

# Accommodating Care (Driffield) Limited

# Accommodating Care (Driffield)

## Inspection report

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Humberside  
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Tel: 01377257648

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20 October 2022  
24 October 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Accommodating Care (Driffield) is a domiciliary care agency providing personal care to 16 people at the time of inspection. Not everyone who used the service received personal care. The Care Quality Commission (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

Quality Monitoring systems were not effective and failed to identify the shortfalls found at inspection. Records relating to the management of the service lacked detail and did not effectively monitor the service. Quality assurance records did not always contain accurate information or identify actions to make required improvements or learn lessons.

Risks to the health and safety of people were not always identified, monitored and mitigated. This included risks associated with individual health conditions and catheter care. Medicines were not managed safely, and recruitment was not robust.

People felt safe. Staff understood their responsibilities to report any safeguarding concerns. People and relatives spoke positively about the kind nature of the staff team. Staff knew people well and treated them with kindness, compassion and in line with their preferences.

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 and update:

The last rating for this service was requires improvement (published 8 February 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider remained in breach of regulations. The service remains rated requires improvement.

This service has been rated requires improvement for the last four consecutive inspections.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced comprehensive inspection of this service on 28 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance of the service.

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.

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 remained requires improvement. This is based on the findings at this inspection.

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

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment , safeguarding and management oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about the recruitment of staff.

Since the last inspection we recognised that the provider had failed to ensure good governance. This was a breach of regulation and we issued a warning notice to the provider.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Accommodating Care (Driffield)

## **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 one 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 CQC 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 the registered manager would be in the office to support the inspection.

Inspection activity started on 20 October 2022 and ended on 24 October 2022. We visited the location's

office on both these dates.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 information gathered as part of monitoring activity that took place 11 May 2022 to help plan the inspection and inform our judgements.

#### During the inspection

We spoke with the registered manager and care workers. We spoke with 5 people who used the service about their experience of the care provided and 10 relatives. We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 3 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.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager sent us further information which included a variety of records relating to the management of the service, including staff training records, policies and procedures.

# 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. The rating for this key question has remained 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

- Medicines were not always managed and administered safely.
- People continued to receive medicines against the prescriber's instructions. For example, one person was prescribed a medication to take for six months. However, staff had continued to administer this medicine after the six months.
- Care plans did not accurately reflect instructions on how to give people medicines, meaning there was a lack of guidance for staff.
- Suitable protocols were not in place for topical and 'PRN' medicines prescribed to be taken only 'as needed'. Staff did not have suitable guidance to ensure people received these medicines when needed.
- Medication audits had not identified all of the issues with the medicines administration records that we found during the inspection.

The provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medication training and their competency was assessed through supervisions and spot checks.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at increased risk of harm, because risks were not always identified, managed or mitigated. Where people had specific health conditions, these had not been assessed and no plans were in place to mitigate such risks. This meant staff did not have sufficient guidance to support them to safely deliver care.
- Risks to people who self-administered their own medication were not considered or raised with health professionals to help address potential risks.
- Systems and processes to review, investigate and monitor concerns, issues or incidents were not always completed correctly to demonstrate actions required or lessons learnt.

The service failed to assess the risks to the health and safety of service users and to do all that is reasonably practicable to mitigate any such risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not safeguarded from abuse. Internal and external processes were not completed to ensure

people were protected from harm or abuse . For example, where people expressed concerns of potential abuse, they were not responded to in line with the provider's policy.

The service failed to ensure systems in place to protect people from abuse were followed. This was a breach of Regulation 13(1) & 13(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe using the service. One person told us, "They [staff] make me feel safe. If I am unsure about anything, they help me through it. They [staff] don't rush and take their time with me."
- Staff received safeguarding training and knew how to recognise potential abuse.

#### Staffing and recruitment

- Safe recruitment procedures were not always followed. Recruitment files were incomplete, which meant the provider could not demonstrate a robust and thorough recruitment process had been followed.

We recommend the provider reviews current guidance for recruitment and update their practice accordingly.

- We were not assured the service always had sufficient staffing levels to meet people's needs. We have reported on this in the well-led section.
- People told us staff were reliable and always arrived on time.

#### Preventing and controlling infection

- People confirmed staff wore personal protective equipment (PPE) when delivering personal care.
- Staff confirmed they had access to PPE and could visit the office to obtain more should their supply be running low.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to put systems and processes in place to ensure the quality and safety of the service provided. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- This was the fourth consecutive inspection where concerns were found in relation to record keeping and oversight of quality at the service.
- The provider did not follow the principles of good quality assurance systems or evidence how improvements were to be achieved.
- Documentation to support systems and processes to manage risk were not robust and consistently implemented. Care plans and risk assessments had not been reviewed in line with the provider's own policy.
- Systems and processes for monitoring the quality of the service were in place. However, these were not always completed correctly and did not contain information of actions to address the audit findings.
- Audits had failed to identify the shortfalls in relation to governance and documentation noted at this inspection.
- Records did not contain personalised information about people's needs, risks they were exposed to or their preferences about how they wished to receive their care.
- We could not be assured people were safe, because the provider could not show they had followed a suitable and robust recruitment process to make sure suitable staff were employed.
- Documentation relating to as and when required medicines did not always provide clear guidance to staff.
- Processes in place to safeguard people were not followed to ensure appropriate safeguards were put in place.
- The registered manager did not always feel supported in their role. Following the inspection, the registered manager informed us they were leaving the service.

The service failed to have up-to-date records and have robust systems in place to identify concerns and act on these. This is a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff spoke positively about the registered manager and found them approachable to any concerns they had.
- The registered manager was open and honest throughout the inspection and acknowledged improvements were needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke positively about the management team. One person and their relative told us, "The registered manager is very good. They listen to what we say and respond straight away. They are excellent."

Working in partnership with others

- The registered manager was open to working with other agencies and external professionals. They were aware of how to contact and work with other professionals such as, district nurses and social workers.

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 failed to provide safe care and treatment. The service failed to identify, mitigate and monitor risks to people and manage safe administration of medicines.</p> <p>Regulation 12: (1) (2)(a) (b) (g) (i)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to protect people from abuse in line with their policy.</p> <p>Regulation 13(1) &amp; (3)</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to ensure that contemptuous records were held detailing people's care and support needs. The lack of robust quality assurance meant people were at risk of receiving poor quality care.</p> <p>Regulation 17: Good governance (1), (2) (a) (b) (c) (d)(i)(ii) (f)</p>

### **The enforcement action we took:**

Warning notice to the provider