

Ask Care Limited

# ASK Care Limited

## Inspection report

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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

### About the service

ASK Care Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection 252 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

Medicines were not always managed in a way that was safe. Staff were often late to see people and they did not always stay for the full amount of time allocated for the visit. The provider did not have effective systems in place for monitoring and improving the quality of care and support provided.

Systems were in place to safeguard people from the risk of abuse and staff were aware of their responsibility for reporting allegations of abuse. Risk assessments were in place which included information about how to mitigate the risks people faced. The service had robust staff recruitment practices which helped to ensure suitable staff were employed. Accidents and incident were reviewed to help reduce the likelihood of similar incidents occurring again.

The provider sought the views of people, relatives and staff on the running of the service. There was a clear management structure in place and staff told us there was a positive working culture at the service. The provider worked with other agencies to develop best practice.

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 this service was good (published 14 May 2018).

### Why we inspected

We received concerns in relation to the management of medicines and staff punctuality. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ASK Care Limited on our website at [www.cqc.org.uk](http://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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff punctuality, the management of medicines and the effectiveness of quality assurance and monitoring systems 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 for 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 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** ●

# ASK Care Limited

## 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

The inspection was carried out by one inspector on site and two inspectors and one pharmacy inspector remotely, and CQC support services.

#### Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of significant incidents the provider had sent us. We spoke by telephone with nine people who used the service and 25 relatives.

We examined records the provider sent us in relation to staff punctuality and medicines. We used the information the provider sent us in the 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six members of staff including the registered manager, care coordinator, field supervisor, two care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at the risk assessments for 16 people and a range of other records the provider sent us. We spoke with a care assistant by telephone.

# 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 good. At this inspection this key question has now deteriorated 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.

### Staffing and recruitment

- The provider employed enough staff to meet people's needs, and systems were in place for monitoring when staff arrived and completed their appointments with people.
- Nearly everyone we spoke with told us staff were generally on time, for example, one person said, "Yes, I can set my clock on them (arriving on time)." However, a relative told us "Sometimes they are late. They don't always notify if they are going to be late and that's important because mum is diabetic and has not known when they were going to come."
- However, records showed that a considerable number of visits to people by staff were late, and also there were large numbers of occasions when staff did not stay for the full amount of time allocated for the visit.
- We looked at the records of fifty staff for the months of September and November 2020.
- We found that 12 people had short calls more than 10% of the time in September 2020 and 21 people had short calls more than 10% of the time in November 2020. This meant staff were leaving before the allocated time of the visit, which is set according to people's needs. Ten people had calls late by more than 45 minutes more than 10% of the time in September and seven people experienced this in November 2020.
- This showed that there was considerable lateness and shortness of calls in both months, which meant the issues had not been effectively identified and addressed by the provider. The nominated individual and registered manager acknowledged there were some issues relating to staff punctuality and said they would look into this.

We found no evidence that people had been harmed however, people were potentially at risk of harm because their care or support was delayed, or they were not provided with the full amount of time allotted to their care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Various checks were carried out on staff before they commenced employment at the service. Records showed these included criminal record checks, employment references, proof of identity and proof of the right to work in the UK. This meant the provider had taken steps to help ensure suitable staff were employed.

### Using medicines safely

- The provider supported people with the administration of medicines. Systems were in place to support the safe administration of medicines, but these were not always followed.
- Out of the 19 records reviewed, we identified gaps in the medicine administration records (MARs) for five people for multiple medicines. The nominated individual told us that for some people there was joint

responsibility between staff and family members for administering medicines. However, where there were gaps in MARs it meant it was not possible to verify if the medicine had been administered by either staff or a family member.

- When some MARs were being completed important information such as the name of the prescribed medicine, the strength of the medicine, the prescribed dose and allergy status were missing from the record. This meant we could not be assured these people were being administered their medicines safely as prescribed.
- Some staff signed MARs to indicate administration of medicines with a single letter rather than their initials. This could lead to confusion as some of these letters matched a key used on the record for various reasons, for example, to show a dose has been missed.
- Records showed several staff had not completed training in the safe administration of medicines in the past 12 months, nor had their competence to administer medicines assessed. The registered manager acknowledged there was an issue in relation to staff medicines training, telling us, "From Monday we will start calling in carers to book medication training, we know we have to sort it out."
- The nominated individual told us that it was their expectation that completed MARs were checked by office staff. However, they said this check was not recorded anywhere, and there were no records to indicate that errors on MARs charts had been subsequently addressed.
- Where people were supported to take medicines, they told us they were happy with the support. A relative said, "The carer as well as the family support to take the medication. Sometimes she doesn't want to take it so we have to persuade her but carer will let us know if she has refused any."

We found no evidence that people had been harmed however, people were potentially at risk of harm because of unsafe practices with regard to the 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. The provider had a safeguarding adult's policy which made clear their responsibility to report any allegations of abuse to the local authority.
- Staff had undertaken training about safeguarding adults and understood their responsibility in relation to safeguarding. One member of staff said, "I must report to office if I see abuse."
- Where the service spent money on behalf of people, records and receipts were kept of this, which were sent to the office, which we saw. The nominated individual told us these were supposed to be checked and audited by a member of staff, however, there was no record of this.

Assessing risk, safety monitoring and management

- Risk assessments were in place which detailed the risks people faced, and these included risks relating to medicines, personal care, skin integrity, moving and handling and communication. Assessments included information about how to mitigate the risks people faced.
- Risk assessments were subject to an annual review, and those we looked at had all been reviewed within the past 12 months. Staff had a good understanding of the risks individuals faced and how to support them in a safe way.
- People told us they felt safe using the service. One person said, "I'm quite safe." A relative told us, "Yes they are safe. We haven't had to raise any concerns."

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.



### Learning lessons when things go wrong

- Records were maintained of accidents and incidents. These included details of any follow up action that was required to help reduce the risk of similar incidents occurring again.
- For example, it was found that one person had developed a pressure ulcer. Their risk assessment was reviewed, and a referral was made to relevant health care professionals.

# 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 good. At this inspection this key question has now deteriorated 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.

### Continuous learning and improving care

- Systems for monitoring and improving the quality and safety of care were not effective. For example, records showed a considerable number of visits to people during September 2020 were either late, or staff did not stay for the full amount of time allocated. Records from November 2020 showed the situation to be the same, which meant the issues had not been effectively addressed.
- We found that some medicine administration records were not completed properly, and some had gaps in them where staff were supposed to sign to indicate the medicines had been administered. These errors were not identified or addressed, and the provider did not have an effective system for auditing medicines records. Similarly, they did not have a robust system for auditing records of financial transactions carried out by staff on behalf of people using the service.
- Records of training were maintained, and these showed that several staff were not up to date with medicines management training. Although the provider was aware of this, they had failed to take effective steps to remedy the situation.

We found no evidence that people had been harmed however, people were potentially at risk of harm because the provider did not have effective systems for monitoring and improving care and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Both the registered manager and nominated individual told us they sought to foster an inclusive and positive culture. They said they had an open-door policy and regularly kept in contact with staff and people who used the service.
- People, relatives and staff told us there was an open culture at the service. A member of staff said, "As a manager they (nominated individual) are very professional and very helpful. Teamwork is good here." A person told us, "Any communications with them has been great. I've always had quick response."

### 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

- Systems were in place to address complaints raised. Records showed that the provider responded to complaints in line with their procedure. Accidents and incidents were reviewed to learn lessons when things

went wrong.

- The provider understood their legal responsibility to notify the Care Quality Commission of significant incidents, and records showed they had acted in line with this responsibility.

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

- The service had a registered manager in place, who shared responsibility for the running of the service with the nominated individual. Staff were clear about who their line manager was and spoke positively about them.
- The provider was aware of their regulatory requirements, for example, they had in date employer's liability insurance cover in place. Risk assessments were in place which helped staff understand and mitigate risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider conducted surveys with staff, people who used the service and their relatives every three months. The most recent survey was carried out in September 2020. We looked at completed surveys and found they contained mostly positive feedback. For example, one relative wrote, "They (care staff) do an excellent job."
- The provider told us due to safety concerns related to Covid-19, they had cut down on visits to people's homes to seek feedback. They said to compensate for this they had increased phone monitoring, and records showed this was done regularly with people. Again, this provided mostly positive feedback about the service.
- The provider worked with other agencies to develop and share knowledge and good practice. For example, they have begun the process of applying for Investors in People accreditation and work with Skills for Care who provided them with training resources. The nominated individual attended provider forums run by the local authority.
- People told us they were happy with the way the service as run and that they were consulted. A relative said, "I think they are well managed.... they do send questionnaires sometimes."

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>Care was not always provided in a way that was safe for service users. This was because effective arrangements were not in place for the proper and safe management of medicines. Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were often late for appointments with service users. Staff often did not stay for the full amount of time allocated for their visits with service users. Regulation 18 (1)</p>