

Almond Tree Care Ltd

# Almond Tree Care Ltd

## Inspection report

Humbleyard  
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Tel: 01508578807

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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

Almond Tree Care LTD is a domiciliary care agency providing personal care. At the time of our inspection there were 26 people receiving the regulated activity of 'personal care' in their own homes. 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.

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

People told us that they were safe and well cared for by the service. Despite this, we found shortfalls in the risk management procedures in place at the service which meant people could be at risk of harm.

There were not always appropriate risk assessments and care plans to guide staff on how to provide care to people in a safe way and meet their needs. Staff did not demonstrate an understanding of the risks to people they cared for.

People did not always have an assessment of their capacity to make decisions where this would have been appropriate. It was unclear if the provider understood when they should carry one out.

The management and oversight of the service was insufficient. Systems were not in place to identify shortfalls we found at the inspection and take action to rectify these.

Medicines had been managed and administered safely and there was a system to oversee their administration.

Staff had been trained and had their competency assessed to ensure training had been effective.

People made positive comments about the staff that provided them with care and said they were kind, caring people.

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 is the first inspection of this service since it registered with CQC.

### Why we inspected

This inspection was brought forward due to concerns about how the service was being managed and delivered.

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

### 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 consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently 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 consistently responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Almond Tree Care Ltd

## 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

This 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 homes.

#### Notice of inspection

We gave a short notice announcement of one hour. This was to ensure someone would be available at the office when we visited.

#### What we did before the inspection

We reviewed all the information we had received about the service since its registration.

The provider was not asked to complete a Provider Information Return (PIR) before this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with seven people using the service about their experience of the care they received and ten relatives of people using the service. We spoke with nine members of staff, including the area manager, provider and business administrator.

We reviewed a range of records. This included ten people's care records and multiple medication 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, including 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

Assessing risk, safety monitoring and management

- The provider had failed to recognise when risk assessments were needed to ensure people's care was safe and this put people at risk of harm and of receiving care that was not safe. For example, when we raised that a falls risk assessment had not been carried out for one person, despite the care plan mentioning a previous history of falls, they said it had not been completed as the person had not fallen since they began caring for them. This would have been particularly important for this person as they were noted in their council assessment as having poor mobility and poor vision. Therefore, we were not assured that the provider understood how to proactively assess for risks before they occur and put in place measures which could help reduce risks.
- When people have a known risk of sore skin or poor food intake, it is best practice to use recognised risk assessments such as the Waterlow pressure ulcer assessment tool and the Malnutrition Universal Screening Tool as part of the assessment and care planning process. However, the service had not used these, despite it being noted that some people had previously had pressure areas.
- There was an absence of appropriately detailed care planning for risks such as falls, pressure ulcers and eating and drinking. Some people lived with a family member and the provider told us for various people the family member would support with certain tasks, such as eating and drinking. However, they had not taken into account the risk of 'carer failure'. This means where the carer themselves becomes unwell or unable to meet the person's needs. In the case of one person, the assessment carried out by the Council clearly noted their relative was unwell themselves. This meant there was a risk of carer failure and the agency having to provide support with things such as eating and drinking. The service had not taken this into account which meant that there was insufficient information about the person's/sir needs should care staff need direction to provide the care.
- For another person, we identified shortfalls in care planning at the visit to the office and identified these to the provider. Following this, they made additions to the person's care plans. This included additions to the eating and drinking care plan to state their need for bite sized foods due to a risk of choking. This was noted in their Council assessment, but the service had failed to include this in their care plans until we raised concerns. Furthermore, when discussed with the provider they then disclosed that the person now ate mainly soft food, but again this was not in their care plan.
- We spoke with staff following our visit to the office. Only one of the four staff we spoke with could tell us about risks to people they cared for and how these were managed and mitigated. This meant we were not assured people were protected from the risk of harm.

The above constituted a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- There were insufficient governance systems in place which meant the service had not been able to independently identify the shortfalls we found with care records and take action to rectify these.

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

- There was a safeguarding policy and procedure in place and staff had received training in safeguarding.
- Staff understood how to raise concerns about a person's safety, and this had happened recently, with appropriate action being taken by the service.

### Using medicines safely

- Not all the people using the service had medicines administered by care staff.
- Medicines were managed, monitored and administered safely. Staff had identified an issue with one person's medicines recently which they had escalated appropriately.
- There was a system in place to monitor medicines records and identify any shortfalls in staff practice. Staff competency was monitored.

### Staffing and recruitment

- Sufficient staff were deployed to meet people's needs and people benefitted from a regular group of care staff who knew them well.
- Whilst people and staff told them they didn't have enough travel time between calls which often made them late, people said that staff always stayed the agreed time and did not rush them.
- Appropriate recruitment checks were carried out to ensure that people were of the right character and background for the role. This included criminal records (DBS) checks.

### Preventing and controlling infection

- There were systems and processes in place to reduce the risk of the spread of infection.
- Staff told us they had access to appropriate stocks of personal protective equipment (PPE) to wear whilst caring for people.



# 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 of this newly registered service. This key question has been rated requires improvement.

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.

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.

- We asked the provider for a copy of mental capacity assessments they had carried out for people. They told us this was not applicable as no one they supported lacked capacity. However, an assessment of one person's needs carried out by the Council indicated they did lack capacity with some decisions.
- The provider did not demonstrate a good understanding of when a Mental Capacity Act assessment should be carried out or an understanding that some people may have capacity for some day to day decisions but not bigger decisions, such as consent about who provides their care.
- The relatives for some people had access to the electronic care planning system, which meant they could view everything written about their relative. We raised concerns there was no evidence that people had given consent for these relatives to have access to this information. The provider told us they had been asked but did not provide any evidence of this.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Whilst an assessment of people's needs was carried out before the service began caring for them, this assessment was not thorough enough and did not lead to appropriate risk assessment and care planning. Sufficient care was also not taken to ensure that information in assessments carried out by the Council had been included in the agency's assessment and subsequent care plans. This meant there was not always enough information for staff on how to provide the person with safe and effective care.
- Care was not planned in line with best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE). The management team had failed to utilise best practice guidance

when assessing and planning people's care.

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

- The service had not always utilised and followed best practice when designing care for people who may require support with eating and drinking. They had not used tools such as the Malnutrition Universal Screening Tool to identify people at risk of malnutrition.
- Care plans did not always contain sufficient information about the support staff needed to provide to people and the risks to them. For example, one care plan stated a person's intake was poor and fluid needed to be recorded and encouraged. However, it did not state what the fluid target should be and when staff should raise concerns about a low fluid intake.

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role and the agency had taken care to employ staff with experience in providing care to vulnerable people.
- Staff competency was assessed periodically to ensure that training had been effective, and that staff demonstrated good practice when caring for people.
- Staff we spoke with told us that they had received training and felt they had appropriate knowledge for the role. People and their relatives told us that staff were knowledgeable and they felt that the staff were well trained for the role.

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

- The service had links with people's GP surgeries, district nursing teams and other community healthcare support. Staff told us of occasions they had contacted people's GP's for support and we could see records of this.

# 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 of this newly registered service. This key question has been rated good.

Ensuring people are well treated and supported; respecting equality and diversity and respecting and promoting people's privacy, dignity and independence

- People told us that the care staff who visited them treated them with kindness and respect. One person said, "I enjoy the carers coming they are really good and kind." Another person told us, "The care is very good and they always turn up and are very supportive."
- People's care records did not always make clear what parts of tasks they could complete independently. This could be expanded upon to ensure people's independence is consistently promoted. However, despite this, people told us that staff promoted their independence and allowed them to make decisions about how they wanted to be supported.

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

- Whilst some preferences were noted in care plans, these could be expanded further to include more information and to capture people's views on their care.
- People told us the staff that visited them knew them well and as individuals. They told us they benefitted from a group of regular carers who they got to know well and built a rapport with.
- People told us they were involved in regular reviews of their care and that the service listened to their views and preferences.

# 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 of this newly registered service. This key question has been rated requires improvement.

### 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.

- Care plans could be further developed to clearly set out people's communication needs and the support they required to communicate effectively.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were brief, and task focused. We recommend that these could be developed further to include more about people's preferences for how they would like their care delivered.
- Despite this, people told us staff did know them as individuals and had a good knowledge of their likes and dislikes.
- People told us they were involved in the planning of their care and were able to share their views about how they wanted this delivered. Two people said that the call times they received weren't in line with their preferences, for example, the time they would like to go to bed or the time they would like to have their dinner. However, they did say that the agency had been open and transparent with them about the times they could provide calls when they first started using the agency.
- People told us they were involved in regular face to face reviews of their care and that this ensured they could make any changes or amendments they wished.

### End of life care and support

- Whilst staff had undertaken training in supporting people coming to the end of their life, there was no end of life care planning in place to guide staff on people's preferences should they require care at the end of life and or pass away.
- This meant staff may not be able to support people in line with their wishes.

### Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place. People said they had felt no reason to complain about the service they received.
- There was no record of any complaints having been made at the time of inspection, so we were unable to assess how the service investigated and responded to complaints.
- However, people told us they knew how to make complaints and felt confident these would be acted upon.

# 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 of this newly registered service. This key question has been rated requires improvement.

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

- The provider had not independently identified the shortfalls we found at inspection. Their quality assurance system was insufficient and did not include checks on records such as care plans to identify potential omissions or required changes.
- It was not clear whether the provider and senior staff had sufficient knowledge of risk management and best practice, as discussions with them indicated they did not understand their legal responsibilities around risk management and assessments not having been completed.
- Some staff we spoke with, including staff who contacted us via our website after our inspection, raised concerns about the negative working environment and how they were treated by the provider and senior managers. What they told us did not contribute to a culture of caring and empowerment for staff. These staff told us they did not feel supported by the provider and would not raise concerns directly with the provider for fear of retribution.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- A positive culture was not promoted by the service because they had failed to act upon shortfalls that placed people at risk of harm.
- During the visit to the office, the staff could not access and provide all the documentation required for inspection in the absence of the provider.
- Some information we requested was not provided, for example, a list of scheduled call times vs the time of actual staff arrival because the provider told us this would take an undue amount of time.

All of the above constitutes a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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  11.— 1. Care and treatment of service users must only be provided with the consent of the relevant person. 2. Paragraph (1) is subject to paragraphs (3) and (4). 3. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12.— 1. Care and treatment must be provided in a safe way for service users. 2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a. assessing the risks to the health and safety of service users of receiving the care or treatment; b. doing all that is reasonably practicable to mitigate any such risks;
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17.— 1. Systems or processes must be established

and operated effectively to ensure compliance with the requirements in this Part.

2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

- a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;