

Authentic Kare Company Limited

8 Wyndham Close

Inspection report

8 Wyndham Close
Oadby
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18 September 2019
19 September 2019

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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

About the service

8 Wyndham Close is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection four people used the service. The service is also registered to provide accommodation and personal care at 8 Wyndham Close and treatment for disease, disorder or injury (TDDI). Since its registration in January 2015 the service has not provided TDDI or accommodation and personal care to people at 8 Wyndham Close. Therefore, we did not inspect these aspects of the service.

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

We made a recommendation for medicine management due to issues relating to the medicine administration record. Staff had been trained in medicine management and had their competencies checked. Staff had completed training in line with the company policies and procedures, including safeguarding training for adults and staff knew how to report and record and concerns.

Audits and spot checks were completed, however certain audits had failed to identify some of issues raised on inspection. People, relatives and staff were asked for feedback on the service via surveys and meetings.

People told us they felt safe with staff and that staff knew them well and completed care in line with their wishes and needs, however when staffing changed people were not informed of who would be coming. Staff had been recruited safely and had all the relevant checks in place before they started with the service. New staff completed an induction and training schedule before completing lone working.

People and relatives told us that staff were kind and caring towards the people they supported. People and relatives had a good relationship with staff.

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.

Care plans and risk assessments were completed with details of people's preferences, choices, communication, likes and dislikes. This supported staff to know how to support the person well.

Staff supported people to access healthcare services when appropriate and made referrals as required to the relevant professionals such as, occupational therapy, GP's and district nurses.

Staff respected people's right to privacy and promoted people to be as independent as possible. People's communication needs were known by staff and the registered manager could provide documentation in different formats to meet people's needs.

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

Rating at last inspection

The last rating for this service was Good (published 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

8 Wyndham Close

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection four people used the service.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the office to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

We visited the office location on 18 September 2019 to see the registered manager, review care records and policies and procedures and to speak to people. We made calls to staff on 19 September 2019.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Improvements were required to medicines management.
- We checked people's medicines administration record sheet (MAR) and found some examples where staff hadn't signed for or administered creams properly, and that information had not been transcribed in line with best practice. For example, one person's MAR stated a cream should be applied three times a day, staff had been administering it four times a day. Another person's MAR chart did not say how often to apply a cream.
- Staff told us they had medicines training and competency checks and if they were unsure of anything they could discuss this with the registered manager, however the issues with the medicine administration had not been identified until the inspector informed the registered manager.

We recommend that the provider explores and follows best practice guidance in relation to medicine management.

Preventing and controlling infection

- One person told us that staff did not always wear an apron when completing personal care. We brought this to the attention of the registered manager who agreed to investigate this concern and put strategies in place to rectify any concerns.
- People told us that staff always wore gloves. Staff had completed training on infection control and were aware of good practices such as hand washing techniques and use of PPE (personal protective equipment).
- Staff told us they were provided with PPE such as aprons, shoe protectors, gloves and hand sanitiser.

Staffing and recruitment

- People told us they had regular staff who they built relationships with, however when this changed people were not informed of who would be coming.
- One person told us, "Staff are really really good, they do their job well."
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- There were enough staff to meet the needs of people supported by the service.
- All staff had completed training in line with the providers policies and had competency checks to ensure they understood the training provided.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training in how to safeguard adults and children and demonstrated a good understanding of the signs of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with the service. One person told us, "I feel 100% safe with staff."
- The potential risks to each person's health, safety, environment, mobility and welfare had been identified and people's files contained risk assessments which identified strategies implemented to reduce each risk area.
- Staff told us they felt there was enough information within people's risk assessment to support them appropriately and safely.

Learning lessons when things go wrong

- The registered manager responded appropriately when errors were identified.
- The registered manager was investigating an electronic based computer system to ensure information was up to date and all incidents/accidents were held centrally to support good auditing processes.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us they were involved in the care planning.
- People's needs were assessed before any care was provided. People and their relatives told us they had met with the registered manager to discuss what support they required before staff began delivering their care.
- The pre-assessment was used to develop people's care plans. These contained information on people's preferences, their likes and dislikes, communication needs and their cultural background.
- Care plans had detailed information regarding people's choices and routines. For example, preferred gender of staff to support them and preferred times of calls. Care plans were regularly reviewed and updated as required.

Staff support: induction, training, skills and experience

- The staff training records confirmed staff received training appropriate to their roles and responsibilities.
- Staff were confident in their roles and told us, the training provided covered all areas of their jobs. Staff told us their training was "good" and gave them "All the information needed."
- Staff told us they felt supported by the registered manager who was available for support and guidance when required.

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

- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.
- People's care plans included guidance about their health conditions, such as diabetes and stroke. This helped to ensure staff were aware of signs and symptoms associated with these health conditions and advised them on actions to take in the event of changes in people's well-being.
- When people needed referring to other health care professionals such as occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional to make the referral.

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 Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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

- People's mental capacity to make decisions or choices was assessed and reviewed.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff we spoke with had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included how they wished the staff to communicate with them.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and they were not discriminated against in any way. Staff had received equality and diversity training and the provider had introduced an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

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

- People were treated respectfully and were involved in every decision possible. All care plans had been signed by the person.
 - Care plans showed that people had been asked about their likes/dislikes, preferences and routines.
 - A member of staff told us, "We always ask people what they want, and how they want things done."
- Another staff member told us, "We spend time talking to people, getting to know them, then they can feel comfortable telling us things."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. A person told us, "Staff tell me what I'm taking [Medicines], I tell them what I want [clothes] and they put it out for me." A relative told us, "Staff always ask [Person's name] before doing things."
- A staff member told us what they do to promote people's privacy, dignity and independence, "I always close their curtains and doors and ask them what they want from me." Another staff member told us, "We get to know the family as well, we are going into their home, so they need to know us."
- People and their relatives, where appropriate, were involved in routine reviews of their care.
- People were supported to do as much as possible for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People had individualised care plans, which detailed the care and support they needed.
- Staff told us the care plans and risk assessments were always updated and that any changes in a person's needs were communicated to them immediately.
- The registered manager told us of a situation when they changed the times of the staff calls to accommodate a person practicing their religion, this meant that calls were changed regularly to suit the person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could provide information about the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and we saw evidence of complaints that had been dealt with appropriately and within the specified timeframe.
- People, relatives and staff knew how to make a complaint.
- Staff told us they could talk to the registered manager about any issues or concerns. One staff member said, "It is easy to get hold of management, they listen and act on any information or concern we raise."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support. However, people had their wishes and needs documented in their care plans.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- We saw evidence of audits completed for a range of checks, however audits had not identified issues with people's MAR charts and out of date information in one person's care file. The registered manager agreed to rectify these issues immediately.
- The registered manager looked at information to identify patterns or trends in incidents and accidents, however one person's incident form had not been sent to the office so hadn't been audited. Staff had completed the necessary actions to keep the person safe. The registered manager agreed to discuss with staff the need to ensure forms were brought into the office in a timely manner.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- Systems and processes were in place to ensure person centred care was offered and that people's choices and routines were documented.
- Spot checks and competency assessments were carried out on staff to ensure they were completing care tasks and support in line with best practice.
- People received care based on their individual assessed needs. One person told us, "I am involved in my care planning." A staff member said, "If there are any changes required to someone's care plan or risk assessment, I tell the office and it is changed the same day."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- People and their relatives told us the registered manager was always available to them, and they knew them well

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, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care

Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Staff meetings were held, and we saw evidence of actions, suggestions and information sharing within the meetings. All the staff we spoke with were confident they could raise concerns and speak openly about any ideas they had.
- People and relatives were supported to share their views about their care and the service through direct contact with the registered manager, and through surveys. Recent surveys showed people and relatives were happy with their care.

Continuous learning and improving care. Working in partnership with others

- The registered manager kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.
- The registered manager and staff team worked in partnership with other professionals such as GP's, occupational therapists, physiotherapists, social workers and commissioners to promote and maintain people's quality of life.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.