Care Quality Commission

A & K Home Care Services LTD

A & K Home Care Services Ltd

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
A & K Home Care Services Ltd is a domiciliary care agency that provides personal care to older people who are living in their own homes. At the time of our inspection visit, 46 people were being supported by 19 members of care staff.

People's experience of using this service and what we found
Safeguarding systems and processes had improved and were in place to protect people from avoidable harm. Risks management required improvement to ensure people always received safe care. The recruitment process to check staff were of a suitable character to work with vulnerable people needed improvement. Staffing and resources were not always sufficient to ensure people received their scheduled call times at agreed times, and for the length of time agreed. Infection control procedures were not consistently followed to ensure people were protected from the risks of infection and cross contamination.

People who required support to take their medicines told us they received their medicines as prescribed.

The registered manager was able to demonstrate staff had received training to fulfil their role, although manual handling training techniques needed to be improved. People's needs, wishes and preferences had been assessed before they received support from the service.

People were not supported to have maximum choice and control of their lives, as the provider did not always follow the requirements of the Mental Capacity Act (2005). The provider did not have systems and processes to ensure people were supported in their best interests.

People, relatives and staff told us communication and the management of the service could be improved. Checks were not always effective in ensuring people had up to date care records.

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

Rating at the last inspection and update
The last rating for this service was requires improvement (published 24 September 2019) and there were multiple breaches of regulation. We found there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment and a breach of Regulation 17 Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found the provider had completed actions on their action plan, and there was no longer a breach in Regulation 13. However, we found there continued to be a breach of Regulation 17 Good Governance.

Why we inspected
We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for A & K Home Care on our website at www.cqc.org.uk.

Enforcement
We have identified two breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

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 below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not always well led. Details are in our well led findings below.	**Requires Improvement**

CareQuality Commission

A & K Home Care Services Ltd

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
Three inspectors carried out this inspection. Two inspectors visited the service on 15 December 2020. One inspector made phone calls to people who used the service and their relatives.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a manager would be in the office to support the inspection. In addition, we arranged for a space to work where we could maintain social distancing. The Inspection activity started on 8 December 2020. We visited the office location on 15 December 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as any serious injuries. We sought feedback from the local authority and professionals who work with the service. We looked at the provider's website.

The provider was 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. However, we had not received a response to our request. We therefore asked the provider to give us information about their service and took this into account when we made the judgements in this report.

We used all this information to plan our inspection.

During the inspection
We received feedback from three people who used the service and 12 relatives about their experience of the care provided. We spoke to a care co-ordinator and the registered manager who was also the provider. Due to the open plan layout of the office, we were unable to speak to members of care staff confidentially. We therefore contacted staff via email and telephone. Five current members of care staff provided us with feedback. We also received feedback from a previous member of care staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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

● At our previous inspection we found risk assessment and risk management plans were not always in place where people had existing health conditions that might pose a risk to their health. This continued to be the case at this inspection. Staff did not always have the information they needed to ensure risks were managed. For example, one person was at risk of epileptic seizure. There was no risk assessment and risk mitigation plan in place to inform staff about the risks associated with epilepsy and how they should respond to a seizure.

● Another person had an indwelling catheter fitted, however, there were no risk assessments and risk mitigation plans in place to inform staff how they should support the person with their catheter.

Preventing and controlling infection

● People and relatives told us staff did not always follow good infection control practices whilst in their homes. This was especially important, as at the time of our inspection we were experiencing high levels of infection in the community from the Covid-19 virus. One relative told us, "Staff do not always wear face masks as they should", another relative said, "some staff do not wear the face masks properly nor an apron". A third relative told us, "I saw in December 2020 two staff wearing face masks under their nose in my parent's home."

● Following our feedback to the registered manager they told us staff had been fully trained in the correct use of personal protective equipment (PPE) and would be reminded of their responsibilities.

● The provider made available regular testing facilities for their staff, to identify Covid-19 and prevent it spreading.

Staffing and recruitment

● The provider's recruitment process identified steps to ensure that employees were suitable for working with vulnerable people. These steps included an enhanced Disclosure and Barring Service (DBS) check. It also required checks on a person's employment history and references from their previous employers. However, references were not always obtained from a previous employer, and no action had been taken to gain assurances as to their character and employment history, before a decision was made to employ them. We raised this with the registered manager and asked them to consider more robust checks on potential employees.

● At our previous inspection we found there was not always enough staff to meet peoples assessed and agreed needs. People, their relatives and some staff told us this continued to be a concern. Comments included, "The service tend to miss at last one call, usually once a week" and "No carers came out at all last Tuesday", "They [staff] tend to cut corners as they get calls and texts from the office telling them to go to

another person, they are constantly pressured."
● Sixty per cent of the people we spoke with or their relatives told us they were not happy with the times care staff arrived, and how long they stayed for their agreed call duration. Comments included: "The timekeeping is awful", "They [staff] turn up for the night call when [name] is sitting down for teatime", "The breakfast call was 12 noon and [name] was still in night clothes…they arrived at 3.30pm for a teatime call – it was far too early – [name] does not want to get ready for bed at 3.30pm", "[Name] is bed bound, as call times are not kept there could be 15 hours between the night and morning visit, [name] is totally dependent and is at risk of skin sores", "It worries me as the time of calls mean gaps between pain relief is not always long enough".
● People and their relatives told us they did not have an agreed time for their calls, as the service did not provide them with times. The service provided calls to people up to four times a day, during agreed call slots of 7.00-11.00am for the morning call, 11.45-2.30 for a lunchtime call, 3.30-6.00pm for a tea-time call and 7.00-10.00pm for a night time call to help people get ready for bed. One relative said, "We never know which staff are coming, and have no agreed times. The manager refuses to give us agreed times."
● We received mixed feedback from people, their relatives and staff about whether staff stayed for the agreed length of time for their care calls. More than half of the people who provided us with feedback told us staff did not stay for the agreed length of time. One relative said, "Staff rarely stay longer than 15 minutes, although they should stay 30 minutes", another relative explained "They [staff] are never there for the time they're being paid for, in and out last Monday in 8 mins."
● A staff member told us, "We should have more staff to cover the route. We are leaving the calls early; we can't stay the whole duration of the call because we have many clients to deliver the care to. We do make sure clients are safe and have everything they need and are okay with us leaving earlier." Three relatives told us staff did not complete all the tasks they should to support their relative due to being rushed. They said, "They [staff] forget to do things like the lifeline is not always put on", "Some staff shave [name], others don't even though he says he would like a shave", "There is a care plan here, this lists things they [staff] should do but they never do, for example, oral hygiene – none do that", "The staff try to be caring, but they are too rushed".
● During 2020 there had been staffing pressures placed on the service due to the Covid-19 pandemic. These staffing pressures included staff sickness, staff leaving the service and a number of vacancies. The registered manager explained they continued to recruit staff and had a new staffing structure in place to support their care team including an in-house trainer and a new field supervisor. The registered manager explained sometimes staff did not stay for the care call, as they were not required.
● A system to monitor when staff arrived and when staff left people's homes had been implemented in November 2020. This system had been introduced to identify and resolve issues regarding missed, late or short calls. The registered managed explained they had already re-adjusted call rotas on the 3 December 2020, which they hoped would further improve the service people received. Records showed care staff were routinely staying for 50% or less of the agreed call time. For example, on 25 November 2020 records showed that out of 145 scheduled calls, more than 80 were 50% or less of the duration care staff should have been in the person's home.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

Following our inspection visit the registered manager implemented improvements to care records. Risk assessments for epilepsy, catheter care and other health conditions were added to care records.

Systems and processes to safeguard people from the risk of abuse
● At the previous inspection we found systems and processes were not effective in managing and

responding to safeguarding concerns. At this inspection we found the provider had put in place a log of incidents that occurred at the service, and a log of potential safeguarding concerns so that incidents could be investigated.
● At the previous inspection it was not clear that all staff had received training in safeguarding people from the risk of abuse. At this inspection we found staff had received this training, either through the completion of the care certificate, online training, or through obtaining a care qualification.

Learning lessons when things go wrong
● Staff understood the importance of reporting and recording incidents and accidents so planned care could be adjusted to reduce the risk of a re-occurrence. The registered manager had a process in place to review accidents and incidents on a monthly basis, and also at people's regular care reviews to identify any trends and patterns.

Using medicines safely
● Some people required support from staff to take their medicines. People told us they received their medicines as prescribed. Where people were prescribed topical creams, medicine administration records were not always in place to record when people were administered these medicines. Following our inspection visit the registered manager told us they would immediately implement medicine administration records to record when prescribed topical creams were applied by care staff.
● The registered manager told us they had a robust system for checking people had been given their medicines through regular audits of medicines records. However, we found this was not always possible because of the lack of accurate recording of medicines.
● Staff administering medicines had received training in safe medicines management.

Requires Improvement

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

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.
● At the time of our inspection visit, not everyone receiving support had the capacity to make their own decisions about their support needs. Where people did not have the capacity to make their own decisions about their support needs the provider had failed to ensure people had capacity assessments and best interests' decisions recorded in their care records.
● Records did not show who people were supported by, and who their legal representatives were, to assist the service in making best interests' decisions.
● Records did not always show that people were asked for their consent to the way in which their care was planned to be delivered.
● Following our inspection visit the registered manager implemented tools and systems to record mental capacity assessments, best interests' decisions and consent information to care records, where these were required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs, wishes and preferences had been assessed by the provider or the local authority commissioning team before they received support from the service. This assessment enabled the registered manager to make a decision as to whether the service could meet each person's personal care needs.
● Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
● Information gathered from these assessments was used to develop care plans in line with current best practice guidelines. However, people's care records and individual care plans were not always up to date, as they did not describe people's current needs. The registered manager recognised care records had not been updated in a timely way and explained improvements to care records would be made immediately following our inspection visit.

Staff support: induction, training, skills and experience

- We received mixed feedback from people as to whether staff had all the skills they needed to support them. One relative explained staff needed additional training in manual handling skills to ensure they used the appropriate slide sheet, they said, "One carer was rough with [name]. They call out in pain when staff turn them. [Name] bed bound and needs a slide sheet, but I don't think they can use this properly". Another relative said, "We have had some issues with the hoist [name] has been hit in the head twice by the hoist, they were accidents, but it was staff rushing, if they slowed down it would not have happened. A staff member confirmed, "We do have online trainings where everything is explained, we just need additional manual training." The registered manager told us, following our inspection visit they would arrange additional manual handling training for staff.
- The registered manager was able to provide us with up to date information about the training staff had received to fulfil their role. Some staff commented on the support they received to obtain qualifications and professional development saying, "I attain additional training to improve my knowledge including end of life care, mental health, diabetes and common health conditions courses, which I found very helpful in this role. The provider is very supportive in relation of my studies".
- The provider's induction for staff new to care included the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- Staff received regular meetings with their supervisor to discuss their performance and training needs.

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

- Where required, staff ensured people had enough to eat and drink. Care plans encouraged staff to offer people a drink at each of their care calls. Only one relative told us they felt their family member required additional support to maintain their hydration saying, "We have asked staff to make a hot drink and leave this with [name]. They don't always so he goes too long with no drink. He has a history of de-hydration, so I worry."
- Preferences were recorded in care plans to guide staff on how to support people with their nutritional needs.

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

- The registered manager told us they worked with other healthcare professionals to ensure people had access to healthcare services.
- Staff told us they would not hesitate in contacting a doctor if a person was unwell.

Requires Improvement

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 requires improvement. At this inspection this key question remained the same. 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.

Continuous learning and improving care
● At our previous inspection in 2019 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. Systems and processes were not always effective in ensuring care records were up to date and accurate. Complaints had not always been recorded and investigated to learn from them. Systems and processes had failed to identify improvements that were required to ensure people received safe and effective care.
● Systems and processes continued to be ineffective in ensuring care records were up to date and accurate. Systems and processes had failed to ensure people received safe care that met their needs.
● Although the provider had a system in place to identify where calls were late, missed, or shorter, there were still improvements required to ensure people received their care safely and as they had agreed.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

● At this inspection we found some improvements had been made. Improvements since our previous inspection included the designing and roll out of a new format of care records. The creation of a safeguarding and complaints log. The creation and implementation of a checking in system to record when staff arrived and left people's home. We also noted that the provider had employed a new training supplier and had re-structured their service to offer staff more support and supervision.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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;
● Registered managers and providers have a responsibility to inform us (CQC) about any significant events such as serious injury, deaths and allegations of abuse. We found before our inspection visit that we had not always been informed about all the incidents that occurred at the service 'without delay'. We spoke with the registered manager about our concerns, and at the time of our inspection there was a system to report all such incidents to CQC in a timely way.
● Office staff, managers and care staff understood their roles and told us they felt supported by their supervisor and the registered manager.
● People and their relatives told us communication from the service could be improved. Comments included; "They [office] hardly ever phone to tell us (when they are late)", "They [staff] are meant to come between 07.30 and 08.00 but the office changed it to 11.30 or 12.00. I was angry as no one told me about this

change", "If I phone them [the office] they argue with me."
● One member of staff told us, "The office keep changing the rota, you don't know where you stand". Another staff member said, "The distances between calls are a problem, its tight on travelling. Clients are unhappy with the rota and all times changing. It's about the communication really".
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager was clear about their main focus, to deliver good outcomes to people. They explained the quality of care provided was what mattered most, and they continued to improve their service to meet these values.
● People and relatives gave mixed feedback about the management of the service. Some people had a positive experience whilst others did not. Regular review's and systems to gather feedback from people and their relatives had been implemented by the provider since our previous inspection. However, one person told us they would feel worried about giving feedback and another person said they would not feel comfortable making a complaint.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● When people started to use the service, they were issued with a 'family welcome pack' which included information about how to complain to the service or us (CQC).
● The provider had a policy to manage and respond to complaints and concerns. In the twelve months prior to our inspection visit the provider had recorded complaints and their response in their complaints log.
● During our conversations with people and their relatives we were told they were not always happy with the way their complaint had been resolved. People told us they found it difficult to obtain responses and communicate with managers at the service. Comments included, "When you contact the service direct to report issues, nobody ever returns the calls", "Despite speaking to them several times nothing has changed".

Working in partnership with others
● The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care. During the Covid-19 pandemic the provider attended regular meetings with the local authority to identify learning about the virus and its transmission.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1,a,b,c) You had failed to ensure risks to the health and safety of service users were assessed and you were doing all that is reasonably practicable to mitigate any such risks; and ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

The enforcement action we took:

Conditions were imposed on the provider's registration through an NOP

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2) Systems and processed were not operated effectively to improve the quality and safety of the services provided in the carrying on of the regulated activity; to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; and to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The enforcement action we took:

Conditions imposed via NOP to monitor improvements