Axela Care Limited

# Axela Care

## Inspection report

Unit 6, Opal Mews
London
NW6 7JU

Tel: 02039036377
Website: www.Axelacare.co.uk

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## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 24 August 2016 and was announced.

Mercyland Care is a domiciliary care service delivering personal care to adults. At the time of the inspection the service was providing care and support to four people in their homes.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not safe. People received support from staff who were recruited through an unsafe process. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of the regulation. We will report on action we have taken in respect of this breach when it is complete.

People's risks were assessed and plans were in place to protect them from avoidable harm. Staff had the knowledge and procedures to keep people safe from abuse and there were enough staff available to support people safely. People were supported to take their medicines as prescribed.

People had care delivered by trained and supervised staff. People's rights in relation to their mental capacity were upheld and people gave consent to the support they received. People ate healthily and were supported with health appointments when required.

People and their relatives told us the staff were caring. Staff knew people's preferences, respected people's confidentiality and privacy.

The care people received was personalised. People's needs were assessed and care plans provided guidance to staff on meeting people's needs. People and their relatives knew how to make a complaint and their views about the service were sought.

The provider's auditing systems failed to detect unsafe documentation within staff files. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of the regulation. We will report on action we have taken in respect of this breach when it is complete.

People, relatives and staff expressed confidence in the registered manager. Care records contained up to date information and care quality was checked. The service liaised with other health and social care organisations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not safe. Staff recruitment processes were unsafe.

People had their risks assessed and plans were in place to manage them.

Staff understood the provider's safeguarding and whistleblowing procedures.

People's medicines were managed safely as prescribed.

Staff followed good hygiene and infection control practices.

### Is the service effective?

**Good**

The service was effective. Staff were supervised by the registered manager.

Staff received training to support people's needs effectively.

People gave their consent before care and support were delivered.

People were supported to access health and social care professionals when they needed to.

### Is the service caring?

**Good**

The service was caring. People told us the staff and registered manager were caring.

Care records informed staff about people's preferences.

Staff protected people's confidentiality.

People were treated with dignity and respect.

### Is the service responsive?

**Good**

The service was responsive. People's needs were assessed and

their care was person centred.

Care records were accurate and ensured staff knew how to meet people's care and support needs.

The provider's complaints policy was understood by people and their relatives.

## Is the service well-led?

**Requires Improvement**

The service was not well led. Audits failed to identity unsafe recruitment documentation.

A registered manager was in post.

Care records were reviewed for accuracy and relevance.

The quality of care was audited.

The service worked in cooperation with health and social care professionals.

# Axela Care

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 24 August 2016 and was announced. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Mercyland Care, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with two staff and the registered manager. We reviewed documents relating to the delivery of care and support. We read four people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We read five staff files which included pre-employment checks, training records and supervision notes.

We reviewed the provider's quality assurance information and audits. We looked at the complaints policy and compliments from people and their relatives. Following the inspection we spoke with one person and two relatives. We also contacted two health and social care professionals for their feedback.

Requires Improvement

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "The staff are good. I'm not worried." A relative told us, "I feel confident that my [relative] is safe." Another relative told us, "The staff are trustworthy as far as I can see. None of our family have ever been concerned about how the [staff] look after mum." However, at this inspection we found that people were supported by staff who had not been recruited safely. We reviewed the records of five staff. We found that two staff had references from a referee they did not name in their application on behalf of an employer they had not worked for. We contacted the referee who confirmed they had not supplied a reference for either staff member and we spoke with staff who were not aware a reference had been requested or received from a referee they had not nominated or worked for. The provider was unable to explain the presence of these references in staff files. This meant staff were supporting people in their homes without appropriate references confirming their employment history and suitability.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had ensured that all staff had been subject to Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruiting decisions by confirming if prospective staff have criminal records or are barred from working with vulnerable adults. We found that all staff had proof of identity, address and eligibility to work in the UK.

The risk of people being abused was reduced because staff had received safeguarding training and knew the actions to take to keep people safe if they suspected abuse. For example, staff told us they would inform their manager immediately if they had any concerns about a person's safety. The provider had a safeguarding policy which directed the registered manager to alert local authorities and where appropriate people's relatives to any safeguarding concerns. This meant the provider's safeguarding procedures kept people safe.

Staff understood the provider's whistleblowing policy. Whistleblowing is a term used to describe staff alerting external agencies when they are concerned about the provider's delivery of care and support to people. Staff told they would contact social workers or regulators if they thought the provider's practice were unsafe.

People were protected from the risk of avoidable harm. The registered manager and staff carried out risk assessments with people. These included areas such as personal care, people's home environments, medicines and falls. Risk assessments were reviewed and updated to reflect changes to people's needs.

The hours of staff support people were contracted to receive were recorded in care records. People and relatives told us that staff arrived and departed at the times agreed. The risk of missed calls was mitigated by the provider's notification procedures. Staff running late rang the office who in turn phoned people, whilst people were advised to phone the office if staff were ten minutes late. This meant office staff were in possession of up to date information enabling them to provide cover staff to support people.

People were supported to take their medicines as prescribed. The support people required to take their medicines was assessed and stated in care records. For example, one person required prompting to remember to take their medicine. Staff maintained accurate records of medicines administration and managers audited them during spot checks.

Staff followed appropriate infection control practices when providing care. Staff wore personal protective equipment including single use gloves and aprons when supporting people to shower and bathe. Staff received training in the safe handling of foods and had directions in care plans to remove out of date items from people's fridges with their consent. This meant people were protected by the provider's hygiene practices.

Good

# Is the service effective?

## Our findings

People and their relatives told us staff had skills and were knowledgeable. One person told us, "They [staff] know what to do and how to be carers properly." A relative told us, "From what I have observed the staff have a high skill level so must be properly trained." Another relative said, "Each of the staff I have met has been competent and had strong care backgrounds."

Staff providing care to people were supervised. The registered manager arranged regular supervision sessions with staff. Minutes of these meetings were retained and showed people's needs being discussed. For example, staff raised and discussed changes to people's needs."

People received support delivered by staff trained to meet their needs. Records showed staff training included dementia awareness, moving and handling, infection control, food hygiene and fire safety. This meant that staff had the knowledge and skills to support people effectively.

New staff received induction training which included progressing through workbooks and attending classroom sessions. Inductees read the provider's policies and procedures along with people's care records before meeting them. As part of their induction new staff shadowed experienced staff to observe good practice and develop a rapport with people they would be supporting. This meant people received support from staff familiar with their needs and support.

People received support from supervised staff. The registered manager held regular supervision meetings with staff to discuss people's needs. Minutes of staff supervision showed staff and the manager discussing rotas, staff training needs and the outcome of people's health appointments. This meant staff had support from their manager when delivering care and support.

Staff asked people for their consent before providing support. One person told us, "They [staff] always ask for my permission." A member of staff told us, "I always ask for consent, not in those exact words, but plainly. For example, I'd say, 'shall we' and 'would you like to' and they say 'yes' or 'no'.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when making decisions that affect them are made. The deprivation of liberty safeguards ensure that people receive the care and support they need in the least restrictive manner. The manager told us, "Should the issue of capacity arise we would go along the best interests path with family, health professionals and social workers."

People were supported to eat nutritious meals of their choice. Staff prepared meals people had chosen and ensured drinks were available and consumed throughout the day. Where people required dietary support this was assessed and detailed in care records. For example, a person was supported with a reduced calorie diet to aid weight reduction and increase mobility. Staff made notes in care records which were reviewed by a health care professional. This meant people's nutritional needs were met.

People accessed healthcare services in a timely manner as required. A relative told us, "The [staff] help arrange appointments and talk with the therapists when they visit." A member of staff told us, "The district nurse attends when I am there [in people's homes]. We discuss the care and I make notes about it in daily notes and the care plan."

Good

# Is the service caring?

## Our findings

People told us that staff were caring and kind. One person said, "Each time they [staff] call I know to expect courtesy and care about my welfare." One relative told us, "The staff are very friendly and respectful." Another relative said, "They [staff] have a very good rapport with my [family member]."

People were supported to maintain relationships which were important to them and establish a rapport with staff. A relative told us, "They know my mum's ways. They are very good with her." A member of staff told us, "My rule of thumb is always to be polite and support someone at their pace. That's how to get a solid start to a relationship." Relatives told us that staff kept them informed about people's changing needs and on-going support.

People made decisions about the care and support they received. Care records reflected people's preferences for care. One person's records stated, "It is important to me to remain in my own home." Another person's care record said, "I want to stay in my own home. I don't want to go to a nursing home or sheltered accommodation." People chose the times at which they received support from staff in their homes.

Care records guided staff as to how people preferred to have their support delivered. One person's care records noted their preference for being washed and dressed before breakfast. Whilst another person's care records stated, "I like to have a jug of water and a glass of milk left on my side table." A relative told us, "The [staff] always make sure [relative] uses their favourite cup. It means a lot to [relative]."

People's privacy and confidentiality were respected. People, relatives and staff told us care records were kept and maintained securely and out of the sight of visitors to people's homes. People also told us that staff did not discuss their needs or support with anyone visiting their home without their permission. People told us staff upheld their privacy by knocking on doors and waiting to be asked to enter before doing so.

Staff treated people with dignity. People and their relatives told us that staff delivered personal care in a manner that preserved people's modesty. For example, people were supported to wear bathrobes and towels at times during personal care. Staff told us that people's dignity was enhanced by supporting people to independently complete the aspects of their personal care they were able to.

Good

# Is the service responsive?

## Our findings

People's needs were assessed by the registered manager prior to a service being delivered to ensure the provider was able to support them effectively. Assessments included people's abilities, risks and preferences for how care and support should be provided. For example, one person wanted full-time live-in care whilst another person only wanted support at weekends. We found other people received support for up to one hour, three times a day every day. This meant people chose how they received support to meet their needs.

People's care records detailed how their support should be provided. Care plans were personalised and provided staff with guidance on meeting people's needs. For example, one person's assessment identified that they may occasionally be unsteady on their feet. Care records directed staff as to the actions they should take to support the person and manage their risk of falling. Where people received assessments from healthcare professionals, care records reflected their findings and implemented their recommendations.

People's care records were updated to reflect their changing needs. Staff reviewed care plans with people to ensure guidelines remained accurate and relevant. When people's choice's or needs changed their care plans were updated. For example, when one person wanted the times of their care calls changed the registered manager adjusted the rota. In another example, when a person wanted to change the order in which they received personal care support this was recorded so care delivery could be adjusted.

People's personal hygiene needs were met. One relative told us, "My [relative] is always clean and fresh. They are really focused on personal care, which is reassuring." People's personal care needs were assessed. Care records guided staff as to how people preferred to receive their personal care.

Staff made entries into care records during each care visit. A member of staff told us, "It's important to make clear daily notes [in care records] and read what others have written because people's needs can change so quickly." We found entries included the appropriate recording of people's health, emotional well-being, nutrition and activities. This meant changes to people's needs were monitored and supported.

People and their relatives told us they knew how to make a complaint but felt comfortable raising issues informally as they arose. A person told us, "I would complain if I needed to, of course. But why would I let it go that far? I would speak to [staff] or the manager as soon as the problem came up." A relative told us, "We have raised issues with the manager from time to time and they have been resolved immediately. If the issues had been serious we would have complained formally." The provider had a complaints policy in place but had not received any complaints from people or their relatives.

Requires Improvement

# Is the service well-led?

## Our findings

People were placed at risk because the quality of the service was not effectively monitored. The providers auditing of staff files did not identify failures in staff recruitment. References for staff did not match the referees stated on staff applications. Work histories attested to by referees did not correspond with the employment histories within staff applications. The provider was unable to explain how staff files came to contain references from referees staff had not nominated or how audits failed to detect this anomaly. This meant the service lacked management oversight of staff records and recruitment processes.

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

The registered manager monitored the quality of care people received. Spot checks are undertaken by the manager without the prior knowledge of staff. The manager recorded their observations during the spot checks. For example, staff punctuality, the warmth of their greeting to people upon arrival and adherence to the guidelines in people's care plans were noted. A relative told us, "We [family members] have been there when the manager has come to do a spot check. They were thorough and asked us what we thought."

The service had a registered manager. Relatives told us they knew the registered manager and were positive about their experiences with her. One relative said, "I have always found the manager to be helpful. We have met and spoken on the phone quite a few times and it has always been positive." Another relative said, "She [the registered manager] assessed our [relative] and paid attention to the important things and what we had to say."

Communication was effective through the service. The manager arranged teleconferencing meetings with staff. Teleconferences are meetings held over the telephone in which a number of participants can be on line at the same time. This meant the provider could maximise the attendance of meetings without drawing staff away from delivering care and support in people's homes. Meetings were used to discuss people's changing needs and provide organisational updates. The registered manager explained that the service planned to introduce regular team meetings at the provider's office during the coming months.

The registered manager and office staff reviewed care records to ensure they were accurate. Care records, including daily notes were returned to the office each week. The registered manager checked these to confirm support had been provided as planned and to ensure information related to people's changing needs were up-to-date.

The service worked collaboratively with others to meet people's needs. The registered manager liaised with social workers and those commissioning services for local authorities. Staff worked alongside health and social are professionals. For example, staff supported people when they were visited at home by district nurses.

The registered manager understood their responsibilities of registration with the Care Quality Commission and notified us of important changes affecting the service.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17 HSCA RA Regulations 2014 Good Governance<br>Regulation 17 (2) (d) Health and Social Care Act 2008 (Regulated Activities) Regulations, Good Governance.<br><br>The provider failed to maintain records as are necessary in relation to persons employed in the carrying on of the regulated activity. |

**The enforcement action we took:**

A Warning Notice was served.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br>Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations, Fit and proper persons employed.<br><br>The provider failed to establish and operate effective recruitment processes to ensure staff were of good character, have the qualifications, skills and experience which are necessary for the work to be performed by them. |

**The enforcement action we took:**

A Warning Notice was served.