

Action 2 Care Ltd

Action 2 Care

Inspection report

Amphenol Building
46-50 Rutherford Drive
Wellingborough
NN8 6AX

Tel: 01933409487

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Action 2 Care is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, six people were using the service.

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.
Care plans reflected people's individual needs and preferences.

People and relatives were generally satisfied with the care that staff provided and with the management of the agency. They said safe care was provided and protected people against abuse, neglect and discrimination.

Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

The registered manager understood their responsibilities and worked in an open and transparent way. People and relatives were aware of how to approach the registered manager to raise concerns or complaints. They and staff were positive about the registered manager and said their views were always listened to and taken into account.

Details of how to reduce risks to people's safety were not always included in people's care plans.

Recruitment practices were not fully in place to ensure only suitable staff worked at the service.

Quality assurance systems were not fully in place to ensure people were provided with a quality service.

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

Why we inspected

We undertook this focused inspection to check they 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 Safe and Well-led which contain those requirements. No areas of concern were identified in the other key questions. We therefore did not inspect them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Action 2 Care on our website at www.cqc.org.uk.

At our last inspection there were two continued breaches in Regulations 12 (Safe Care and Treatment) and 17 (Good Governance). At this inspection we found enough improvement had been made and they were no longer in breach of Regulations. However, we have found evidence that the provider needs to make improvements. Please see the Safe and Well-led key question.

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 always safe.
Details are in our safe 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

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

This inspection was carried out by one inspector.

Service and service type

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

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 seven days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 6 January 2022 and ended on 7 January 2022. We visited the office location on 7 January 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with one person who used the service about their experience of the care provided and five relatives. We also spoke with five care staff members and the registered manager. We reviewed a range of records. This included three care 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 also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included revised risk assessments and amendments to procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to assess all risks to service users and to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection so the provider was no longer in breach of regulation 12.

Using medicines safely

- For a person who was prescribed medicine under specific circumstances, staff did not always follow the risk assessment of avoiding medicine having to be administered if not necessary. This meant a person was provided with medicine they may not have needed. This issue was followed up subsequently by the registered manager.
- Other people's prescribed medicines had been administered correctly.
- The medicine policy supported people to receive their medicines in the way they preferred.

Assessing risk, safety monitoring and management

- Risk assessments were in place for a range of issues including how to manage the risks associated with pressure area care.
- However, risk assessments were not always detailed to reduce all potential risks, such as managing distressed behaviour or managing continence. The registered manager subsequently provided amended risk assessments to put this information in place.
- A missed call had recently occurred which put a person at risk of not receiving food and medication. Systems had been put into place by the registered manager to ensure this did not occur again.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff. These checks help prevent unsuitable people from working with people who use the service. However, a risk assessment for a staff member with concerns regarding their background had not been put into place until after they had commenced employment.
- Care plans identified the number of staff required to deliver care safely.
- Sufficient staffing was in place.

Preventing and controlling infection

- Relatives told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures they followed to protect people.

- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Relatives told us their family members were kept safe by staff from the service.
- Staff demonstrated they understood how to safeguard people. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of how to report any safeguarding concerns to the local authority safeguarding team.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to ensure systems and processes were not effective or robust enough to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection so the provider is no longer in breach of regulation 12.

Continuous learning and improving care

- Audits and checks had been carried out to ensure the service met people's needs such as providing relevant personal care and medicine. However, safety issues we identified such as having detailed risk assessments for continence and distressed behaviours had not been identified through the auditing system.
- Medicine audits had been carried out which showed staff had properly administered medicine to people. However, this had not picked up when staff had not followed the risk assessment to avoid as needed medicine being administered. The registered manager took action to address this shortfall.
- People and relatives told us that staff provided care that met identified needs, except where staff forgot to help to improve a person's mobility.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people, though these were not frequent. The registered manager said this frequency of carrying out spot checks would be increased.
- Staff said they were provided with good support from the registered manager.

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 understood information sharing requirements, and was aware that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The registered manager said that a survey had gone out to seek people and relatives' views of the service and would be analysed and acted on as needed. This gave relevant people the opportunity to suggest any

changes or improvements.

- Staff surveys were in place and were generally positive about the service and the registered manager. A small number of issues had been raised in the surveys though there was no action plan to address these. The registered manager said an action plan would always be put in place in future if issues were raised.
- Staff told us that relevant information had been discussed with them by the registered manager, which had included infection prevention and people's care needs. A WhatsApp group had been set up to supply staff with relevant information and guidance.

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

- The registered manager and staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were satisfied with working at the service. One staff member said, "The manager is always available and always responds to any issue I need help with."

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

- The registered manager understood their role and understood the needs of their staff team. Staff were positive about providing care to people.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

Working in partnership with others

- We saw from a person's care plan that the registered manager had consulted with a specialist health team to support the person with their needs.
- Relatives told us they had confidence that staff would react by calling medical services should this be needed.
- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the registered manager if people were unwell or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.