

Mrs Pauline Ann Daniels

# AA-I-Care - 35 Southwell

## Inspection report

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18 May 2023

25 May 2023

30 May 2023

31 May 2023

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

AA-I-Care - 35 Southwell is a domiciliary care agency service providing personal care to people in their own homes. At the time of our inspection, they were providing a live-in care service to 10 people who lived in Dorset.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do, we also consider any wider social care provided.

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

The service had changed the focus of its provision since our last inspection. This change had coincided in changes in the structure of the senior team. Whilst people, and their relatives were mostly positive about the service, these changes had led to oversight systems becoming ineffective and risks to people had not been identified.

People were at risk of receiving unsafe care. The administration of medicines was not robust and the competence of staff administering medicines and supporting people to move safely had not been sufficiently assessed. Risks were not always adequately documented.

Recruitment processes did not always ensure every measure had been carried out to ensure people were supported by staff of good character and with the necessary qualifications, competence, skills, and experience required of the role. Staff told us they were provided with the training and support they needed to carry out their jobs effectively. The induction and competence checking processes were not clearly aligned with the Care Certificate. We have made a recommendation about this.

People's rights were not always respected as the provider was not compliant with the Mental Capacity Act 2005 [MCA]. MCA assessments had not always been completed when required to determine if a person could give informed consent themselves and best interests decisions had not been completed when appropriate. Staff had provided consent on behalf of people.

Whilst the systems did not reflect the legal framework of the MCA, staff had a good understanding of people's needs and supported and encouraged them to make choices about their day to day lives. Staff made detailed records about the care and support they provided.

People's needs were assessed and they had personalised care plans in place. Oral care needs were not reflected in people's care plans. There were aspects of these plans that lacked the detail to ensure people received support in their preferred way. We have made a recommendation about this.

People were supported by staff who were trained to recognise signs of abuse and knew who to report if they

had concerns. People told us, or showed us, they felt safe. Relatives were confident in the kindness and compassion of the staff.

There was a supportive culture at the service. Staff felt looked after and supported and the owner/provider spoke very highly of the whole staff team.

The owner/provider was responsive to all issues raised during our inspection. They were committed to the service.

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 and update

The last rating for this service was good (published November 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines management and staff understanding of consent. A decision was made for us to inspect and examine those risks.

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

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

We have found evidence the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AA-I-Care - 35 Southwell on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to consent and mental capacity, safe care and treatment, governance and fit and proper persons employed.

We have made recommendations about the personalisation of assessments and care records and the alignment of the induction with the Care Certificate.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# AA-I-Care - 35 Southwell

## 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 1 inspector 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 houses and flats.

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. We also needed to contact people whose relatives used the service.

Inspection activity started on 18 May 2023 and ended on 31 May 2023. We visited the location's office on 25 and 31 May 2023.

#### 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 quality improvement and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We visited 6 people who used the service and their live in carers. We also spoke on the telephone with 1 person who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the owner/provider and received additional written feedback from another relative and 5 members of staff. We spoke with 4 professionals about their experience of working with the service.

We reviewed a range of records. This included aspects of 7 people's care and medication records. We looked at 4 staff files in relation to recruitment and induction. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed.



# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The provider had failed to ensure medicines were managed safely. Auditing processes had not included checks on prescriber's directions for administration. This meant discrepancies were not addressed. This put people at risk of receiving their medicines incorrectly or not receiving medicines when they should. We identified discrepancies between the medicines administration records (MAR) and the instructions on the medicine for 3 people.
- MAR were written out by staff working on their own in people's homes. Written entries on people's MAR did not contain sufficient detail. For example, 2 people had the facility to take a medicine to help them with agitation if required. There was no maximum dosage recorded on the MAR which put them at risk of receiving too much medicine in a period of time.
- People who received 'as and when required' medication did not have guidance to support staff to administer these. For example, staff did not have guidance on how an individual person expressed pain or when medicines for agitation or constipation would be needed by people. This put people at risk of not receiving medicines when they needed them and receiving medicines they did not need.
- One person had a large quantity of medicine that was not on their MAR in their cupboard. This had not been identified or acted on. There was a risk the person was not being offered a medicine they were still prescribed. There was also a risk they could be given a medicine they were no longer prescribed.
- Risks associated with specific medicines were not highlighted in people's risk assessments and associated care plans. Some people took blood thinning medicines which put them at additional risk of internal bleeding if they fell or had an accident. This was not recorded in their risk management plans and staff were not all clear about the risks associated with these medicines.

Systems had not been established to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The owner/provider told us they would ensure medicines audits included a check on medicines in people's homes. We have not been able to review the sustainability of these improvements at this inspection.
- People and relatives told us their medicines were well managed. One person told us, "They are very good with my medication; very clear."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to support people with specific risks in their life. For example, risks related

to mobility, nutrition, skin integrity and people's dignity were assessed, and care plans were in place to mitigate the risk. These care plans did not always cover all the identified risks. One person who was at risk of falls had stairgates in their property. This measure was not referred to in their risk assessment. Another person had measures in place to reduce risks to their health, these measures were not recorded in their care plan.

- Most people had staff working in their homes who had worked with them for a sustained period and knew them well. Staff told us they carried out a detailed verbal, and summarised written, handover to share important information about how people were supported safely. However, the risks described above were not recorded in the handover documents and this put people at risk of receiving inappropriate support to mitigate risks. It was not possible to review the management of these risks because they were not recorded.
- Staff supporting people with their mobility had undertaken online training but had not had their practical competency assessed before they supported people in this way. Staff administering medicines had undertaken online training but had not had their competency assessed by the provider. These staff were booking in medicines, writing out MAR and administering the medicines whilst lone working.

Risks were not all appropriately assessed and mitigated. The competence and skills of staff to support people safely had not been assessed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The owner/ provider responded immediately during and after the inspection. They told us they would make improvements. We have not been able to review the sustainability of these improvements at this inspection.
- People, and their relatives, told us they felt the support provided was safe. One person told us, " I feel safe enough with the carers." A relative told us " My relative is safe and secure in (their) own home."
- The service had a system to record and report accidents and incidents. We noted that the part of the record that referred to whether further reporting such as to CQC or under RIDDOR was not always completed. The actions necessary to reduce the risk to the person were completed.
- During our inspection a senior member of the staff team was able to reflect on times they had observed most staff giving medicines and supporting people to move. They recorded these reflections alongside a commitment to ensure all staff were competency checked.

#### Staffing and recruitment

- Recruitment processes were in place but these had not been operated effectively. The application form required that a full employment history was provided, and the induction checklist required that an explanation of any gaps in this employment be signed as accounted for. There were unexplained gaps in all 4 recruitment records we reviewed. This put people at risk of being cared for by staff who were not suitable to work with vulnerable adults.
- Appropriate references had not always been sought to check the conduct of the member of staff and their reason for leaving recent care provision. 1 referee described themselves as an employer when they were not listed as such on the application form. Other referees were colleagues rather than organisation representatives. This put people at risk of being cared for by staff who were not suitable to work with vulnerable adults.

Systems were not operated effectively to ensure people were supported by fit and proper persons. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The owner/provider responded immediately during and after the inspection. They told us they would



make improvements.

- The owner/provider explained how they sought to match staff with people and gave examples of when staff had been swapped when they did not gel with the person they were caring for. We saw, and heard, that this process was effective. There was warmth and familiarity evident between people and their live in staff.
- There were enough staff to meet people's needs and to ensure staff had adequate breaks. Staff told us the owner/provider and other senior staff were responsive and would ensure cover if they needed it.

#### Preventing and controlling infection

- People and their relatives were confident staff followed good infection control processes. A relative told us, "The hygiene standards are top notch." A person told us, "(They) keep it all very clean."
- The owner/provider had ensured the service kept up to date with changes in infection control policy and procedures during the Covid-19 pandemic.

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

- People told us they felt safe, and people who no longer used words as their main communication were relaxed in the company of the staff supporting them.
- Staff knew how to report any safeguarding concerns. Most staff knew the external agencies they should report such concerns to and all staff were confident in the internal reporting routes.
- Staff had received safeguarding training and further training was scheduled to ensure staff clearly understood restraint and restrictions following a recent safeguarding outcome.

# 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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 last inspection the provider was reviewing their documentation in relation to consent. At this inspection they were not compliant with the MCA 2005. We looked at consent to care forms for 4 people. There was no record that people's capacity to make the decision regarding consent to care as described in their care plan had been assessed. Where a senior member of the team had had determined the person could not consent to their care staff had signed consent on their behalf. There was no record of how this was in the person's best interests. This failure to follow the processes outlined in the MCA code of practice meant there was a risk decisions had been made that did not consider all appropriate information.
- One person had appointed someone with the legal status to make decisions about their care for them. They had not signed the person's consent to care.
- Where care provided included restrictions, such as managing people's medicines and money, or restricting access to certain parts of the house, it was not clear that these decisions were made lawfully. There were no records showing that people's capacity to make these decisions had been assessed or that the best interests decision making process had been followed. This meant people's rights were not being respected.

The provider had not ensured consent to care and treatment was sought in line with law and guidance. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The owner/ provider responded immediately during and after the inspection. They told us they would make improvements. We have not been able to review the sustainability of these improvements at this inspection.
- Staff sought consent and encouraged choice with people in their day to day lives. They were very clear about how they understood if a person was accepting or declining their support. Staff recorded the choices people were offered.
- Where there were disagreements between the provider and relatives, professionals had been involved in ensuring best interests decisions had been undertaken.
- The provider/owner liaised with appropriate authorities to understand the status of applications to the Court of Protection to deprive people of their liberty.

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

- Each person had a document detailing their care routine. These were personalised but did not include the detail that could ensure a person received care in the way they preferred. For example, people's oral care needs had not been clearly assessed and there was no information available in the care plan or handovers that described when and how people needed and preferred to attend to their oral health needs. Personal care routines were not detailed to ensure staff followed the person's preferred routine rather than unintentionally imposing their own expectations.

We recommend people's needs and choices are assessed and plans written to ensure care and support reflects these.

- The owner/provider or a member of the senior team assessed people's needs to ensure the service had the skills and staff available to provide care and support prior to offering a package of support. This assessment informed the person's care plan.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported and had the training they needed to carry out their roles. They told us support was always available and they could call for advice at any time. We heard this happening during our visits to the office.
- People and relatives told us the staff were caring and kind. Relatives commented that this made them confident leaving their loved one in their care. Relatives also commented on the carer's competence in maintaining their loved one's home.
- New staff had an induction which included additional support and spot checks to ensure they were following organisational policies and procedures. The owner / manager acknowledged the need to ensure competency was checked regarding medicines administration and moving and handling before carers were working alone.

We recommend the induction process is aligned with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The staff understood the importance to people of appropriate referrals to health and social care professionals such as GPs, occupational therapists, and district nurses. They told us about times this had

happened.

- Professionals described good outcomes for people.

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

- People were encouraged to eat and drink enough to maintain their well-being and support was given where this was required.
- Staff kept clear records of food and drinks offered, the choices about food people made, and what was eaten and drunk by the person.
- People's dietary needs were known and staff spoke confidently about people's likes and dislikes.
- There were systems in place to identify when people were at risk of not eating, or drinking, enough and risks associated with swallowing safely.

# 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 good. The rating for this key question has changed to 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; 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 service had undergone a change in focus and at the time of our inspection was only providing live-in care. This had coincided with changes in the management of the service with the previous deputy now employed on a consultancy basis. These changes, which were a response to the challenges faced by the service, had resulted in gaps in oversight.
- Systems to monitor safe recruitment and induction practices, administration of medicines, consent and mental capacity, were either not in place or not operated effectively.
- Communication between the senior team had not always been effective. For example, an allegation of abuse had not been shared and as a result it was not reflected on the safeguarding oversight tool. This meant opportunities for learning were missed and a statutory notification was not submitted to the CQC.
- Systems to ensure appropriate actions following accidents and injuries had not been effective in ensuring appropriate notifications were made. CQC had not been informed about a serious injury in 2022.
- Systems to ensure actions were taken when identified had not been efficient. One member of the senior team told us they knew competency checks had not been carried out. This was not documented in a way that ensured it would be actioned.

Systems and processes were not operated effectively to assess, monitor, and improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The owner/provider responded immediately during and after the inspection. They told us they would make improvements. We have not been able to review the sustainability of these improvements at this inspection.
- The owner/provider told us they would implement a development plan to ensure they could maintain oversight of tasks that were necessary to improve the quality and safety of the service.
- Staff made detailed, contemporaneous records about the care and support they provided.
- The registered manager understood the requirements of the duty of candour. They were open about omissions during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and relatives were given opportunities to feedback about the service they received formally and informally. The annual survey was reflected in a set of actions that were being addressed. The survey was compared with previous surveys to give the senior team a sense of what they were doing well and what areas required action.

- The service worked in partnership with others to provide good care, treatment and advice to people. Professionals were committed to working with the service to support them to achieve good outcomes for people.

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

- There was a supportive culture. Staff and relatives commented on the passion and commitment of the owner/provider. Staff told us they would recommend AA-I Care as a place to work. They told us they were looked after.

- Staff told us they enjoyed their work and were proud of the impact they had. They shared examples of how they had improved people's lives and this was reflected in the majority of comments received from relatives and people.

- The owner/provider described how proud they were of their staff team and reflected on the challenges of the live in care job for staff who were working a long way from their homes and without their personal support networks available to them. They worked to reduce this isolation by ensuring the staff could be in touch with each other and had information about the area they were working in.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured consent to care and treatment was sought in line with law and guidance.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively to assess, monitor, and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Systems were not operated effectively to ensure people were supported by fit and proper persons.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to ensure medicines were managed safely. Risks were not all appropriately assessed and mitigated. The competence and skills of staff to support people safely had not been assessed.</p>

### **The enforcement action we took:**

We served a warning notice requiring the provider to be compliant with the regulation.