

Assured Community Care Ltd

Assured Community Care

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Assured Community Care is a domiciliary care agency providing care to people living in their own homes. 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. At the time of our inspection, 30 people were receiving personal care.

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

Safeguarding was not always prioritised by the provider because several members of staff were not up to date with safeguarding training. There was an increased risk that safeguarding concerns could be missed as a result.

Whilst medicines were mostly managed safely, we found some errors which were not identified prior to our inspection due to poor oversight. Not all staff had completed medicines training and competency checks were not regularly taking place.

Staff training records evidenced significant concerns around staff induction, training and ongoing supervision. Several staff had not completed mandatory training and not had their competency assessed as per the provider's own training schedule. Staff had limited opportunity to continue to learn and improve care. People's feedback confirmed that staff would benefit from a more thorough induction and training programme.

The provider's quality assurance processes were being developed, however at the time of our inspection they were not fully effective. The provider did not have robust audits and checks that monitored quality and safety. The shortfalls the provider was aware of were not always promptly addressed and others were not identified by the provider prior to our inspection.

There was enough staff to provide care. The majority of people had not experienced missed care calls or significant staff lateness. Mostly, staff notified people if they were running late due to unforeseen circumstances. Some people were supported by regular staff, whilst others felt that consistency of care was compromised due to high staff turnover. Recruitment was ongoing and followed safe recruitment checks.

People's individual care needs were assessed, and staff had guidance of how to provide care and support that was individual to the person. However, people's mental capacity assessments were not completed in line with the Mental Capacity Act Code of Practice.

People received support to access health services when required, and staff provided support with eating and drinking if this was required.

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.

People were supported by staff who were kind, caring and respectful. Positive feedback was received about staff's caring attitudes. Independence was promoted and people were supported with their interests and hobbies if this was identified as a care and support need.

People's communication needs had been assessed and staff had information on how to communicate with people effectively.

The provider had a complaints procedure which was accessible to people. People felt confident their complaints would be taken seriously and the ones who raised concerns with the provider, felt they were mostly managed effectively and timely.

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 23 June 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the governance of the service and staff training and induction. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance and staffing.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Assured Community Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by one inspector and an Expert by Experience who completed phone calls to people and their relatives. 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The previous registered manager had left the service in June 2022. The provider had employed a new manager following our inspection. The new manager had applied to register with CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure the provider

was available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people about their care and support and five relatives. We reviewed a range of records including the relevant sections of six people's care records and medicines records. We looked at audits and quality checks. We looked at four staff files in relation to recruitment and we checked supervision, appraisal and training records of all staff. We spoke with the nominated individual, a consultant who supported with managing the service and five care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Not all staff members were up to date with medication training. Whilst the provider was aware of the gaps, action was not taken promptly.
- Whilst most medicines administration record sheet's (MARS) were completed correctly we identified MARS for one person had had incorrect guidance regarding four medicines. The staff and provider confirmed the person was administered the correct dose of medicine, however the guidance on the MARS was incorrect putting the person at risk of not receiving the correct amount of their medicine. Following our feedback, this was immediately rectified by the provider.
- People and their relatives raised no concerns about support with medicines. One relative told us, "My mother self-medicates but the carers do check which is good". Another person told us, "Medicines are always on time and are time specific-no worries about this".
- The provider was clear about staff responsibilities and role in relation to medicines. People's care plans documented if people were responsible for taking their own medicines or if they required support from their relatives or staff.

Systems and processes to safeguard people from the risk of abuse

- Majority of care staff were not up to date with safeguarding training. This increased the risk of staff missing indicators of abuse and harm.
- Most people we spoke to felt safe with the carers but there were a few concerns raised about some new members of staff. The provider was aware of these concerns and had addressed them promptly prior to our inspection, following the safeguarding policy.
- There was a safeguarding policy in place and staff were aware of local procedures and familiar with the safeguarding practice guidance.

Preventing and controlling infection

- Not all staff had received appropriate training in relation to preventing and controlling infection. This increased the risk of staff not fully understanding their responsibilities in relation to infection prevention control.
- Most of the feedback we received from people and their relatives in regard to cleanliness was positive.
- The provider had an infection prevention and control policy, and this included COVID-19 best practice guidance.
- Staff had access to personal protective equipment such as aprons, gloves and masks when providing care to reduce the risk of cross infection.

Assessing risk, safety monitoring and management

- People's safety in relation to their care needs were assessed and monitored. Risk assessments were developed with people and/or their relatives and were reviewed when changes occurred.
- The provider had an effective way of sharing information about risks to people's health and wellbeing. Risks to people's health and safety, for example risk of falls, were considered in risk assessments and plans to mitigate the risks were in place.
- Staff were aware of risks to people's health and wellbeing and knew how to mitigate them. Staff told us information sharing about risks to people was completed timely via an electronic system.

Staffing and recruitment

- There were enough staff allocated to meet people's needs.
- People told us that most of the time they were informed when staff needed to be changed at short notice so they knew who will provide their care and support.
- Some people and relatives told us that whilst there is enough staff to meet their needs, the turnover of staff is high and it has a negative impact on their care. One relative told us, "I would like continuity for my [relative] that way I know the carer and can be sure [they] are safe at all times. Sending seven different carers in a week is no good". Another one said, "The lack of continuity confuses my [relative]".
- The provider recruited staff safely. Records confirmed checks were completed including work history, reference checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had a policy and process in place to record and report incidents or near misses.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents or accidents.
- We saw evidence of appropriate investigations involving all relevant staff, partner organisations and people who use the service when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not been adequately trained. We reviewed the training matrix and identified many staff did not have training in key areas. For example, we identified that 13 out of 14 staff did not fully complete their induction.
- There was no evidence of competency assessments in key areas such as medicine administration and moving and handling. As a result of gaps in training people were at risk of harm.
- People and their relatives expressed concerns about induction and staff competence. One person said, "Staff need more training and the new ones need to shadow more". Another person said, "Staff have online training, but it should be no substitute for practical on the job experience". One relative added, "What I would like to see and have asked about is more shadowing for new staff. Every time a new carer comes, I have to show them what to do, may as well do it myself".
- Staff did not have regular, formal supervision of their practice. Staff told us, they did not have supervision meetings and there were no records of staff having had any supervisions. This meant there were limited opportunities to monitor staff performance and provide support.

The provider had not ensured staff were competent. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, no person had an authorisation to deprive them of their liberty.

- The provider told us, two people who received personal care did not have mental capacity to consent to care. Both people lived with their next of kin who supported them with decisions. Whilst the provider assessed people's mental capacity, the assessments were not completed in line with the Mental Capacity Act Code of Practice
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's individual care and support needs were assessed prior to using the service. Care records confirmed people and their relatives, had been involved in a pre-assessment of their care needs.
- People's care and support plans were person centred and included information about people's individual needs and choices.
- People had access to their own care plans and could access them and had input at any point.

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

- People were supported with food and hydration needs when this was identified as a care and support need. This included assistance where required with planning meals and cooking. Where people had any dietary requirements, this was recorded, and guidance provided for staff.
- Where people received support with eating and drinking, they were positive about how staff assisted them, for example by offering them food choices.

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

- Processes were in place for the exchange of information with healthcare professionals to support people in their care.
- People's health conditions had been assessed and staff were provided with guidance of how this impacted the person and their care needs.
- People told us, and records confirmed staff supported people to access healthcare services and attend any appointments when needed.
- The provider told us they supported people with referrals to professionals and then liaised with them as required. The provider was in contact with social workers and professionals from the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured that people were treated with kindness. This was reflected in the feedback from people who use the service and their families. One person said, "My carers are really lovely and help me get dressed and sorted and I can get involved in my care".
- People were treated with dignity, respect and kindness during interactions with staff. Their relationships with staff were positive. One relative told us, "The care is excellent and the communication between us as a family and the carers is really good".
- People felt supported and told us, staff cared about them.
- Staff told us they had enough time to get to know people, including having enough time to support their needs, wishes, choices and any associated risks.

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

- The staff had the information about people's needs, likes and dislikes to ensure they provided care and support in a person-centred way.
- Staff understood when people needed help from their families and others important to them when they made decisions about their care and support.
 - People's relatives told us they felt involved in people's care and staff were respectful in considering people's wishes and feelings. One person said, "I have the most amazing carers and they should take all the credit".
 - At the time of our inspection no one had advocacy services involved, however the provider told us they could support and provide advocates with people's permission, if this was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect. One relative said, "The carers respect the fact that my [relative] is a little slow completing things, so they go at [their] speed".
- Staff understood the importance of promoting people's independence. One relative said, "My [relative] likes to be as independent as possible and the carers help [them] with that". Another person said, "I get showered and supported to do this in a way, so I feel like it's me doing it still".
- People's social and emotional needs were understood by staff. One relative told us, "My [relative's] dog is old and poorly and my [relative] gets distressed to see the dog so unwell -the carers are wonderful and include the dog in [their] care".
- The provider had confidentiality policy in place and staff understood how to maintain people's confidentiality at all times.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their families were involved in developing care and support plans. People's needs were identified, including needs on the grounds of protected equality characteristics, and preferences. One person said, "My preference was to have a male carer and I was happy as this was provided".
- When people lacked mental capacity to make decisions about their care, the provider involved their families.
- Care planning was focused on the person's whole life, including relevant information about their past, abilities and preferences.
- People and their relatives were happy with the support provided relating to people's hobbies and activities. One person said, "My relative goes to a day centre for activities and sometimes if the date or time is changed it is never a problem-both management and staff are very flexible".

Meeting people's communication needs

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

- The provider complied with the Accessible Information Standard by identifying, recording, and meeting the information and communication needs of people with a disability or sensory loss. People's communication needs were specified in their care and support plans.
- The provider used technology to improve communication and accessibility of information to people and staff. This promoted timely and responsive care and support.
- Staff told us information such as changes to people needs were promptly shared via a mobile device application.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was made available to people and their relatives.
- People and their relatives knew how to give feedback about their experiences of care and support.
- People and their relatives were confident if they complained, they would be taken seriously, and their complaint or concern would be explored with no repercussions. We spoke to people who raised a complaint

with the provider, and they felt the complaint was well managed.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The provider had an end of life care policy in place, should anyone needs deteriorate or for any new clients who may require 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives provided mixed feedback regarding the leadership at Assured Community Care. Concerns were raised around the lack of oversight of training and induction for new staff members.
- Support for staff from managers was not always reliable because training, supervisions and appraisals for staff were not consistent. This resulted in missed learning opportunities.
- The governance of the service was not always effective. Risks were not always identified or effectively managed. For example, audits of important documentation such as the training matrix or care plans were either not in place or in their infancy. We found people's mental capacity assessments were of poor standard and this was not identified prior to our inspection.
- Poor oversight of key documentation resulted in errors. For example, we identified errors in one person's Medication Administration Sheet which could have led to people's medicines being administered incorrectly.
- The provider did not act promptly when risks to the quality of service were identified. For example, the provider was aware that staff did not complete relevant training or an induction, however, did not take effective actions to address it. As a result, people noticed that although the care staff were caring and had good intentions, they often lacked the necessary skills to deliver care and support with confidence.
- The provider did not follow their own organisational processes, for example training identified as mandatory was routinely not being completed by staff.

Due to poor governance of the service people were placed at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff did not have regular opportunities to meet colleagues, or to discuss best practice in a learning and supportive environment. The provider had not yet developed systems, such as team meetings to promote a positive learning environment for staff.
- There was no system in place to have an oversight of the fundamental need to provide a quality service. As a result, staff often did not engage in training within the timescales agreed with the management. This increased the risk of the quality of care and support being compromised.
- Whilst the provider had started to develop systems to engage people and their relatives in the running of

the service, these were not yet fully embedded. The provider told us they have an action plan in place to provide people, relatives and staff with more opportunities to engage in running of the service.

Continuous learning and improving care

- Quality assurance arrangements were not yet implemented. Whilst the provider showed us an action plan for future audits and checks due to take place, at the time of our inspection quality assurance systems were not yet effective.
- Actions to introduce improvements were not taken timely resulting in risks to the quality of care and support delivered to people. For example, reviews of incident, accident and safeguarding matters were absent at time of our inspection. The provider had an action plan in place to commence the reviews.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider welcomed feedback and demonstrated what action had been taken in response.
- People and their relatives were consulted about reviews of concerns they raised and were mostly happy with the outcome, when concerns were investigated.
- Whilst there was no evidence of incidents notifiable under the duty of candour the provider understood their legal responsibility under the duty of candour.

Working in partnership with others

- The provider was transparent and collaborative when working with external agencies such as the local authority and CQC. The provider was open about the shortfalls, willingly accepted feedback and showed initiative to implement improvements.
- The provider made necessary referrals to other health care professionals promptly as and when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to appropriately assess, monitor and manage risks to people's health and safety.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff were competent.

The enforcement action we took:

We served a Warning Notice.