

Authentic Kare Company Limited

Authentic Kare Milton Keynes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Authentic Kare Milton Keynes is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who uses domiciliary care services receive personal care. The Care Quality Commission (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 7 people received support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People received safe care and support. Risk assessments and support plans were in place for known risks and these were reviewed regularly. Staff had sufficient guidance to ensure they could provide safe care which mitigated known risks as far as possible. Medicines support was provided safely when required.

Since the last inspection improvements were made to recruitment practices. Safe recruitment processes were followed to ensure staff were suitable for their roles. There were sufficient staff to meet people's needs. People received consistent care from staff who knew them well.

Staff knew how to reduce the risk of infection spread and used personal protective equipment (PPE). Staff had received training in infection prevention and control. Processes were followed to report and follow up on accidents and incidents. Lessons were learned when something went wrong.

Since the last inspection improvements were made to the running and management oversight of all key areas of the service. Quality assurance audits of key areas of the service were carried out regularly and were embedded into practice. Action plans were used when any areas for improvement or follow up tasks were identified, and these were used effectively. The registered manager was committed to driving ongoing improvements to the service for the benefit of the people receiving support.

Staff were supported through supervision and regular team meetings. A range of spot checks and competency checks were undertaken to support staff development. Surveys were used to gather feedback on people's experience of the service, and the feedback was used to drive improvements where needed.

The registered manager was aware of their legal responsibilities. Staff worked in partnership with other health and social care professionals involved in people's care and treatment. Relatives and staff told us they thought the service was well run and provided good quality care to people in their own homes.

People were supported to have maximum choice and control of their lives and they were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published 19 July 2022.) We found breaches of regulation in the areas of staff recruitment processes and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they 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 Safe and Well-led which contain those requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Authentic Kare Milton Keynes on our website at 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Authentic Kare Milton Keynes

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

This inspection was carried out by 2 inspectors and an Expert by Experience. 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 homes.

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. The registered manager was also the provider. This means they 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. The registered manager was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 registered manager would be in the office to support the inspection.

Inspections of the Kettering and Milton Keynes locations of Authentic Kare took place at the same time. We visited both offices during the inspection as there were overlaps in systems and processes between the 2 services.

Inspection activity started on 27 April 2023 and ended on 28 April 2023. We visited the Kettering office on 27 April 2023 and visited the Milton Keynes office on 28 April 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-Led section of this report for further details.

During the inspection

We spoke with 4 relatives of people who received support for feedback on their experience of the care provided. We spoke with registered manager, a care coordinator and received feedback from 8 members of care staff. We reviewed a range of records. This included 2 people's care records and 1 person's medicine record. We looked at a variety of records relating to the management of the service. This included quality assurance processes, training records and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were safely recruited. This was a breach of Regulation 19 (Fit and proper persons deployed) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

- Safe recruitment processes were followed. Checks were undertaken before staff started their roles, for example, identity checks and references. Disclosure and Barring Service (DBS) checks were completed in the UK and police checks overseas if staff were recruited internationally. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks helped the provider make safer recruitment decisions.
- Since the last inspection the registered manager had made improvements to recruitment processes and the documentation in staff files. This included identifying and rectifying gaps in existing staff files and developing more robust processes for the recruitment of new staff. Improvements were embedded into practice and records confirmed this.
- People were supported by sufficient numbers of regular staff who knew them well and provided safe care. One relative told us, "We have the same staff all the time," and another said, "If they're going to be late the office will call to tell us, it's rare."
- The electronic rota system worked effectively. We did not receive any concerns from staff during this inspection about working hours or practices. Some staff told us they wanted to know their rota further in advance but this did not impact upon the support people received.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. We found people's care plans and risk assessments contained clear and effective information for staff on how to support people safely. For example, where a person was identified as at risk of a pressure sore, there were appropriate risk management in plans that were reviewed monthly. One relative told us, "It was [staff] who noticed [family member] had a bed sore, they let me know what I needed to do."
- Staff supported people use equipment safely when needed to help with their care and mobility. One relative said, "[Family member] uses a hoist and safety harness, they always put it on. They also use a wheelchair, they know how to use it properly." Another relative also confirmed this.
- Staff completed records of their care call visits and followed clear instructions on an electronic system of the tasks to be completed during each visit. This took into account people's risks and vulnerabilities.

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 found the service worked within the principles of the MCA.
- Staff asked for consent and permission before they completed care tasks and described to people what they were going to do. One relative said, "They chat to [family member] and tell them what they're going to do," and another said, "They're very respectful."

Systems and processes to safeguard people from the risk of abuse

- People received safe care. The provider had a safeguarding policy in place which was accessible for people and staff. Staff had received training in safeguarding and understood how to recognise and report any concerns about abuse.
- Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns. Safeguarding concerns were discussed in staff meetings, giving staff the opportunity to discuss the concerns and reflect on lessons learned when things went wrong.

Using medicines safely

- People received their medicines in a safe way and in the way they preferred. One relative said, "They give the tablets in the morning, they always remember."
- Staff had suitable and appropriate training and had their competency assessed. We also saw in the minutes of the previous staff meeting that staff were invited to approach the management if they wanted to request further or refresher training in relation to medicines. This meant staff had the skills and experience to manage people's medicines in a safe way.
- Medicines administration records (MAR) were used accurately to document the support people received. The person's care plan provided guidance on the support the person required with their medicines and provided staff with information about how to administer as needed (PRN) medication.
- Quality monitoring checks and audits were carried out to ensure safe practices were followed. Staff were reminded to read the provider's policies and procedures to ensure they were followed. We saw this in the minutes of the staff meeting.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control.
- Staff confirmed they had sufficient supplies of personal protective equipment (PPE). Staff told us they continued to wear masks whilst in people's homes, even though this was no longer a government recommendation. Along with the use of other PPE such as aprons and gloves, this helped reduce the risk of infection spread.
- The provider had a system of spot checks in place where staff were observed if they were following the appropriate guidance regarding infection control procedures. The provider had an infection control policy in place that was up to date and accessible to staff.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The provider informed us they would re-introduce a monthly analysis of accidents and incidents to strengthen the systems in place.
- All accidents and incidents were recorded as different types of 'Alerts' on the electronic system and were dealt with promptly and overseen by the management team. When there were opportunities to learn lessons and reduce the risk of the same thing happening again, these were discussed at staff meetings.

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 our last inspection we rated this key question requires improvement.

At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure robust systems and processes were in place to manage the service effectively. Systems and processes to assess, monitor and improve the service were not effective at driving improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had not submitted their annual Provider Information Return (PIR) to CQC. The PIR provides CQC with important information about a service as part of ongoing monitoring between inspections. The provider thought it may have gone to their junk mail folder as they told us they had not received it, and confirmed they will ensure the next PIR is submitted on time.
- Since the last inspection improvements were made to management oversight of the service. A range of quality assurance checks took place and these were embedded into practice. The audits identified issues and included action plans to track improvement. The registered manager planned to streamline some of these processes to make them more effective.
- Improvements had been made to records management. Documentation and electronic systems were clear and organised. This included people's care records, the rota system and staffing files. This improved the effectiveness of management oversight of all aspects of the service, including people's care.
- Following the last inspection an audit took place of all staff recruitment files. Gaps were identified and rectified. The provider had continued to improve their oversight of staffing processes to ensure staff files were complete and employment processes were followed. Records confirmed this.
- The registered manager was prepared for the CQC inspection, provided all records requested and was efficient in doing so. They were keen to take on board all guidance or suggestions. They were committed to making continued improvements to the service for the benefit of people using the service.
- Staff continued to be supported through supervision and spot checks and improvements had been made to these systems. A care co-ordinator undertook a range of spot checks to support staff develop their care skills and practice. These were overseen by the registered manager and arising issues were discussed in team meetings.
- The registered manager had created a business plan to drive and monitor ongoing improvements to the

service. They worked with an external coach to support them identify, track and follow through on areas for further development.

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

- The registered manager was keen to ensure people received good quality care and support in their own homes. Relatives told us they felt able to raise any issues and were confident they would be dealt with. One relative told us, "Any issues I know who to speak to. [Registered manager] is very friendly, he calls to see how things are." Another said, "[Family member] has used the out of hours number sometimes. If we have an emergency, they've come out."
- Staff felt supported in their roles and provided positive feedback about key aspects of management support. One staff member told us, "The management is really doing a great job." Another said, "I believe management is efficient and the service is well run."
- Staff put people at the centre of the service and provided good quality care that focused on people's care and support needs. This helped people achieve good outcomes. One relative told us, "We're very, very happy with them." Another said, "Would definitely recommend them, they're good."
- Relatives told us the positive approach by staff supported people's wellbeing. One relative said, "[The service] is very good, we're very satisfied with it. The staff are always happy and smiling. Even if [family member] is not in the best of moods, staff will try and cheer them up. [Family member] is usually in a better mood when they've been in."

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- Since the last inspection team meetings took place monthly which was more regularly than before. These provided opportunities for staff to receive information and discuss topics relevant to their roles. Minutes were taken and we saw a range of topics were discussed.
- Surveys were used to invite feedback from people using the service and relatives about the support received. A report was created to analyse the findings and we saw an action plan was completed to follow up on any actions identified. A relative told us, "They do an annual questionnaire, sometimes they call monthly to ask us if there's anything wrong."
- Surveys had not been completed recently by staff. The registered manager explained there was recent discussion with staff about different formats of gathering feedback so that staff could contribute anonymously if they wished. They were still looking at different options and were keen to ensure staff could share their views.

Working in partnership with others

- The registered manager was supportive of the inspection process. Since the last inspection they had made changes and improvements to systems, processes and working practices to improve the safety and quality of the service. They worked openly with the local authority and other professionals to achieve this.
- The staff team continued to work with health and social care professionals involved in people's care and treatment. This included GPs, district nurses and occupational therapists.