

Miss Amanda Bussy

AHSL Care At Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

AHSL is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing personal care to four people. Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene, eating and administration of medicine. Where they do, we also consider any wider social care provided.

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

Risks to people's health and safety were not always fully assessed and care records did not consistently reflect people's current health needs. For example, although staff were aware of a risk to a person's health, there was no risk assessment to address and manage the risk. There was a lack of detailed information in care records to make sure staff knew how to support people safely. The provider was in the process of updating their computerised care record and care planning system to address concerns but there was no evidence of how this would be managed. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated. Systems were not followed to make sure staff were working safely. Improvements were needed in systems to audit and address issues in relation to medicines management and safe recruitment and support of staff.

Systems were in place to make sure any concerns about people's safety were addressed and reported appropriately. People told us they felt safe when they were being supporting and were complimentary of the care staff.

Governance systems were not sufficiently robust to ensure all aspects of the service were safe or to identify areas needing improvement. Audits of systems and documentation had not been completed to measure quality and make sure people received a safe service. Safe arrangements for the management of the service were not always put in place when the provider was on leave. Concerns were shared with us about the management of the service. Staff felt their ideas for improving the service to people were listened to.

The provider had worked with the local authority to develop an action plan to improve the quality of service provision.

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

Rating at last inspection and update

The last rating for this service was Good (published 6 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions safe and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AHSL on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

AHSL Care At Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager for the service is also the provider. We refer to this person as 'the provider' throughout this report.

Notice of inspection

We gave the service 24 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 1 September 2022 when we visited the service's registered office address and ended on 30 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority about this service. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 2 relatives of people using the service, about their experience of the care provided. People requested that we did not use their comments in this report. We spoke with the registered manager who is also the provider, a care co-ordinator and 4 care workers. We reviewed 4 people's care plans and risk assessments. We reviewed 9 staff files to look at the recruitment, training and supervision records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate: This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were not always fully assessed.
- We saw evidence some risk assessments had been carried out. However, identified risks were not always fully assessed. For example, one person's nutrition was highlighted due to an ongoing condition. Staff were aware of this concern, however there was no risk assessment to address and manage risk. We could not be assured people's health needs were being fully assessed, monitored and managed.
- We received feedback from people about some calls having been missed. We were not able to establish any dates but noted the provider's audit of missed calls did not indicate any calls had been missed. A policy was in place for managing missed calls.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a breach of regulation 12(2) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records did not consistently reflect people's current health needs. For example, one person's continence support had significantly changed; however, care plans had not been updated. This meant there was not always evidence to demonstrate risks to people's health and safety were being effectively assessed, monitored and mitigated.

We were concerned the lack of complete information within care records put people at risk of receiving care and support which was not always safe. 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.

- People told us they felt safe when they were being supported and were complimentary of the care staff.
- Staff told us about how a member of the management team had used a tractor to transport staff to people's houses to make sure they received care during snow storms.

Using medicines safely

- Improvements were needed to make sure medicines were managed safely.
- A handwritten medication administration record (MAR) for one person was difficult to read and did not include the name of the person who had developed the form.

- One person was supported with a number of topical medicines, but a body chart was not in place to advise staff of where the medicines should be applied.
- Audits of medicines had failed to identify these issues and were not always complete. The provider confirmed that one audit was not correctly dated.
- Staff had received training to administer medicines and their competence to do this was checked.

We did not see evidence of people not being supported to receive their medicines as prescribed but poor auditing of medicines systems could put people at risk.

This was a breach of Regulation 17(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff felt there were enough of them to make sure calls were made and people's needs were met. However, we received some feedback about only one member of staff attending calls where two staff were needed.
- Staff personnel files were disorganised and appeared to be missing evidence to demonstrate that safe recruitment checks had been made. The provider was able to produce documentation missing from the staff files during and after the inspection visit.
- Employment references had been sought but some lacked necessary detail. For example, one reference did not have the applicant's name on it.
- Auditing of staff files was in progress but had not identified the issues we had noted.

The lack of effective auditing of staff files was a breach of Regulation 17(2) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people and knew what to do if they thought someone was at risk. Most staff were able to give examples of the different forms of abuse people could experience.
- Referrals to the local authority safeguarding team had been made as needed.
- Safeguarding incidents had been investigated appropriately.
- People told us they felt safe when the care staff were supporting them.

Preventing and controlling infection

- Staff had received training in use of personal protective equipment (PPE)
- People said staff wore masks and used other PPE such as gloves and aprons as needed.

Learning lessons when things go wrong

- The provider was in the process of updating their computerised care record and care planning system to address concerns about; the consistent development of care plans and risk assessments, monitoring of care support records and quality review of services provided. However, whilst a timeframe had been set for review and implementation, there was no plan to demonstrate how this would be managed. This meant people were at risk of potential harm, as their records may be inaccurate and out of date.

Records were not accurate, complete and contemporaneous. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- We were not assured that effective management arrangements had been put in place when the provider had taken leave. The senior staff member in charge of the service during this time was not able to access all the electronic systems to ensure the safe and effective running of the service.
- We observed some disagreement within the management team about the support being provided to a person using the service. This meant we could not be assured that the person would receive consistent support.
- Staff were not adequately supervised. There was little evidence to demonstrate care staff had supervision or appraisal since the last inspection. Spot checks to make sure staff were providing a safe and effective service to people had not been consistently completed. This included a member of staff who was new to the service. This meant staff development was not recorded and tracked. This placed people at risk of harm as staff were not supervised and appraised appropriately
- The provider's systems and processes to assess, monitor, improve safety and quality and reduce risks were not effective. Several audits including care plans, risk assessments and complaints had not been completed for several months. Further, audits designed to check on the quality and safety of services had not identified the shortfalls identified in this report.
- Staff used a phone application to record daily notes about care given. However, records were not consistently made. Whilst there was evidence to show the provider was reviewing consistency of record keeping, it was not clear if there was an action plan to address this. This meant we could not be sure if people were getting the care they needed, and this placed them at risk of harm.

Systems and processes were not effective at identifying and reducing risk and assessing, monitoring and improving the service. Records were not accurate, complete and contemporaneous. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- The provider made notifications of events in the service to CQC as required by regulation.

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

- Quality assurance questionnaires had been sent out to people in the month prior to our inspection. Only two had been returned. The questionnaires were very complicated. One person responded by saying they

did not understand the questions. No analysis or response to the questionnaires received the previous year had been completed. The provider said they planned to do this for the most recent questionnaires when more responses had been received.

- Staff meetings were held regularly, and staff said they felt they were listened to. Staff gave us examples of suggestions they had made to improve the service that had been adopted by the provider.

Continuous learning and improving care; Working in partnership with others

- There was some evidence demonstrating the provider was taking steps to ensure improvement in the quality of care. For example, the provider had worked with the local authority to develop an action plan to improve the quality of service provision. However, this was in response to concerns raised rather than a systematic reflective approach utilising a range of data and feedback sources to assess quality.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate people's safety was effectively assessed and managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not effective at identifying and reducing risk and assessing, monitoring and improving the service. Records were not accurate, complete and contemporaneous.</p>