering the service were not sufficiently taken into account. We spoke with eight members of care staff, some of whom felt pressured to take more work than they wanted. From our review of hours worked by staff we found six staff regularly worked over 40 hours each week, with some up to 60 hours. One member of staff told us that although this was their choice, they did not receive time off when requested. Two other members of staff told us they did not feel that the work was organised effectively for them, which affected their motivation. Four members of staff experienced rotas that were not always effectively planned in terms of travel time between visits, either being too short or too long which resulted in either regularly being late for some visits or having a working day which was too long.

Due to the shortfalls in communications with people and staff, the system for assessment and monitoring of the service was not effective. This was a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had appointed additional senior staff to strengthen the management arrangements since the last inspection. This had helped the service to develop capability for improvement, including how the service was monitored, staff supervision and recruitment. There were management records detailing audits of care plans, a programme of reviews, staff supervision and training. Areas for improvement were identified and actions to address them were in progress.

The service had invested in the implementation of an electronic system to help plan and deliver the care visits to people and try to ensure the service matched the need. Staff used a handheld device to 'log' into people's homes and log out again. This information could be accessed remotely to inform the office where visits had or hadn't taken place. Two members of staff told us they sometimes had problems with signals in certain areas which affected their ability to log in and which they found frustrating. We observed all the staff in the office using the system to carry out their work and noted this improved the ability of the office staff to monitor the delivery of the service and quickly notice any gaps in the care visits. The management team told us the first phase of implementation of the new system was now established and how they planned to utilise more of the capability of the system to improve the organisation and delivery of the service, The data from the system could be used to compare the delivery of the actual service with the planned service, giving potential for effective quality monitoring in relation to late calls, the number of care staff delivering the service and any missed calls.

The management team met regularly at a weekly meeting and actions from the meetings were formally noted. On discussion with senior care staff we confirmed they received regular supervision and had found the extra support in the office was helpful when they called for advice or guidance.

Other aspects of quality monitoring were in place. The quality manager had introduced a system of logging telephone calls to the office. Each office based member of staff was responsible for recording calls they received and the response they made or what action they took. We observed this taking place and saw information from this was used to understand how the service could respond effectively.

The service had an established system of spot checks where a senior member of staff visited the home of someone receiving a service to observe how care was delivered. This included looking at whether the person was greeted appropriately, whether their care plan was checked and updated by the member of care staff and that the person was satisfied with the care being delivered.. Staff and senior care staff told us this helped them to follow and understand the policies and procedures.

Requires Improvement

Is the service well-led?

A record was kept of incidents and accidents in accordance with the provider's policy. Records of incidents were kept on individual files and also recorded centrally. One of the managers responsible for quality told us this helped them to track patterns or trends relating to individuals and manage risk appropriately. For example, one care package showed a history of incidents related to difficulties in communication between the care staff and the family. The provider took action by ensuring that only experienced care staff visited and that they worked in conjunction with expert advice from community healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Although there were systems in place for monitoring and checking the quality of the service, this did not adequately capture and analyse the feedback of people and staff. This meant that some shortfalls in the quality of the service were not being addressed.