

Authentic Kare Company Limited

Authentic Kare Kettering

Inspection report

Chesham House
51 Lower Street
Kettering
Northamptonshire
NN16 8BH

Tel: 01536527440

Date of inspection visit:
27 April 2023
28 April 2023

Date of publication:
24 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Authentic Kare Kettering is a domiciliary care agency and a supported living service. It provides 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 this inspection 21 people were receiving support with 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.

At the time of the inspection, the location provided care and support for 4 people with a learning disability. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support

Staff supported people to have choice, control and independence over their lives. People were supported with their medicines in a way that achieved best possible health outcomes.

Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people using the service were assessed and strategies were put in place to reduce the risks.

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.

Right Care

People had care plans and risk assessments in place setting out their care needs. Improvements had been made to the review process to ensure people's care was regularly assessed and updated if changes were needed. Care plan information was detailed and provided staff with the guidance they needed to support people safely.

People were supported by staff who could communicate effectively with them as staff supported them consistently and knew them well. For example, the provider had recruited staff who were able to use a specific form of communication, to work with 1 person who used that form of communication.

People received care that focused on their quality of life and followed best practice, with input from a range of health and social care professionals.

Right Culture

Improvements had been made to the provider's recruitment processes and staff files to ensure staff were recruited safely. People received care from staff who had the right character and skills for their roles.

Management oversight of the service had improved. A range of quality assurance audits were in place and were effective at identifying concerns or areas for improvement. Records management was more organised which made accessing and reviewing information easier.

The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The provider informed us they would re-introduce a monthly analysis of accidents and incidents to strengthen the systems in place.

Staff supervision, staff meetings and spot checks were undertaken regularly and used to develop and motivate staff, review their practice, and focus on professional development.

People and those important to them, were involved in planning their care. The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 Requires Improvement (published 20 July 2022) and there were breaches of regulation in the areas of staff recruitment processes and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed to Good.

Follow up

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Authentic Kare Kettering

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.

Service and service type

Authentic Kare Kettering 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 4 supported living settings, 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.

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. The registered manager was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of Inspection

This inspection was announced. 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.

Inspections of the Kettering and Milton Keynes locations of Authentic Kare took place at the same time. We visited both offices during the inspection as there were overlaps in systems and processes between the 2 services.

Inspection activity started on 27 April 2023 and ended on 28 April 2023. We visited the Kettering location's office on 27 April 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 and professionals who work with the service.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-Led section of this report for further details.

During the inspection

We spoke with 4 people and 2 relatives of people who received support for feedback on their experience of the care provided. We spoke with registered manager, a care coordinator and received feedback via email from 25 members of care staff.

We reviewed a range of records. This included 2 people's care records and 1 person's medicine record. We looked at a variety of records relating to the management of the service. This included quality assurance processes, training records and meeting minutes.

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 Requires Improvement. At this inspection, the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were safely recruited. This was a breach of Regulation 19 (Fit and proper person's deployed) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

- Safe recruitment processes were followed. Checks were undertaken before staff started their roles, for example, identity checks and references. Disclosure and Barring Service (DBS) checks were completed in the UK and police checks overseas if staff were recruited internationally. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks helped the provider make safer recruitment decisions.
- Since the last inspection, the registered manager had made improvements to recruitment processes and staff files. This included identifying and rectifying gaps in existing staff files and developing more robust processes for the recruitment of new staff. Improvements were embedded into practice and records confirmed this.
- People were supported by sufficient numbers of regular staff to keep people safe and meet their needs. One person told us, "Authentic Kare are brilliant. They know how to support [family member] and know how to communicate. There are 2 staff all of the time."
- The electronic rota system worked effectively. We did not receive any concerns from staff during this inspection about working hours or practices. Some staff told us they wanted to know their rota further in advance, but this did not impact upon the support people received.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received and with the staff who provided their care. One person told us, "I always have 2 people on each visit. I do feel safe with them, they've been brilliant."
- The provider had a safeguarding policy in place which was accessible for people and staff. Staff had received training in safeguarding and understood how to recognise and report any concerns about abuse.
- Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns. Safeguarding concerns were discussed in staff meetings, giving staff the opportunity to discuss the concerns and reflect on lessons learned when things went wrong.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. One person told us, "The carers have been very protective

and adjusted my care as needed. They are really aware of my condition and the risks I face."

- Staff had enough guidance to support people safely. We found people's care plans and risk assessments contained clear and effective information on how to support people safely. For example, we saw a risk assessment in place for accessing the community. This was used daily to assess the person's mood and anxiety levels before deciding whether it was safe to go out to an activity.
- Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.
- Staff completed daily records and followed clear instructions on an electronic system of the tasks to be completed during each visit. This took into account people's risks and vulnerabilities. One staff member commented, "There are ongoing meetings and training to help carers to be well equipped and keep people safe."

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 found the service worked within the principles of the MCA. Staff empowered people to make their own decisions about their care and support. The provider told us they had made applications to the Court of Protection but these were still being processed.
- People and relatives told us the staff always asked for consent and permission before they completed any tasks. "The carers always ask and explain what they're going to do and because of their attitude they've made it (personal care) easy."

Using medicines safely

- People received their medicines in a safe way and in the way they preferred. A relative told us, "They have a chart and register it, they're very good at documenting everything."
- Staff had suitable and appropriate training and had their competency assessed. We also saw in the minutes of the previous staff meeting that staff were invited to approach the management if they wanted to request further or refresher training in relation to medicines. This meant staff had the skills and experience to manage people's medicines in a safe way.
- Medicines administration records (MAR) were used accurately to document the support people received. Care plans provided guidance on the support people required with their medicines and provided staff with information about how to administer as needed (PRN) medicines.
- Quality monitoring checks and audits were carried out to ensure safe practices were followed. Staff were reminded to read the provider's policies and procedures to ensure they were followed. We saw this in the minutes of the staff meeting.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control. One person said, "They wear those (PPE) all the time; they come into my room with a mask on, then they put the rest on here."
- Staff confirmed they had sufficient supplies of PPE and had completed training in relation to Infection

control and COVID-19. One staff member informed us, "We have plenty of PPE and the training showed us how to use it properly."

- The provider had a system of spot checks in place where staff were observed if they were following the appropriate guidance regarding infection control procedures. The provider had an infection control policy that was up to date and accessible to staff.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The provider informed us they would re-introduce a monthly analysis of accidents and incidents to strengthen the systems in place.
- All accidents and incidents were recorded as different types of 'Alerts' on the electronic system and were dealt with and overseen by the management team. Lessons learned were discussed at staff meetings.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to ensure robust systems and processes were in place to manage the service effectively. Systems and processes to assess, monitor and improve the service were not effective at driving improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had not submitted their annual Provider Information Return (PIR) to CQC. The PIR provides CQC with important information about a service as part of ongoing monitoring between inspections. The provider thought it may have gone to their junk mail folder as they told us they had not received it, and confirmed they will ensure the next PIR is submitted on time.
- Since the last inspection improvements were made to management oversight of the service. A range of quality assurance checks took place, and these were embedded into practice. The audits identified issues and included action plans to track improvement. The registered manager planned to streamline some of these processes to make them more effective.
- Improvements had been made to records management. Documentation and electronic systems were clear and organised. This included people's care records, the rota system and staffing files. This improved the effectiveness of management oversight of all aspects of the service, including people's care.
- Following the last inspection an audit took place of all staff recruitment files. Gaps were identified and rectified. The provider had continued to improve their oversight of staffing processes to ensure staff files were complete and employment processes were followed. Records confirmed this.
- The registered manager was prepared for the CQC inspection, provided all records requested and was efficient in doing so. They were keen to take on board all guidance or suggestions. They were committed to making continued improvements to the service for the benefit of people using the service.
- Staff continued to be supported through supervision and spot checks and improvements had been made to these systems. A care co-ordinator undertook a range of spot checks to support staff develop their care skills and practice. These were overseen by the registered manager and arising issues were discussed in team meetings.
- The registered manager had created a business plan to drive and monitor ongoing improvements to the

service. They worked with an external coach to support them identify, track and follow through on areas for further development.

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

- The registered manager was keen to ensure people received good quality care and support in their own homes. One person said, "[Name] is the manager at Authentic Kare. The staff team have [family member's] best interest at the forefront of their mind. [Registered manager] is always putting ideas forward that [family member] might enjoy. They take photos when they are out with [family member] and let me have them. They are like a second family to [family member]."
- Staff felt supported in their roles and provided positive feedback about key aspects of management support. One staff member told us, "This is a great company to work for. I am supported in all areas of my life." Another commented, "I feel the company is well run and organised."
- Staff put people at the centre of the service and provided good quality care that focused on people's care and support needs. This helped people achieve good outcomes. One person said, "I'm really amazed at how good they've been and how helpful. They are extremely well trained; understand my condition and they just seem to know what I need almost before I do. I certainly would recommend them; I'm so grateful for them."
- A comment from a health care professional read, 'I have been very happy with the care and support that AK have offered my client. AK have shown that they seek to put the client first and will bend over backwards to ensure their needs are being met.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- Since the last inspection team meetings took place monthly which was more regularly than before. These provided opportunities for staff to receive information and discuss topics relevant to their roles. Minutes were taken and we saw a range of topics were discussed.
- Surveys were used to invite feedback from people using the service and relatives about the support received. A report was created to analyse the findings and we saw an action plan was completed to follow up on any actions identified. A relative told us, "We have thorough reviews and questionnaires from Authentic Kare. They listen."
- Surveys had not been completed recently by staff. The registered manager explained there was recent discussion with staff about different formats of gathering feedback so that staff could contribute anonymously if they wished. They were still looking at different options and were keen to ensure staff could share their views.

Working in partnership with others

- The registered manager was supportive of the inspection process. Since the last inspection they had made changes and improvements to systems, processes and working practices to improve the safety and quality of the service. They worked openly with the local authority and other professionals to achieve this.
- The staff team continued to work with health and social care professionals involved in people's care and treatment. This included GPs, district nurses and occupational therapists.