

A Z Caring Services Ltd

AZ Caring Services Ltd

Inspection report

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22 March 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

A Z Caring Services Ltd is an independent domiciliary care agency which provides personal care and support for people in their own homes. The agency provides care for people mainly in Ashford, Kent and surrounding areas. At the time of our inspection, the service supported seven people who were a combination of private and local authority funded clients, some with complex needs, who received support with personal care tasks.

People's experience of using this service:

People using the service told us the staff and manager were approachable and friendly; people felt safe when staff supported them and when they were in their home. Staff were introduced to people before they started to support them, and people received a schedule in advance of which staff would visit them and when. People told us staff stayed for the full duration of the planned visit, however, sometime staff were late.

We have made a recommendation about protecting people from abuse. This is for the registered person to familiarise themselves with safeguarding protocols of the local authorities with which they contract.

Care plans did not always contain risk assessments linked to people's support needs to keep them safe; some risk assessments referred to guidance or policies which were not available locally for staff to review.

Records of medicines administered by staff and records of daily care delivered to people were not always completed.

Processes were not in place to ensure equipment used in people's homes, such as lifting hoists and pressure relieving equipment were serviced, operating correctly or safe to use.

The service was not working according to the Accessible Information Standard (AIS) and its requirements during our inspection. This is intended to ensure people receive information about any aspect of the service in a way which is useful and can be understood.

The service did not have effective systems to assess, monitor and improve the quality and safety of the services provided. Most checks completed were informal and were not always recorded.

Systems intended to develop learning from incidents and events were not in place, although people told us the service they received was reliable.

Staff were skilled in carrying out their role, however, systems to manage and record delivery of training were not well developed.

Appropriate staff were employed to meet the people's needs. Staff said they were supported by the

registered manager, however, although supervision meetings took place, they were not always recorded.

A relative told us staff were caring and respectful, always considering and promoting the person's privacy and dignity.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received, although no complaint process was available.

Staff felt there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

People's needs were assessed prior to receiving a service including protected characteristics under the Equalities Act.

Relatives told us they felt safe with staff in their homes, they were confident that staff knew how to meet their relative's needs in the way they preferred.

Processes were in place to identify and reduce any environmental risks to people and care workers.

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

Rating at last inspection:

This was the first inspection of this service. The service is rated Requires Improvement.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service improves.

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 not always responsive.

Details are in our Responsive 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 

AZ Caring 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

A Z Caring Services Ltd is an independent domiciliary care agency which provides personal care and support for people in their own homes. Person receiving care and support had a range of needs, some were complex.

The service was run by a company who was the registered provider. There was a registered manager in post who was also a director of the company. 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 2008 and associated regulations about how the service is run. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

Notice of inspection:

This was a comprehensive inspection, which took place on 21 and 22 March 2019 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open, and staff would be available to speak with us.

What we did:

We reviewed information we had received about the service since registration with Care Quality Commission on 20 March 2018.

Before the inspection, we asked the registered persons to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We looked at the PIR and notifications about important events that had taken place, which the provider is required to tell us by law. We used this information to plan our inspection.

During the inspection, we spoke with four relatives of people using the service, three staff and the registered person as well as a visiting healthcare professional. We visited the homes of two people who received care from the service, speaking with them, one relative and one carer.

We reviewed the two people's care records, risk assessments and daily records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the registered persons.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Relevant risk assessments were not always in place and, of those in place, some we reviewed were not detailed enough to inform staff what to do to meet assessed needs or explain the risks associated with them.
- One person was diagnosed with epilepsy and other people had specific support needs, such as with their skin integrity, catheter, stoma or PEG feed care. Where in place, risk assessments contained insufficient detail or referred staff to training or policies which were not available to them because they worked in people's homes.
- One person's skin condition was cleaned and dressed by a visiting NHS healthcare professional, however, there was no risk assessment to alert staff to the condition or information about what to do or how to recognise if it may be worsening.
- Another person required a pressure relieving air mattress and cushion to protect and prevent their skin condition from deterioration. There was no information about the setting of the air mattress pump or any checks to ensure it worked correctly. Although no skin damage had occurred to the person, incorrectly set or malfunctioning pressure relief equipment increases the risk of skin damage; therefore checks to ensure its correct operation are required.
- Where people needed hoists and lifts to help with their mobility, there were no risk assessments around their safe operation or checks to ensure this equipment was serviced, in good repair or safe to use.
- Risk assessments were very basic and did not give clear guidance for safe ways of working with people. This meant the action needed to reduce the risk of harm to people had not been properly explored, documented and made clear for staff.

The failure to manage risks to people's health meant they were at risk of injury and receiving unsafe care. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Processes were in place to identify and reduce any environmental risks to people and care workers. Risks to the environment were assessed, with registered persons looking to make sure it was safe for staff and for the person supported.

Using medicines safely

- Medicines were not always managed safely. We checked medicine administration records (MAR) (where records were available) and found these were not always complete, accurate and did not always show that people received their medicines as prescribed.
- One person's medicine dose varied from day to day, they were wholly reliant on staff to administer their

medicine and would not be aware if the dose of medicine staff gave was correct or not. A MAR chart for medicine given had not been completed. There was no process to enable staff to know the amount of medicine held. Therefore staff would not know if they had made a mistake in the dose administered or if other staff on an earlier visit had given the medicine.

- Where people needed topical creams applied to their skin, there was no information about how and where cream should be applied or any record that it had been applied.
- The medicine policy stated that all medicines administered should be recorded and subject to stock counts and audits. There was no evidence such checks had happened.

People were at risk of not receiving their correct medicines because medicines were not managed safely. This was breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some relatives managed medicines in people's homes and in these circumstances, agreements were in place that staff were not directly required to support or manage the person's medicine.
- Staff had received training about how to administer medicines and their competency to do so was checked once a year by the registered persons.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to spot signs of abuse and mistreatment. Training records showed all staff had attended safeguarding training.
- A relative and two people told us they had absolute confidence in staff, one person told us, "I completely trust all of the staff and have no concerns about how I am treated". A relative told us, "I often hear the staff talking to (person's name), they are kind and very patient."
- We spoke with the registered persons about reporting safeguarding to the local authority, although they were aware of the need to do so, they were unclear of the local authority protocol and therefore thresholds of what needed to be reported.

We recommend the registered persons familiarise themselves safeguarding protocols for the local authorities they contract with.

Learning lessons when things go wrong

- A process and policy was in place to record and review incidents or accidents, however, none had occurred.
- There had been no missed calls to people, however, the registered persons accepted there had been a number of late calls. Although people were notified if their call was delayed, no records were kept and there was no process to understand why some calls were late and how this could be improved. This was an area identified as requiring improvement.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.
- The person's needs, and hours of support were individually assessed. There were enough staff employed to meet the person's needs.
- Specific gender preferences for staff were accommodated.
- People, their relatives and staff had access to an out of hours on call system manned by the registered persons.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were available and used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to successfully carry out their role and had completed appropriate training needed to enable them to deliver care safely and effectively. This included completing competency-based skills training designed to ensure staff had the skills and knowledge needed to deliver care for people. However, arrangements for monitoring and managing refresher training were not developed and we could not be assured future refresher training would be arranged take place when needed. This was an area identified as requiring improvement.

- Staff told us they saw the registered persons regularly; they felt supported and had opportunity to discuss any work or training issues. However, there were no formal one to one supervision meetings, no schedule or plan of supervisions and, when they had occurred, these were not always recorded. We spoke with the registered persons about this and they told us they met with their staff regularly, but they had not always recorded these meetings. The provider's supervision policy and procedure stated, "Each employee should be invited to a supervision session with their manager or supervisor at least six times each year." The provider had not followed their procedure.

We recommended the registered persons schedule, complete and record staff supervision meetings in line with their policies.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. Some people had appointed a legal power of attorney to act on their behalf in health and welfare matters, nobody was the subject of a Deprivation of Liberty Safeguarding authorisation.

- People's capacity to consent to care and support had been assessed and recorded. The registered persons understood the principles of the MCA 2005 and was aware of the importance of respecting people's decisions. However, where people had a power of attorney appointed for health and welfare decisions, they had not always retained a copy of the order to show the appointee was authorised to act and make decisions on another person's behalf. This was an area identified as requiring improvement.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs and preferences for support was not always clear. Some people

had specific healthcare needs such as a diagnosis of epilepsy, or the need for a catheter or required stoma care. Care plans were not always clear about their diagnosis or methods of additional support people needed. However, when we spoke with people and their relatives, they felt they received the care required in the way they wanted it.

- There were no hospital passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports can include information such as how a person expresses they are in pain, how they take their medicines and information about how the person engaged with healthcare previously.

We recommend the registered persons review and update people's health care records, based on current best practice and guidance.

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

- The registered persons undertook an initial assessment with people, where possible, before they started providing care and support. People and their relatives were fully involved in assessment processes. A relative told us, "The care provided has been of significant help. We've talked about it with the manager at review meetings since it was first introduced and made changes when needed. We are happy with the support provided and communication with the staff and manager".

- Records showed initial assessments considered any additional elements that may be needed to ensure people's protected characteristics, under the Equality Act 2010, were respected. This included, for example, if they have any cultural or religious beliefs or needs to be considered when planning their support.

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

- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives and previous placements to inform their understanding of how to meet people's nutritional needs.

- Where agreed, staff supported people to eat and drink; they were aware of the importance of correct hydration and signs and symptoms which may indicate a person is dehydrated, as well as what to do.

- Where support for PEG (Percutaneous Endoscopic Gastrostomy) feeding was required, staff had received specialist training and understood the importance of following set guidelines in place.

- Some care records included guidance for staff to follow. For example, about gastrointestinal conditions. Where present, this included published guidance, which further enabled staff in understanding and meeting people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- Staff gave examples of calling community nurses, GPs and other health and social care professionals when required. This showed they worked together with other organisations to deliver effective care, support and treatment.

- The registered persons confirmed and some care records evidenced the service frequently worked with local authority care managers and advocates to ensure people received consistent and joined up care and support.

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

Good: 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

- We visited some people in their homes and observed staff treating them with kindness and compassion.
- Staff responded quickly to any requests or questions. When they spoke with people, they were patient, calm and friendly. People smiled when then interacted with staff.
- A relative told us they felt staff were always respectful of their home and were courteous and polite when they spoke with them.
- Staff knew the person they were supporting well.
- People's care records contained information about their background and preferences, staff were knowledgeable about these.
- The registered persons were aware of the General Data Protection Regulation (GDPR). This is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. The office computers was password protected.

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

- People told us they were supported to express their views regularly and freely and, where needed and possible, relatives were involved in making decisions about their care and support.
- People and relatives were involved in planning and reviewing of delivery of care.
- People were able to express their needs and received care and support they wanted in the way they preferred.
- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. One person had a court appointed power of attorney to help them make decisions. Advocacy information was available for people.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that staff always respected their relative's privacy and dignity.
- Staff understood the importance of respecting people's individual rights and choices and supported some people in a nondirective way. This empowered people to do as much as they wanted to support themselves, with the knowledge that staff would support them should they need it.
- Care plans included what people could do for themselves and where they needed support.
- People's records were stored securely to protect their privacy.
- People were supported to maintain important relationships and were supported to stay in touch with their relatives. For example, staff dialled telephone numbers for one person's friends and family because they were unable to do so themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- Although a complaints policy was in place, the registered persons had not published or distributed any information to people or their families about how to make a complaint and how they could expect it would be handled.
- The provider had a complaints policy that included information about how to make a complaint, but it did not signpost people to the Local Government Ombudsman.
- A relative told us they felt confident in raising any concerns or complaints to staff or the registered persons but had not had cause to do so.

The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service was not working according to the Accessible Information Standard (AIS) and its requirements during our inspection. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. The registered persons had not considered accessibility of information provided to people. This is an area identified as requiring improvement.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us they and we saw people had a care plan in their home.
- The records we saw relative and visiting healthcare professional we spoke with confirmed this.
- Staff made daily notes, including personal care given to people, their well-being, any concerns noted and, where needed, fluids taken. These records ensured communication clear communication between different staff and people's relatives, which benefitted the care of the person. However, we found daily care notes for one person started on the day of our inspection even though they had received support for some time. Discussion with the person found they had considered daily records unnecessary. We discussed this with the registered person, explained the importance of care records and suggested staff maintain a record of daily care away from the person's home if they did not want them kept there. This was an area identified as requiring improvement.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered persons told us they would have conversations with people and their relatives about end of life plans whenever they accept anyone at the end of their life.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- There were a range of policies and procedures governing how the service needed to be run. However, the registered persons did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.
- Although some checks, such as spot checks and staff files had been carried out, other checks such as medication, care plan and risk assessment reviews had not. This resulted in incomplete records of people's support, care plans that did not contain enough guidance for staff and a lack of assessment and measures to manage and reduce known risks.
- We discussed this with the registered persons to ask whether there were any records of audits and checks to evidence that they were monitoring the service. They explained some checks took place informally but were unable to provide evidence to support this.

The provider had failed to establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided and maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered persons understood the responsibilities of their registration.
- Registered persons are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered persons, to ensure the rating would be displayed in the office and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is always available, he is very approachable and supportive. One person told us, "I often speak with the manager, he usually calls in rings each week to check we are happy with everything." A relative told us, "We feel very involved, we discussed changing our visit times and they were changed

quickly to suit us. " Another relative told us, "After a short while it was clear (person's name) wasn't receiving enough care. The manager fought very hard to get us extra support paid for. We are very happy."

- Feedback was sought from people and their relatives during care reviews. The registered person explained their intention to introduce a questionnaire which they would send to people, their relatives and health and social care professionals involved in people's care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered persons encouraged a culture of openness and transparency. A member of staff said, "I can speak to the manager at any time about any issue, concern or idea."
- People and relatives were fully involved in care planning and were regularly asked what they thought about the service provided.
- Feedback received about quality of care was very positive, people felt the support they received met their needs and reflected their wishes.

Continuous learning and improving care

- The registered persons kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- The registered persons made use of training sessions provided by the local authority and specialist nurses to ensure care delivery and training remained in line with current thinking and best practice.

Working in partnership with others

- Staff told us that they were kept well informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care.
- The registered persons worked with people's relatives and advocates to support an ethos of joined-up working in meeting and reviewing care delivery needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage risks to people's health and welfare or ensure medicines were managed safely.</p> <p>Reg 12 (1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.</p> <p>Reg 16 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and effectively operate systems to ensure assess, monitor and improve the quality and safety of the services provided and maintain securely accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p> <p>Reg 17 (1)(2)(a)(b)(c)</p>

