

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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

A&K Home Care is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection there were 38 people in receipt of the regulated activity of personal care.

Everyone who received support at the time of our inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

More improvements were required in allocating and monitoring care calls, to ensure people always received their care calls on time, and for the agreed length of time. Staff did not always stay for the full length of people's scheduled calls. Staff told us they felt more staff would improve the service. Recruitment processes were in place and recruitment checks were carried out before staff were appointed. This helped to ensure suitable staff were appointed to support people.

Staff had received training in safeguarding and knew the actions to take to keep people safe. Overall, people's medicines were managed safely. The provider had infection control policies and procedures in place to guide staff on how to reduce the risk of infections.

Staff received induction and training in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had made a number of improvements since our previous inspection. Governance systems had been put in place, care records had been developed, and improvements had been made in service delivery. The provider carried out regular audits of the service to oversee the quality of the care provided. The provider carried out competency checks to assess whether staff were working in line with best practice. However, we found more improvements were required to ensure people received a good quality service that met their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published March 2021) and there were two breaches of the regulations in regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to risk management under safe care and treatment, and the governance and leadership of the service under good governance. After the last inspection we imposed conditions on the provider's registration, requiring them to send us an action plan each month, showing

how they were meeting the requirements of regulation 12 and 17. At this inspection we found the provider had completed actions on their action plan, and there was no longer a breach of Regulation 12 and Regulation 17. We found improvements were still required in Safe and Well Led and have rated these key questions as requires improvement.

#### 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](http://www.cqc.org.uk).

#### Follow up

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

We will continue to receive a monthly report on how the provider is continuing to meet the conditions on their registration, 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 effective.

Details are in our effective 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** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. Two inspectors visited the office location on 5 April 2022. The Expert by Experience made telephone 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. CQC does not regulate premises used for domiciliary care; this inspection looked at people's personal care and support.

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 a registered manager in post.

#### 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 the provider or registered manager or care manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to the inspection and we reviewed the information in the PIR. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 13 people's relatives. We spoke with, or received email feedback from, ten members of staff including the provider, the registered manager, the deputy manager and deputy accounts scheduler. The registered manager was not available to support us with our inspection at the time of our visit.

We reviewed a range of records. This included five people's care records and medication records. We reviewed three staff member's recruitment records to establish safe recruitment procedures were being followed. We looked at a variety of records relating to the management of the service, including policies and procedures.

### Following the inspection

We continued to receive governance documents and people's records for review from the registered manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 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.

At the previous inspection we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment. We found the provider had made enough improvement to meet the Regulations and were no longer in breach of Regulation 12.

### Staffing and recruitment

- At our previous inspection there was not always enough staff to meet people's assessed and agreed needs, and some people experienced missed calls. At this inspection we found the service had improved. There were enough staff to meet people's scheduled care calls. However, we continued to receive mixed feedback from staff saying they would prefer to have a larger staff group, so that they felt less pressured. Most people and their relatives told us they had a consistent team of care staff who supported them. One person commented, "They [staff] can't do enough for you."
- At this inspection improvements had been made to the length of time staff stayed at people's care calls. The provider had implemented auditing systems to ensure people were receiving their calls, and to record how long staff stayed at each call. However, further improvements were still required. For example, one person's records showed staff routinely stayed for 20 minutes rather than the agreed 30 minutes. One staff member said they felt pressured to move onto their next call, "We cannot stay in a call for the whole amount of time, as we have so many calls overall. It's a shame because some clients just want a chat or company after the care has been completed."
- The registered manager explained the service was trying to improve the length of time staff stayed at care calls. They explained some people did not always require the full length of the call. However, in the additional time people should be offered companionship or other support.
- We found improvements had been made about the consistency of the time staff arrived, however, more improvements were required to meet people's expectations. The provider planned to introduce a time slot of one hour to each call slot, so that people had a specific time for staff to arrive. Staff told us more travel time scheduled in the rota between calls would also improve the time they arrived. The registered manager explained if people routinely did not require the agreed time for their care call, these were reduced to a shorter time.
- Continuous recruitment was planned to ensure safe staffing levels were maintained. During 2020 and 2021 there had been staffing pressures placed on the service due to the COVID-19 pandemic. Where necessary the registered manager and deputy manager kept their skills up to date and helped complete care calls. Systems were in place to limit the possibility of a missed or late call.
- Staff were recruited safely. The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff files showed recruitment checks were completed which included checks on staff through the Disclosure and Barring Service (DBS).

## Systems and processes to safeguard people from the risk of abuse

- Overall, people's relatives told us they felt their relation was safe when care staff supported them.
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take if people were at risk of harm.
- The management team understood what needed to be reported to us and the importance of keeping people safe and protected. The provider had referred allegations of poor practice to us and they had taken action to investigate where needed.

## 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. Staff did not always have the information they needed to ensure risks were managed. At this inspection we found people's risks were assessed and staff were provided the information they needed to mitigate risks to people's health and welfare.
- Staff were supported to provide risk-based care and referred to care plans for how best to provide people's care. Risk assessments were completed for people, such as those identified at risk of falling, at risk of choking and risks associated with skin integrity.
- The deputy manager told us they had risk rated people's care. In an emergency situation, the provider knew which people to prioritise based on their individual needs so those people with more complex health conditions would be supported as a priority.

## Using medicines safely

- At our previous inspection we found medicine administration records (MAR) were not in place for staff to record when people had their topical creams applied to their skin. At this inspection we found MAR had been introduced to record the application of topical creams. However, we found these types of MAR were not always completed fully by staff which might indicate people did not always receive their medicine
- The deputy manager was able to demonstrate these omissions were being picked up on audits. Where there were gaps these were due to the person not having their prescribed medicine available for staff to apply, or when people had cancelled or changed the care they needed. We asked the deputy manager to ensure MAR's were completed, stating the reasons why the medicine was not given on future documents. We were confident improvements were being continually made to the provider's procedures.
- Staff practice was observed by supervisors, following medicines training, to ensure they knew how to administer medicines safely.

## Learning lessons when things go wrong

- The deputy manager knew what to do to investigate any issues and to learn from them. For example, where people shared feedback about their care call times, action was being taken to improve the delivery of care.
- Safeguarding referrals and accidents and incidents were recorded and reviewed to identify any patterns or trends. Where required, further investigations and actions were taken.
- 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.
- Where investigations into accidents or incidents occurred, the provider shared learning from investigations with staff in meetings and briefings.

## Preventing and controlling infection



- At our previous inspection people and relatives told us staff did not always follow good infection control practices whilst in their homes. This was especially important due to the COVID-19 pandemic. However, at this inspection people did not raise any concerns about infection control procedures.
- Staff received training in how to prevent and control infection, and how to safely put on and take off PPE. One staff member explained their regular routine for avoiding COVID-19 transmission. They said, "We [staff] use PPE during all care visits, wear face masks at all times...I also wash my hands before and after finishing. We are provided with lateral flow tests for COVID which I test myself each morning I'm on shift."
- The provider made available regular testing facilities for their staff, to identify Covid-19 and prevent it spreading.

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

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

- 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 decide whether the service could meet each person's personal care needs.
- People's current needs were reviewed each week to ensure care plans and care records were up to date. Formal reviews of care took place each year, or earlier if people's needs changed, to ensure people received the correct level of support.
- 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. A section of the new care records had been developed since our previous inspection stating, 'What a good day looks like' to improve staff knowledge and understanding of each person's needs.
- Information gathered from these assessments was used to develop care plans in line with current best practice guidelines.

Staff support: induction, training, skills and experience

- At our previous inspection we received mixed feedback from people as to whether staff had all the skills they needed to support them. We continued to receive mixed feedback about the competency of staff in the use of hoists, however, training records showed staff were appropriately trained. One relative told us staff came to their home to be trained in using the hoist, which demonstrated care staff received 'hands-on' as well as classroom based and online training.
- Staff received induction training to give them the skills and knowledge to support people safely. Staff had completed the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- The registered manager was able to provide us with up to date information about the training staff had received to fulfil their role.
- Staff received regular meetings with their supervisor to discuss their performance and training needs.
- Staff received on-going training to continue to meet people's specialised needs. For example, diabetes training to give staff an understanding of certain health conditions for those people they supported. Staff commented on the support they received, and one staff member said, "I feel supported in my role, we have regular online training and it is kept up to date".

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

- Where required, staff ensured people had enough to eat and drink. 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 service worked with other health professionals in order to meet people's specific needs including dieticians and occupational therapists.
- People were supported to access healthcare in their community, where this was part of their agreed care package.

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 our previous inspection, 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. At this inspection people were having their capacity assessed.
- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. No-one had restrictions placed on their care through the Court of Protection at the time of our inspection visit.
- Records showed people were asked to consent to their own care and support where possible.

# 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 has 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.

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. Systems and processes had failed to identify improvements that were required to ensure people received safe and effective care.

The provider had made sufficient improvements to determine they were no longer a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

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

- We asked the provider to have effective systems in place to identify and mitigate risks to the health and safety of service users, to ensure care and treatment was provided in a safe way. We found the provider had improved sufficiently to assure us that effective systems were in place to manage and mitigate risks to people's health.
- At this inspection improvements had been made, including the roll out of a new format of care records. All people's care records were being moved to the new format of care records by June 2022. Systems and processes had been improved to ensure care records were kept up to date and accurate.
  - The provider had improved their systems of recording when staff arrived and left people's home. Although the provider had improved systems to identify when calls were late, missed, or short, there were still improvements required to ensure people received their care as they had agreed. The provider had improvement plans in place to allocate each person a call time for their scheduled calls, where staff would arrive within an agreed hour. In addition, the provider was improving their communication with staff, to ensure staff could stay for the agreed length of each call.
  - Registered managers and providers have a responsibility to inform us (CQC) about any significant events such as serious injury, deaths and allegations of abuse. 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. The registered manager and deputy manager work together to oversee the day to day running of the service. Weekly meetings reviewed whether people's care packages were meeting their needs, or if people's support needs had changed.
  - Regular audits were carried out in order to oversee the quality of the service. Where improvements were identified, improvement action plans were put into place, to ensure actions were taken to make the changes

needed. Audits included competency checks on staff practice in order to ensure they were providing good quality care for people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- 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's relatives and staff gave us mixed feedback about the management of the service. One relative told us they continued to have concerns about the communication of the management team with people who used the service. They said, "I've been trying to get a meeting with the manager. . . . we never know what time they [staff] are coming" and "The carers are very good, but it's the office that lets it all down." Another relative told us they were confident that their concerns were addressed, as they had previously raised a concern that had been resolved through the service's complaints procedures.
- People's relatives told us they would like to be asked for their feedback regarding the care and support they received, more frequently. The provider conducted a six-monthly quality assurance survey.
- Staff feedback was mixed about the leadership of the service. Some staff felt they would like more input into the way routes and call times were allocated, which would further improve people's experiences of the service. One staff member commented, "I feel like we don't get a say in how the route is done. Which is odd as we are the ones who physically do the routine and know where adjustments need to be made. If we make suggestions, they are not considered."
- Staff told us they did not always feel listened to and that conditions of employment could be improved to help them feel valued.
- Staff told us they worked well as a team, one member of staff saying, "The upside is the staff. . . . we work together and all get along."
- When people started to use the service, they were issued with a 'welcome pack' which included information about how to complain to the service or other appropriate organisations.

Continuous learning and improving care; Working in partnership with others

- The provider had plans in place to further improve the monitoring of medicines, to introduce electronic medicine records, which would assist them with more rigorous auditing procedures.
- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services. Links with the local authority commissioners were shaping some of the systems and processes for the delivery of care. For example, around care call monitoring.
- The provider had effective systems in place to record accident and incidents, investigate and share learning from them.
- Staff were kept up to date with changes in the service, government legislation, and changes to people's support needs, through regular local teams' meetings and all staff briefings.
- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- 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.

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 understood their responsibilities under the duty of candour regulation.

