

AM-R-AZ LLP

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

AM-R-AZ LLP is a domiciliary care agency. They provide personal care to people living 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. At the time of the inspection 11 people were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

We received mixed feedback on whether people knew which staff were coming to support them on each call. Some people were given a rota of staff allocated each week, however some people told us they did not have this sent to them in advance.

People's communication needs were not always fully recorded to ensure new staff would understand and know their individual communication needs.

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 did not always support this practice.

People were supported by staff who understood and were trained in recognising the signs of abuse. The provider had a policy and procedure in place should any concerns be raised.

#### Right Care:

Medicine records were not always kept up to date and staff did not always have the required information to ensure medicines were given as prescribed. Staff had not always recorded the reasons for giving 'as required' medicines.

Risks to people were not always recorded. Care plans and risk assessments were not always in place and kept up to date to ensure staff had the information required to support people safely. Staff did not always have the training, skills or knowledge to meet people's specific needs.

People were supported to maintain a healthy diet and adequate fluid intake. When required, staff supported people to eat and drink safely.

## Right Culture:

Systems and processes were not always effective in ensuring the provider had oversight of the service and that all records were kept up to date and factual.

People, relatives and staff told us the provider had not asked them to feedback on the service. There were no formal systems in place to capture people's feedback to learn from and improve care.

Staff told us they did not have any 1:1 time to discuss concerns or issues. The provider completed spot checks on staff to check person centred care was delivered. However, this meant that senior staff observed people having personal care completed.

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

The last rating for the service under the previous provider was good (published on 30 April 2019)

## Why we inspected

We received concerns in relation to care planning and medicine management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AM-R-AZ LLP on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We have identified breaches in relation to risk management, medicines and oversight at this inspection.

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 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# AM-R-AZ LLP

## 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 completed by 1 inspector

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 12 January 2023 and ended on 18 January 2023. We visited the location's office on 12 and 13 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and gained feedback from 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 3 people's care records. We looked at 2 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.

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Assessing risk, safety monitoring and management Learning lessons when things go wrong

- Medicine management required improvement. People's medicine administration records (MAR) were not kept up to date. We found staff were giving some medicines differently to that recorded on the MAR. For example, staff had started giving a person their 'as required' [PRN] medicine twice a day. The registered manager told us this was at the GP request. However, the GP had not changed the prescription or put this change into writing. This meant staff did not always have the required information to ensure medicines were given as prescribed.
- PRN protocols were not always in place or did not contain the necessary information staff required to ensure people received PRN medicines as prescribed. (A PRN protocol should include information on when an PRN medicine should be given, the dosage and maximum dosage allowed within 24 hours).
- When people were given a PRN medicine staff did not document the reasons for administering them. This meant the effectiveness of the medicine could not be assessed.
- Not all risks were assessed and strategies to reduce risk recorded. For example, when a person had a health condition such as epilepsy or had a catheter, there were no risk assessments in place to support staff in understanding the risks and signs to look for. Not all staff had training in people's health conditions.
- Risks associated with fire had not always been fully recorded when people had 'live in' carers. For example, when people had a personal emergency evacuation plan (PEEP) the details regarding how to support a person to leave the property was not always recorded and the location of smoke detectors and firefighting equipment was not clearly identified.

The provider failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines. These are a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We received mixed views on whether people knew which staff were coming to each call in advance. One relative told us, "I have been asking for a rota. I still don't know who is coming later today." Another relative told us, "We usually know who is coming, we have a rota a week in advance."
- People and relatives told us staff arrived on time and stayed the allocated timeframe. One person told us, "[Staff member] came today and is very nice. [Staff] stayed the whole time."
- People were supported by staff who were recruited safely. The provider requested references from previous employers and Disclosure and Barring Service (DBS) checks were completed before staff started to work at the service. DBS checks provide information including details about convictions and cautions held

on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

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

- People were protected from the risk of abuse. The provider had policies and procedures in place to safeguard people from abuse. A relative told us, "I feel safe leaving [person] with the staff. The staff know what to do."
- Staff received training on how to recognise and report abuse and they knew how to apply it. Safeguarding training included signs and symptoms of abuse, how to report any concerns and who to report them to. Staff understood they could report concerns to external agencies as well.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Care plans did not always contain sufficient information about people's health conditions. We found no information recorded when people had a diagnosis of epilepsy or multiple sclerosis. When a person had skin pressure damage this was not recorded. The signs, symptoms or risks, staff should be aware of had not been recorded.
- People's communication needs were not always fully recorded. One person had 'speech impaired' recorded within their care plan, but there were no details on how the person could communicate or what level of impairment.
- Staff told us care plans were not always kept up to date. One staff member told us, "We (staff) have been asking them (managers) to change and update [person's] care plan as it does not contain the correct tasks we need to complete. It still has not been done." Another staff member said, "The care plans are not always kept up to date, tasks that are not needed anymore are still kept on." However, staff told us they knew people and received a verbal handover of the person's needs.
- Staff training needed improvement. Not all staff felt the training was comprehensive enough to ensure they understood specific areas. A staff member told us, "All our training is online. I haven't had practical face to face training in manual handling or basic life support/first aid training." Not all staff who worked with people with epilepsy had training in the condition.
- Since 1 July 2022, health and social care providers registered with CQC must ensure their staff receive training on learning disabilities and autism appropriate to their role. AM-R-AZ LLP is registered to provide care to people with a learning disability and who are autistic; however, not all staff had received training in learning disabilities.
- Not all people felt agency staff had the required training, skills or knowledge to meet their needs. One person told us, "Agency staff don't know me. They can't always use the hoist and they don't always have the experience."
- The agency profiles held by the provider did not evidence what training the staff had completed.

The provider failed to ensure all staff had the skills, experience and competencies to provide care safely. This is a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans. Care plans included people's pronouns, how they liked to be

addressed, their religion, culture and if they had a preferred gender of staff to support them with personal care.

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 MCA 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.

- When the provider completed mental capacity assessments and assessed a person lacked the capacity to make a specific decision a best interest decision had not always been recorded. However, a best interest decision had been completed with the funding authority and the person's relative.
- Records were in place to evidence when a person had given consent to share information with their relatives.

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

- The provider was able to share information via an online application with healthcare professionals about people's individual needs and prescribed medicines in the event of an emergency.
- When people needed referring to health care professionals such as GPs or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised, or they assisted the person to call themselves.
- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.

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

- People were supported to maintain a healthy diet when appropriate.
- Records were in place to evidence people's nutrition and hydration needs were met.

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

- Systems and processes in place to audit medicine records were not effective in identifying the concerns we found on inspection regarding incorrect and missing information. This meant people were at risk of not receiving their medicines as prescribed.
- Systems and processes were not always effective in identifying missing or incorrect information within care plans. This meant staff did not always have the information required to ensure safe care was provided.
- Systems and processes were not in place to ensure risks were identified and managed for each person.
- Not all people and relatives had seen their care plan. One relative told us, "We [person and relative] have been asking for a copy of the care plan for ages, we still have not seen it." A person told us, "I have never seen my care plan."
- The registered manager told us of issues they were having with district nurses not dressing people's wounds or requesting staff completed tasks they were not trained to do. The registered manager had not submitted any safeguarding notifications to raise these issues with external agencies.
- People, relatives and staff told us they were not asked for feedback on the service. One person said, "I have never been asked." A relative told us, "No, they have never requested that." A staff member said, "I have never been asked to feedback or tell them my thoughts on what's going well or what needs improvement."
- Staff were not offered regular staff meetings to discuss any concerns, improvements or lessons learnt.
- Staff were regularly observed completing tasks to ensure person centred care was given. However, during these observations an additional member of staff watched other staff give personal care to people. This was not in line with least restrictive options or maintaining people's dignity.

The provider had failed to have robust systems and processes to assess, monitor and improve the service. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they were able to raise concerns with the registered manager. One relative said, "Any issues I have [Registered manager] deals with straight away."
- People and relatives were able to view the information held about them. A relative told us, "I can access

the notes staff write at any time."

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.</p> <p>The provider had failed to ensure the safe administration of medicines had been completed.</p> <p>The provider had failed to ensure all staff had the skills, experience and competencies to provide care safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have robust systems and processes to assess, monitor and improve the service.</p>