AK Care Ltd

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Inspection report

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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?	Good
Is the service well-led?	Good

Overall summary

This comprehensive inspection took place on 27 August 2015 and was announced.

This was the first inspection since registering with Care Quality Commission (CQC) on 21 August 2014. However the provider was previously registered in a different London Borough and has moved offices to a new location.

AK Care Ltd is a small domiciliary care agency who provides care and support to older people and people with learning disabilities living in their own home. During the day of our inspection the agency provided care to ten people in their home provided by nine care workers. The agency has a manager registered with the CQC. 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.

People's safety was compromised because there was limited evidence that actions were in place to ensure that they were safeguarded from risk or abuse. The staff

Summary of findings

training records that we saw indicated that a number of staff members had not received safeguarding training. We also found that the safeguarding procedure did not include all relevant information. Risk assessments did not always reflect risks that had been identified in other areas of people's care documentation. People's human rights were protected and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. However we noted that care workers had not received training in the Mental Capacity Act 2005.

We looked at the training records of care workers. We saw while staff had received training during their induction, there was no evidence that care workers had received refresher training to keep their skill and knowledge up to date. We found that staff appraisals were happening annually and staff had development objectives set, arising from the appraisal system.

From the discussions we had with people using the service and relatives we found that people were satisfied with the way the service worked with people. There was confidence about contacting staff at the service to discuss anything they wished to and care workers were thought to be knowledgeable and skilled. People felt that there was honesty in the way the service communicated with them.

We saw that medicines at the home were well managed. People's medicines were stored, managed and given to them appropriately.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and regularly reviewed.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people and records we looked at, we found that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Records which we viewed showed that people were able to complain and felt confident to do so if needed. People could therefore feel confident that any concerns they had would be listened to.

People who used the service, relatives and stakeholders had a range of opportunities to provide their views about the quality of the service. We found that the provider took this process seriously and worked hard to ensure that people were included and listened to.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. The training records indicated that a number of staff had not received safeguarding training. The safeguarding procedure did not contain all necessary information.

Risk assessments did not always include information about risks that were identified elsewhere in people's care files, and there was limited guidance for staff on how to manage risks.

People's medicines were well managed and recorded.

Requires improvement

Is the service effective?

The service was not always effective. Although staff members told us that they received regular supervision records viewed did not confirm this. Training records indicated that a significant number of staff members had not received essential training.

Care workers were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care if required.

People's health care needs were met and records documented the support required from care staff.

Requires improvement

Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good

Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Good

Is the service well-led?

The service was well led. Relatives and people using the service said that there was a positive and open culture. They felt able to discuss any issues that may arise with the registered manager and the care workers.

Good

Summary of findings

Regular audits of service delivery and reviews of policies had been carried out; this ensured the quality of the service was closely monitored.

AK Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We also reviewed our records about the service, including statutory notifications and enquiries.

We looked at records, which included five people's care records, five staff recruitment records, policies and procedures, training records, risk assessments, and documents relating to the management of the service.

After our visit to the agency's offices we contacted and spoke with one person who used the service and three relatives and three care workers. During our inspection we spoke with and were supported by the registered manager.

Requires improvement

Is the service safe?

Our findings

Relatives told us that carers were very good and that their relatives were safe. Comments included "My husband is very safe with his carers; they know him very well and get on well". Another relative told us "If the care wouldn't be safe, I wouldn't leave the carers on their own with my relative." One person told us "I am very safe with my carers."

Risk assessments for people who used the service were limited and did not always refer to risks that were identified in people's assessments of need. For example one assessment stated that a person had a long term chronic condition with prolonged seizures. However there was no risk assessment in place detailing how to manage the condition and how to support the person in case of the person having a seizure. We found in another risk assessment that the person did not require a manual handling procedure, however the assessment carried out on 10 December 2014 stated that the person had a high manual handling risk and required double ups when using the hoist. We spoke with the person's relative and were advised that two members of staff were always available for transfers.

We discussed our concerns about the quality of risk assessments with the registered manager. The registered manager told us that he would review these to ensure that they addressed the identified needs of people who used the service.

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

There was a policy on safeguarding, which was very basic. The policy did not provide information and contact details of the local authority to be contacted and the Pan London Multi agency safeguarding procedure was not available when requested from the registered manager. Staff we spoke with were able to demonstrate that they understood the principles of safeguarding and were able to describe different types of abuse and provide examples of indicators that abuse might be taking place. Staff members we spoke with told us that they had received safeguarding training and would report any concerns to a manager or senior member of staff on duty.

We looked at the training records for staff. These did not show evidence that all staff members had received training in safeguarding adults. We saw in all six staff records, that none of the care workers had recently received and undertaken training in safeguarding. Care workers received their training as part of their induction, which was in two cases as far back as 2007. The provider highlighted this in the PIR sent to the CQC, but so far had made no arrangements to ensure that care workers received up to date safeguarding training. While we judged that care workers had a basic understanding of safeguarding adults and demonstrated what action to take. The lack of up to date safeguarding training puts people at risk as staff may not respond appropriately to allegations of abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The six staff records that we looked at showed that appropriate recruitment and selection processes had been carried out to ensure that staff were suitable for their role in supporting people who used the service. These included checks of references relating to previous employment and of criminal records.

People who used the service and relatives told us that care workers were flexible and visits could be rescheduled at short notice. One relative told us "Our carer has been with us for over two years, we are very happy. If we need to make any changes we speak to the carer or the office, we never had a problem."

A few people told us that their carers were responsible for giving them medicines, telling us this was done efficiently, and professionally. We were told that care records were always completed with regard to medicines, and that this gave them peace of mind. One relative told us, "They give my relative their medications, and we've never had a problem with it - it works very well indeed." The majority of people told us that they took care of their own medicines, or that family members were responsible for this. However a number of these confirmed that their carer workers reminded them, or checked that they had taken their medicines, especially if they were not feeling well on a particular day.

People had an individual medicine assessment which considered the level of support required from staff. Information was readily available on the medicines prescribed, dosage, what the medicine was for and where medicines were stored within the home. Further information was also recorded on the risk associated if the

Requires improvement

Is the service safe?

person did not receive support with medicine administration. Staff demonstrated competence in administering medicines and training schedules confirmed all staff had received medicine administration training.

Requires improvement

Is the service effective?

Our findings

We asked people if staff knew what they were doing. One person told us "Staff are experienced and understand me well. I tell them what I want them to do and they listen and follow my requests. I know that they had some training, but I couldn't tell you what."

We found that care workers had received training as part of their induction. This training included infection control, medicines administration, dementia, safeguarding adults, health and safety, basic life support and manual handling. However, we found that two care workers had only completed one training in 2015, since their induction in 2007.None of the care workers had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We also found care workers had also not completed training that was specific to the needs of people they supported. For example, one person had a chronic illness, which resulted in severe seizures. The care worker supporting this person had not received any training in this condition. We discussed this with the registered manager and voiced our concern that care workers did not receive regular training updates and refreshers and training in specific conditions to ensure care workers can confidently meet people's needs.

However we found that care workers did not receive regular planned supervisions and appraisals. For example, out of the six care records we looked at on two occasions care workers did not receive a formal one to one supervision with their manager. Three care workers did not receive an annual appraisal and three care workers did not receive an annual appraisal since January 2014. Care workers spoken with however told us that they felt supported and were able to approach the office if they required any help or support.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Care workers demonstrated understanding of how to work with people who had limited capacity. Comments made by care workers included "I always ask and tell my clients what I am about to do" another care worker told us "It is important that I presume people can make their own decision, however if I am not sure I will ask the relative." On two occasions where people had communication difficulties, family members were present to support care workers if they were unable to understand the person. However the risk of this was minimised by providing regular care workers to people who used the service.

Some people who used the service received some support with their hydration or nutrition. People told us that "I tell the carer what I want to eat and they prepare the meal for me." One relative told us "We purchase the food and leave the carer a note of what to prepare for meals. We saw in care plans that information was provided of people's likes and dislikes. In one of the care plan we saw that the person's dietary needs due to health issues were clearly recorded. One care worker told us "I always make sure that something to drink is easy to reach before I leave."

Part of the person's care plan was a record of the person's medical history and what particular support the person required. All people who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. We saw in all care plans viewed that people had a general health risk assessment in place, which included aspects such as breathing, memory, sight, behaviour, continence and pain management. This information was included in their care plan if the person had any particular needs in these areas.

Good

Is the service caring?

Our findings

People who used the service told us that care workers were caring. One person told us, “My carer is very good, she looks after me well and she would go the extra mile if I ask her to do something extra.” A relative told us “My husband and the carer have a great relationship; they get on very well with each other.” People also told us that care workers respected their privacy and dignity. For example “They always close the door when they help me in the bathroom and curtains are always closed.”

Other people we spoke with told us the staff were, “kind”, “polite” and “friendly”. People told us that staff listened to them and respected their choices and decisions. A relative told us, “They know us very well and they know mother’s preferences and needs.” Another relative commented, “They do listen.”

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

Staff were aware of people’s cultural backgrounds and religious observance. One person told us, “Carers take me to the temple and remove their shoes before coming in, they understand my religion.”

Staff told us they enjoyed supporting people and demonstrated a good understanding of people’s likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

One relative told us, “They are on time, cook for sister, respect and maintain her dignity when they give her personal care.” Another relative commented, “The carer is compassionate, caring and talks my relative through when giving care."

People’s personal information was safely stored in a lockable cabinet in the agency’s office. Records relating to people’s care were kept in the person’s home. One person said “The folder they make notes in is in my bedroom, I am not worried that anybody else can see it.” The care worker spoken with told us “I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom.” People who used the service gave similar positive examples of how their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

People who used the service told us that they received the care as planned. They also told us that they were satisfied with the care workers provided by the agency. One person said, “The manager came around when I started using them to discuss what help I need.” The registered manager told us that if people were not happy with the care workers provided, they would try to find an alternative. However, at the time of this inspection people had not expressed any concerns. The registered manager told us people were happy with their care workers.

The provider carried out an assessment of needs during a home visit when people first started to use the service. People who used the service told us that they had been involved and consulted about their needs, choices and preferences. From the information obtained during this assessment the service developed a support plan. The plan specified the support the person required. This information was also used to match care workers with people who used the service.

We viewed four support plans. All had sufficient detail of how care should be provided. For example, one support plan provided information about a morning call each day, to provide personal care. There was sufficient detail of how this should be done. This included the number of staff required to carry out the support, the time taken and needed to carry out the support. People who used the service or their relatives acting on their behalf had signed the support plan to indicate they agreed with how their support was provided.

We saw daily records of the support undertaken on each visit and any relevant observations made about the person’s health and wellbeing.

We saw that care records were reviewed annually or earlier if people’s needs had changed. One person told us, “The manager comes regularly to chat with me about the care and would call me to check if everything is ok with the care and care workers provided. This is very good and I can tell them if I want anything changed.”

Care workers explained how they understood and read people’s support plans and how they would confirm these with people who used the service. We saw that care plans took people’s cultural and ethnic needs into consideration.

The provider had a system in place to log and respond to complaints. The records showed the dates and action taken by the provider in response to the complaint. We saw that all complaints had been investigated and resolved to ensure people received the care they expected. The provider received a complaint in the last year. We saw that the provider had responded to this complaint appropriately and records showed that the issue had been resolved to the satisfaction of the complainant. People who used the service said “I don’t have any complaints, but I would call the office and they will sort it out” and a relative told us “We contacted the agency and raised a concern about a carer a long time ago and it has been resolved, we are happy with the carers now.”

Good

Is the service well-led?

Our findings

People who used the service told us that they had spoken to the registered manager regularly. One relative told us "We see or speak with the manager at least once a week." Care workers told us "The manager is very helpful I can ring him whenever there is something I want to discuss with him."

Staff said that the registered manager was open and accessible to discuss professional and personal issues. Staff told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. Staff said that meetings were held regularly, we looked at minutes of these meetings which confirmed this. We saw that issues relating to quality of care, staffing, policies and procedures and performance were discussed during staff meetings.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.

A person told us, "Someone from office visits to survey and I can see improvements." A relative we spoke with commented, "They phone sometimes to ask our opinion. We filled in a questionnaire about the service about six months ago. We are very happy with the service." The provider had sent out satisfaction surveys in December 2014, however none of the surveys were returned in December 2014. Feedback from the three returned surveys in 2013 were generally positive and included "good agency" and "We appreciate the consistency of staff and time keeping."

We viewed in care plans that every year a formal review meeting was arranged with the registered manager, the person receiving care and or their representative. During these meetings we saw that the care provided was discussed and any changes to the person's care were agreed. For example, one person requested in one of the review meetings to have the timing of the visits changed and we saw that this had been arranged and care workers now arrived a little later which suited the person better.

We saw that the provider was undertaking regular spot checks. Care workers told us "They can come any time and observe how I work with my client." Spot checks happened approximately three times per year. This ensured that the quality of care provided was observed regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was unable to demonstrate that they had systems and processes in place to effectively prevent abuse of people who used services. Regulation 13(1)(2)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment The provider did not assess the risks to the health and safety of service users and did not do all that was reasonably practicable to mitigate any such risks. Regulation 12 (2) (a&b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing The provider was unable to demonstrate that staff members had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to do. Regulation 18(2)(a)