Hillside Care Limited

AOK Care 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 caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

AOK Care Ltd is a small domiciliary care agency providing personal care to mainly Somali speaking people in their home. During the day of our inspection three people received the regulated activity personal care. 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.

People's experience of using this service and what we found
The service did not always ensure that people's needs were assessed in sufficient detail and a plan to manage such risk was not always in place. The service currently did not administer medicines. However, people were assisted to take their medicines by staff prompting them to do so. The service failed to provide comprehensive medicines assessments and guidance for staff in how to support people safely when being prompted to take their medicines. While the service communicated regularly with people who used the service and relatives, a formal quality assurance system was not fully implemented.

People who used the service and relatives told us that they were protected from the risk of abuse. Sufficient staff were deployed to meet people's needs. We were assured that the service followed safe infection and control practices. The service had a system in place to monitor and assess accidents and incidents.

Staff had access to training to gain the relevant skills and knowledge to support people who used the service. Where people received assistance to eat and drink this had been documented in care plans and people had access to food and drink, they liked. 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 and relatives told us that care workers were kind and caring and their wishes had been taken in consideration and respected.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care plans described how people should be supported so that their privacy and dignity were upheld. However, as mentioned above, greater detail was required to ensure staff had all required information to support people holistically.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update This service was registered with us on 26 August 2019 and this is the first inspection.

Why we inspected
This was a planned comprehensive inspection

Enforcement and Recommendations
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 the assessment and management of risk, the safe management of medicines and effective quality assurance monitoring and assessment.

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 effective findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
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**

AOK Care 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 one inspector.

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 a registered manager in post.

Notice of inspection
We gave the service 48 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 would be in the office to support the inspection.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 mostly with people's relatives to help us understand the experience of people who could not speak with us. We spoke with two relatives and one person who used the service. We spoke with the registered manager and care coordinator. We reviewed three care records of people using the service, four personnel files of care workers, audits and other records about the management of the service.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Requires Improvement

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.

Assessing risk, safety monitoring and management
• Risks in relation to receiving the regulated activity were not always assessed in detail and management plans lacked sufficient information.
• We found that risk assessments in relation to people having specific health conditions such as epilepsy did not provide information of how to safely respond to these and support people who experience an epileptic seizure while receiving care.
• We further found that some risk assessments contained insufficient information for care workers to follow. For example, when transferring people from bed to a chair.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• Relatives told us that their relative was safe with care workers and that they spoke with the registered manager about risks. One relative said, "My relative is well looked after and we spoke about what to look out for, they do a good job."

Using medicines safely
• The service did not administer medicines to people who used the service. However, relatives told us that care workers prompted people to take their medicines. The services medicines procedure referred to this as Type 1 "Assisting with medication administration to support self-management." We found no evidence in care records viewed that documented what support people who used the service required when being prompted by care workers to take their medicines. This does not comply with the services medicines procedure and good practice guidance "Managing medicines for adults receiving social care in the community" (March 2017) by the National Institute for Health and Care (NICE) guidance. The omission for following appropriate clinical guidance around the safe assistance with medicines may put people at risk of not receiving their medicines in a safe manner.
• Care workers had received training around the administration of medicines. However, their competency had not been assessed which put people at unnecessary risk when being supported with their medicines.

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

Staffing and recruitment
• Overall, we found that the service ensured that care workers were recruited safely.
• The service carried out recruitment checks for all care workers. Their personnel records showed pre-

employment checks had been carried out. Checks included, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service. The service also obtained two references for all care workers. However, these were not always verified for their authenticity. We discussed this with the registered manager who reassured us that he would contact referees to ensure they were from the previous employer of the prospective candidate.
• People who used the service told us that sufficient care workers were available to meet their needs., They told us that care workers would stay the allocated time and would contact them if they were late. For example, if they had issues with public transport.

Systems and processes to safeguard people from the risk of abuse
• People who used the service were protected from abuse.
• The service had a robust safeguarding procedure and staff told us that they would contact the registered manager to inform them of any issues relating to abuse.
• Care workers had received safeguarding training as part of their induction. The registered manager told us that they were currently in the process to access further training provided by the local authority.
• People who used the service told us that they were safe with the care workers. One person said, "I am safe with the staff, they [staff] are good and do understand me."

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
• People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness. One relative told us, "Staff always wash their hands, wear gloves and masks when they support my relative."

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes. There were no incidents recorded at the time of the inspection.

Good

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 of this newly registered service. This key question has been rated 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 were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place.
• People's assessments covered areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to. A relative told us, "We have the same carer most of the time and it is important that my relative has a carer who speaks Somali."

Staff support: induction, training, skills and experience
• Care workers had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training documentation that confirmed that they had completed the relevant training to support people who used the service.
• New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• The registered manager told us newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
• We saw records confirming that supervision and support were being provided. The registered manager told us that care workers who had been at the service for longer than a year will also receive an annual appraisal. Relatives told us that the registered manager visits regularly to observe care workers at the person's home.
• Relatives of people receiving care told us the care workers were skilled at their jobs and knew what to do. Their feedback included, "The carers are very good, and they do know what to do when helping my relative."

Supporting people to eat and drink enough to maintain a balanced diet
• Nutritional needs of people were met. Meals were prepared by relatives and care workers heated the meals up and gave them to people who used the service to eat.
• None of the people who used the service were at risk of choking when eating their meals and were able to eat independently.

Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met by their relatives. Care plans identified their needs and input from a range of professionals, including GP and other health care professionals.
• People's relatives told us that they would accompany and arrange visits to hospitals and appointments with GPs.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
• All people who currently received support from the agency had capacity to make their own decisions. Relatives told us that they would translate from Somali to English to ensure appropriate consent to care was given.
• All care workers supporting people who used the service were Somali speaking.
• Care workers had received training around mental capacity as part of their care certificate induction.

Good

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 of 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
• People's relatives told us care workers were kind and caring. One relative told us, "Yes the [care workers] are very respectful and my relative always says the care is very good. I check regularly that the carers come on time and never found any issues."
• People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. People could describe how the agency protected their dignity. For example, for reasons related to dignity or specific cultural traditions, some people preferred to be supported by a care worker of their own sex, which was supported. One person told us, "We only want female staff who speak Somali to look after my relative and this has never been a problem."
• People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. They told us, "My relative is able to do a lot of things on their own and the staff understand this and let my relative get on with it."
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Supporting people to express their views and be involved in making decisions about their care
• The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
• People felt that care workers treated them fairly, regardless of age, gender or disability. As addressed earlier, relatives told us that people were supported with their religious and cultural needs.
• The service mainly supports people from Somali background and care workers recruited understood the cultural background and also spoke Somali.

Respecting and promoting people's privacy, dignity and independence
• There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
• The registered manager maintained regular contact with people through telephone calls and visits. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care. A relative told us, "[Manager Name] contacts me regularly to find out if everything is ok."

Good

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 of 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

• Care plans were in place and had been developed together with people who used the service and/or their relative. However, we found that some of the care plans lacked detail in regard to people's health and social care needs. We discussed this with the registered manager who advised us that some people did not want to have all their information recorded.

• Since visiting the service, the register manager had provided us with a copy of one care plan from a person's home and we found that the information provided was more detailed and enabled us to understand the needs of this person much better. This was a positive development and demonstrated to us that the service took our advice on board and had started to update and review the care plans for people who used the service.

• Relatives and people who used the service told us that they took part in writing their care plan. One person told us, "There is a care folder in the house the manager talks with me about it, he is a good manager."

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.

• Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.

• People were matched with care workers on grounds of a mutual language. People spoke a range of languages, and the service employed staff who spoke as many languages. A relative told us, "There is no language barrier. Care workers speak the same language as my relative." Another relative told us, "I chose the agency after researching and reading reviews, but mainly because it is able to offer native speaking carers."

Improving care quality in response to complaints or concerns

• There was a complaints policy and people's relatives confirmed they could complain if needed to. They told us, "I have never had a reason to complain, but I would go straight to the manager or the social worker if I had any concerns."

• There were no pending complaints at the time of the inspection.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of 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.

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

• The registered manager was aware of their responsibility to ensure that the quality of care had to be monitored and assessed. However, the registered manager had not identified some of the shortfalls in the systems and processes identified at the inspection. This included, recording of risk assessment and ensuring they were consistent and in line with support plans and ensuring that medicines support was documented, and guidance was provided to staff to ensure support was safe.

• There were processes in place to monitor the quality of the service, but these were not always recorded. Audits had not taken place to ensure the service was providing quality care. Spot checks and staff supervision had taken place, but they were not recorded. Failure to establish and operate systems and processes effectively placed people at risk of harm and in receipt of poor-quality care.

This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• People and their relatives were very complimentary about the service. Relatives told us, "They [staff and manager] always listen and would make changes and have made changes when we asked for them" and "I would recommend the agency to friends 10 out of 10. My relative is very happy."

• People received person-centred care. Although we identified some medicines care plans and risk assessments that needed more details about how people needed and wanted to receive their care, we were assured that staff provided people with the care they needed. This was achieved through the continuity of care by the same staff, frequent communication between people, their relatives, care staff and the managers at the service and ongoing review of the quality of the service.

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 registered manager understood their responsibility under the duty of candour. They were in continuous communication with people and their relatives to ensure they had been receiving good care and that any issues of concern could be addressed straight away. The registered manager said, "I will always act on what people and their relatives tell me, this is an important aspect of providing quality care."

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

• The service had worked with staff to make improvements. The registered manager asked staff for their thoughts and suggestions. We viewed team meeting records which demonstrated that issues in relation to the provision of care was discussed and staff were provided with current guidance. For example, there were discussions regarding the COVID 19 pandemic to ensure people received safe care and were protected from infections.

• People and their relatives said they were asked for feedback about the care provided by the service. They told us they spoke regularly to the registered manager and shared their views about the care. We discussed with the registered manager that this should be documented formally and were reassured that this is to happen in the future. Relatives told us it was easy for them and people to communicate with the service.

Continuous learning and improving care; Working in partnership with others

• Where external health and social care professionals were involved in people's care this was reflected in their care documentation. However, relatives told us that they would deal with external health care professionals on behalf of people who used the service.

• The service has recently appointed a new training provider to facilitate mandatory and specialist training sessions for staff. These included dealing with violence and aggression, dementia, data protection, medicines management and Teamwork and Leadership in Care.

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 12 HSCA RA Regulations 2014 Safe care and treatment The service failed to ensure that risks in relation to carrying out the regulated activity were assessed in detail and plans to manage such risk were put into place. This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure that medicines was managed proper and safely. This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. This was a breach of Regulation 17 (10 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.