

Action 2 Care Ltd

# Action 2 Care

## 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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Action 2 Care is a domiciliary and supported living provider registered to provide personal care to children, younger adults and older people with a physical disability, sensory impairment, learning disability or autistic spectrum disorder, mental health needs and dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Six People were receiving personal care at the time of our inspection.

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

The recording of medicines was not always undertaken in line with the providers policy, this put people at risk of receiving their medicines incorrectly. However, people told us they received their medicines on time and that staff were confident with their medicines. Staff had a good knowledge of infection control and had access to gloves and aprons. Risk assessments did not always fully reflect people's needs or take account of all risks to their health and wellbeing. People were supported by staff that knew how to recognise abuse and report concerns. The service did not seek a full employment history from applicants or keep interview records. We have made a recommendation about this.

There were no quality assurance systems and processes in place to enable the provider to assess, monitor and improve the quality and safety of the service. Staff felt valued by the management team and their colleagues. People's feedback on their care was sought and they told us they would recommend the service.

Staff had received training relevant to their role in their previous employment. This was not refreshed when they joined Action 2 Care. Staff received regular supervisions and felt supported in their role. People were supported to eat and drink enough and to access healthcare as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from a small and consistent team of care staff. People and staff had developed caring relationships together and enjoyed each other's company. Staff told us they cared for people as if they were their own relatives. People's privacy and dignity was respected, and their independence promoted.

Systems and processes were in place for the management of complaints. There had been no complaints. People and their relatives knew how to complain and felt confident any concerns would be addressed to their satisfaction. People received care from staff that knew their hobbies and interests and care was personalised. End of life care plans were not in place. We have made a recommendation about end of life care.

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

This service was registered with us on 05 July 2018, and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have identified breaches in relation to Regulation 17 (2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 12 (2) (g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For requirement actions of enforcement which we are able to publish at the time of the report being published. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for 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 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 not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Action 2 Care

## 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 was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2019 and ended on 16 July 2019. We visited the office location on 15 July 2019 and spoke with staff. We spoke with people, their relatives and additional staff on 16 July 2019 by telephone.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### 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 five members of staff including the registered manager, care co-ordinator, and care staff.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and training records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines Administration Records (MAR) were handwritten by one member of staff. These were not initialled or checked to be correct by a second member of staff in line with the company's policy. There was a risk medicines could be incorrectly written on the MAR and this would not be identified. When a medicine strength changed during the administration cycle, the record for the medicine was overwritten to detail the new medicine strength. The MAR therefore indicated that the increased dose had been in place for the full cycle, which was incorrect.
- The MAR did not instruct staff where to apply prescribed creams and lotions, and care plans did not provide this detail. Staff we spoke with knew where to apply creams. However, there was a risk new staff would not have this knowledge. This put people at risk of creams and lotions not being applied correctly.
- Medicines people needed 'as required' were recorded on MAR sheets as a regular medicine. One person was prescribed two oral pain relief medicines and a cream 'as required'. These were recorded on their MAR as being required four times daily every day. This meant people were at risk of being administered their medicines regularly when they did not require these. There were no protocols in place to assist staff to identify when people needed to be given their as required medicines. However, people told us they were able to instruct staff when these medicines were required.
- Medicine audits were not undertaken monthly in line with the providers policy. This meant the provider could not assure themselves people's medicines had been administered as prescribed. One person's MAR detailed they had received less than half their dose of medicine on one date as stock was not available. This had not been identified by the management team to put measures in place to reduce the risk of re-occurrence.
- Staff had received training to administer medicines and their competency had been assessed. A relative told us, "Staff are confident with medicines."

The provider failed to ensure that staff were following correct policies and procedures for the safe administration of medicines, placing them at risk of harm. This was a breach of Regulation 12 (2) (g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager, who showed us new MAR charts to be implemented during the week of our inspection. These included MAR charts for creams and topical preparations and 'as required medicines' They told us monthly medicine audits would be implemented, and systems and processes in relation to the recording of medicines onto the MAR would be reviewed.

Assessing risk, safety monitoring and management

- Risk assessments were in place that identified environmental risks to people and how to reduce these. However, risk assessments had not been undertaken for people at risk of falling, skin damage, or not eating and drinking enough to identify measures to reduce risk to people. Risk assessments for people with specific health care needs such as diabetes or epilepsy did not contain enough information for staff to identify a deterioration in their health condition.
- People and staff told us they knew how to safely use people's equipment. One relative told us, "They [staff] have good knowledge [of lifting equipment]. There are always two staff to use it."

#### Staffing and recruitment

- People told us, they received their care when they needed it and staff were always on time. A relative told us, "They [staff] start at 9am and were here before that today. There has only ever been one day they have been late because of a mix up, but when they realised they came out pretty sharp." A staff member told us, "We always start 15 minutes early so we are there on time, it is something we [staff] all do."
- People received support from staff they knew. The care co-ordinator and registered manager provided care to people when regular staff were not available.
- Staff did not start work with Action 2 Care until references had been received and a Disclosure and Barring Service (DBS) check had been undertaken. This was to ensure staff were suitable to work with vulnerable people. However, we found a full employment history was not always sought by the provider, and interview records were not retained. This meant the there was no evidence gaps in employment had been identified and reviewed to ensure staff did not pose a risk to people.

We recommend the provider follows correct policies and procedures for the recruitment of staff.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. The registered manager told us these were reviewed by the management team to identify themes, trends, learning and actions required to reduce risk to people. There had been only one accident. Whilst the registered manager was able to tell us of the action taken and the learning from the incident, this was not evidenced on the accident and incident form.

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

- People told us they felt safe receiving care. One person told us, "I feel confident and safe with most of them [staff]...They [staff] are really confident with [lifting equipment and medical needs]." A relative told us, "I feel [name] is very safe. If you spoke to [name] they would tell you exactly the same."
- Systems and processes were in place to safeguard people from abuse and staff knew the potential signs to look for that could indicate abuse. Staff told us they would immediately report any safeguarding concerns and were confident they would be acted on by the registered manager to keep people safe. They also understood how to raise any safeguarding concerns with external agencies.

#### Preventing and controlling infection

- Staff had a good knowledge of infection control requirements and told us they had access to personal protective equipment (PPE) such as gloves and aprons. One staff member told us, "We pick gloves and aprons up from the office, you need to remember to take them with you." Relatives confirmed PPE was used appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they commenced employment. One staff member told us, "I had an induction to show me the ropes... the do's and don'ts...they [management team] do spot checks too, these are more informal."
- The provider had sought assurance of staff's qualifications by seeking certificates of training from their previous employment. However, staff had not undertaken mandatory training. This is training the provider deemed essential. The providers training record did not identify when staff needed to refresh their skills. This meant the provider was unable to assure themselves staff had the correct qualifications, competence and skills required for the work performed by them. We discussed this with the registered manager, who told us mandatory training would be completed for all staff. One staff member told us, "I had training in my previous company, it is all still in date."
- Staff had not always received training on people's specific needs such as autism, epilepsy or diabetes to enable them to provide people with the best possible support. One person said, "They [staff] need more epilepsy training. Only one of them [staff] knows when I am having a seizure." Staff had received specialist training to administer medicines and to provide people with medicines and nutrition via a feeding tube. A member of the management team told us, "I want to focus on improving the staff training, I have got really good staff that are confident."
- Staff told us they felt supported by the management team and could approach them at any time should they need support. One staff member told us, "I personally feel the management team, are approachable. I can approach them about anything." Staff received regular supervisions to review their development. Spot checks were undertaken to ensure staff provided people's care as planned.

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

- People's care plans reflected the support they needed to eat and drink enough. One person's care plan said, '[Names] fluid intake is poor, name needs prompts to drink and eat.' The person's fluid intake was monitored, and staff told us they offered the person regular drinks. Another person's care plan detailed their dietary requirements in line with their religious beliefs. Another person's care plan reflected the advice of a healthcare professional and provided detailed instructions for staff to support them with their nutritional requirements via a feeding tube.
- People were supported to eat and drink enough to maintain a healthy weight.

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

- People's physical, social and wellbeing needs were assessed before receiving care. This assessment

informed the development of people's care plans and included information such as people's preferred call times, preferred gender of support staff and their cultural and religious needs. A member of the management team told us, "We assess people and see if we have the right staff for them."

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

- Staff knew people well and recognised when people needed healthcare support.
- A staff member told us, should an emergency occur during the delivery of care, that staff would remain with the person for as long as they were needed. A 'grab sheet' had been completed for use in an emergency. This contained important information for emergency services and the hospital such as, current medicines, medical conditions, dietary and communication needs.

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.

- Some people's support plan was signed on people's behalf by their relatives. On this occasion the relative had no legal authority to do so. People receiving care from Action 2 care had the capacity to make decisions about their care and treatment. However, people, relatives and staff told us people's consent was always sought where they had capacity. The registered manager told us they would ensure relatives did not sign records on people's behalf unless legally allowed or the person allowed them to do so.
- People were supported by staff to have maximum choice and control of their lives and were supported in the least restrictive way possible. One staff member told us, "I offer choice to people from start to finish." The staff member also told us how they respected a person's wish to remain in bed even though the relative had asked for them to get out of bed. They told us they respected the person's wishes as they had capacity to make that decision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a small team of carers that were kind and caring. People and staff enjoyed each other's company. One person told us, "They [staff] are more caring than other companies and they take note of what I say." A relative told us, "We have a joke and a laugh, they are like extended family." Another relative said, "If [name] is having a down day, they cheer them up."
- Staff we spoke with were kind and compassionate and enjoyed supporting people. One staff member said, "I like talking to people especially [name] as with their knowledge, they give me wisdom. [Name] has achieved a lot, it cheers you up." Staff told us they treated people as they would a member of their family. One staff member said, "My approach is, I support someone how I would want my relatives to be supported whilst maintaining professional boundaries."
- People told us care was not rushed. One relative told us, "They [staff] are very caring...they take as much time as [name] wants... care is never rushed. I wouldn't change anything about the care." People's cultural and religious needs were detailed in their care plans. One person's care plan said, 'I like to go to church on Sunday mornings when I am well enough'. Another person was respectfully referred to by their title as a faith leader.

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

- People were able to make decisions about their care and did not require the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The services customer guide, provided people with information about advocacy support and how to access this, should this be required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "The staff treat [name] with dignity and respect. They always say what they are going to do and ask their opinion. They always do what [name] wants." One person's care plan stated, 'Staff ring the doorbell, [relatives] will invite staff inside'. The service had a dignity champion staff could speak with if they had any queries about promoting people's dignity.
- Staff recognised the importance of confidentiality and records were stored securely.
- People's independence was promoted. One person told us, "The staff listen to how I feel on the day, what I want to do and help me choose things." A person's care plan instructed staff to, 'Ask [name] what they would like to wear each morning'.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

### End of life care and support

- The service had not considered people's preferences and choices in relation to end of life care. An action plan identified the service planned to arrange end of life care training for staff through a local hospice.
- Do not attempt cardio-pulmonary resuscitation orders (DNACPR) were in place for people that had decided they did not wish to have resuscitation in the event of a medical emergency. Staff were aware who had these in place. One staff member told us, "[Name] has a DNACPR. We need to call the ambulance and tell them about the DNACPR if they are unwell."

We recommend the provider consider current guidance on 'end of life care' and develop an end of life care plan for all people receiving care.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always contain current information about their healthcare needs. For example, one person was at risk of skin damage and had an open wound. The wound was not referenced in the person's care record, and there were no 'body maps' to record areas of redness. Care plans did not instruct staff what to do if these were identified. However, the person was repositioned regularly to reduce the risk of skin breakdown and the person's relative told us their wound was 'healing nicely.'
- People told us they received personalised care from staff that knew their hobbies and interests. One person said, "Some of the staff share the same interests as me. We talk about these." A relative told us, "[Name] gets on excellently with the staff, particularly the two that are here now. [Name of staff] always makes [name of relative] smile." Another relative said, "[Staff] paint [names] nails if they have time. [Name] likes to look nice."
- People and their relatives told us, staff knew their needs well. A member of staff told us, "There is enough information in the care plan so I know how to support an individual...You learn more about people as you work with them...The care plans have to be person centred...there is no point drafting care plans without people as they would not get care how they wanted." People were involved in the development of their care plans and in care plan reviews.
- People's preference for gender specific staff was respected and recorded in their care plan. One person said, "I have asked for no males, the service always send female carers." People told us staff offered them choices, and their decisions were respected.

### 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 detailed in their care plans, and staff knew how to communicate effectively with people. Information about people's communication such as using Makaton (Language using signs and symbols to help people communicate) and communication devices were detailed in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people received support to access community based activities. One person was supported to go for a walk with care staff and to their local pub for their favourite meal of fish and chips.
- Staff were respectful of people's homes, and supported people to maintain relationships with their family members.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was provided to people in an easy read format and included in the customer guide. This included details to refer to the Local Government Ombudsman (LGO) if people were not satisfied with the complaint outcome. There had been no complaints.

- People and relatives told us if they had any concerns they would contact the management team. They had confidence concerns would be resolved to their satisfaction. The management team had regular contact with people and their relatives. This meant concerns were addressed promptly. One relative told us, "If I had any concerns and was not happy, I would tell them [management team]. I have no problem complaining and know who to complain to."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team regularly delivered care to people and had a good overview of people's needs. However, we found this impacted on their ability to maintain an oversight of whether care met the regulatory requirements. There were no quality assurance systems in place to review care records; MAR's; rota's; staff files; training records or accident and incident reports. This meant the provider was not checking care was delivered as planned and identifying any issues with quality performance to address these.
- The provider had not ensured all staff undertook mandatory training when they commenced employment with the company. This meant they could not be assured of the quality of training people had received.
- The registered manager's training record did not include dates people undertook mandatory training and when this was due. This meant the registered manager was unable to identify when people needed training to update their skills. We were unable to identify from the registered managers records whether staff had received up to date training and what training the provider deemed mandatory as the training record, training policy and Statement of Purpose contained differing information.

The provider failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were not in place to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the registered manager. They had regular supervisions which ensured they provided the care and support at the standards required. Spot checks were undertaken by the management team to check care was being delivered as planned.

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

- The management team were passionate about providing a personalised service to people and achieving positive outcomes for people. People were happy with the care they received. One relative told us, "I would recommend them definitely."
- We found the management team to be open, honest and responsive throughout our inspection.

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 provider was aware of, their requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager told us, they would be open and honest with people if things went wrong and would ensure open communication with people, their relatives, staff and outside agencies.
- 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 acted upon.

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

- A survey had been undertaken to seek people's feedback of the care received. Whilst feedback was positive, surveys had not been reviewed to identify any common themes to make improvements to people's care. People had not been advised of the survey outcome
- Staff feedback was collated during supervisions. Staff told us, the service was responsive to staff feedback.
- Staff felt valued and cared for by their colleagues and the management team. One staff member said, "I would definitely say the company are caring. All staff are very friendly and are caring and helpful towards me." Another staff member said, "I feel valued. [name of manager] will often say thank you... it means a lot. [Name of manager] knows effective support will be delivered if staff are looked after."

Continuous learning and improving care

- The registered manager told us they wanted to be able to improve the quality of care provided to people and recognised the need to develop quality assurance systems and processes to support with this. The registered manager planned to update care plan documentation to make it more useable for staff and to introduce new MAR documentation.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe and had an action plan in place to address areas for improvement.
- Staff worked closely with other health professionals such as district nurses, GP's and community nurses. The registered manager told us, they contacted health professionals if they had any concerns about people's health or wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Staff were not following policies and procedures for the safe administration of medicines. This placed people at risk of harm
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to assess, monitor and improve the quality and safety of the service were not in place to demonstrate safety was effectively managed. This placed people at risk of harm.