

Authum Care Limited

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Inspection report

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28 June 2023

03 July 2023

05 July 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Authum Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 9 people using the service.

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

Staff had not always been recruited safely; we have made a recommendation relating to this.

The service had enough staff. People were supported with their medicines as prescribed. There were systems and processes to safeguard people from the risk of abuse.

People's care plans and risk assessments provided staff with guidance to support people safely and meet their individual needs.

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. However, we found capacity assessments did not include the specific decisions being made; we have made a recommendation regarding this.

Staff received an induction and training to enable them to meet people's needs in line with their preferences. However, they did not have clear guidance relating to first aid. We have made a recommendation relating to this.

Staff provided care and support respectfully whilst promoting people's independence. People were involved in their care arrangements and able to make decisions about how care was provided.

Staff communicated with people in ways they could understand.

The registered manager had processes to monitor the quality of the service. This included audits and staff spot checks and competency assessments.

We found room for improvement in recording of incidents and the registered manager took action to address this.

People's relatives spoke positively about the management of the service and staff felt supported by the registered manager.

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 did not care or support for anyone with a learning disability or an autistic person.

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

Rating at last inspection

This service was registered with us on 27 January 2023 and this is the first inspection.

Why we inspected

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

Recommendations

We have made recommendations in relation to staff recruitment, mental capacity assessments and first aid guidance at this inspection.

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.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Authum Care Ltd

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 1 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 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.

Notice of inspection

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.

Inspection activity started on 20 June 2023 and ended on 5 July 2023. We visited the location's office/service on 22 June 2023.

What we did before the inspection

We sought feedback from professionals who work with the service. The provider was not asked to complete

a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. Following the inspection, a PIR was submitted. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, head of care, 2 members of staff, 1 person who used the service and 1 relative. We received feedback from 4 members of staff and reviewed 3 people's care records. We reviewed training records and documents relating to the management of the service including policies and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager had not ensured staff were recruited safely. The recruitment process included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we reviewed 2 staff files and found they did not include full employment history and have appropriate references. Following the inspection, the registered manager requested additional references but there was no risk assessment completed regarding the lack of explanation of employment history gaps.

We recommend the service review their recruitment process to ensure robust checks are completed and full employment history is obtained with any gaps explained.

- The service had enough staff to care for people safely. The registered manager provided out of hours on-call support and was able to cover staff holidays and sickness. The head of care was also able to provide care when required.

Learning lessons when things go wrong

- The service had forms to be completed for incidents. We saw these filled in when a person had a fall or injury such as bruising.
- Staff were not able to give any examples of lessons learned. However, there had not been many incidents and we saw there was a messaging app used to share information with staff. For example, staff were reminded to support people to drink plenty in the hot weather.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE (personal protective equipment) effectively and safely. Staff told us they wore gloves and aprons for personal care; feedback from people was mixed. A person said, "They wear gloves but no aprons." A relative told us, "They wear gloves. If they are doing a wash sometimes they have an apron." The registered manager completed spot checks and had not identified any issues with PPE.
- We were assured that the provider's infection prevention and control policy was up to date; there was a separate policy with guidance for staff relating to COVID-19.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding. They told us they would report it if they thought a person was at risk of abuse. A member of staff said, "If I find any of that kind of thing I can reach out to my manager."

- The service had not had any safeguarding concerns at the time of the inspection. The policy included the appropriate contact details for referrals to be made to the local authority; these would be made by the registered manager.

Assessing risk, safety monitoring and management

- The registered manager completed detailed care plans and risk assessments to provide staff with guidance to support people safely.
- Staff we spoke with were able to describe conditions people had and how risks were managed. For example, for a person at risk of pressure sores a member of staff told us, "We inform the district nurse and the manager so they follow up on it and the next day the district nurse will visit."
- The service monitored late and missed visits; at the time of the inspection no visits had been missed.

Using medicines safely

- Staff received training in medicines management. We saw examples of staff competency assessments in their files; the registered manager planned to complete these every 6 months.
- People received their medicines safely and as prescribed. A relative told us, "They assist [person] with it. When [person] was doing it on their own, we found [person] had dropped them, now they make sure, they watch [person] take it."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 checked whether the service was working within the principles of the MCA.

- Staff received training in MCA.
- People's mental capacity assessments did not state what the specific decision being assessed was. All the people receiving support with personal care and medicines administration had capacity to consent to this. However, we found a person was choosing not to follow SALT (speech and language therapy) guidance. We were told they had capacity to understand the risk but there was no capacity assessment to show this.

We recommend the registered manager ensures all capacity assessments are completed and include the specific decision being made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to their care and support commencing with the service. Care plans showed people and/or their representatives had been involved and included their wishes and preferences.
- People's care plans and risk assessments were reviewed; the frequency and involvement of people with these was unclear. The registered manager told us reviews were completed monthly; this was not documented clearly in the care record. However, people told us communication with them was good and they were updated. A relative said, "It's quite nice to have that 1 person to speak to."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- Staff induction included completion of mandatory training before shadowing more experienced staff. They did not work alone until they had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager completed staff competency assessments in medicines administration and moving and handling.
- The registered manager told us they planned to provide care packages for people with a learning disability or autistic people. Staff had not yet received training, but they had discussed it at team meetings and planned to arrange the training before providing care.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans described their food preferences and whether support was required to prepare and/or eat and drink.
- Staff had guidance to support people at risk of choking. For example, 1 person's care plan stated they were to be observed whilst eating. A member of staff told us, "We keep an eye while [person] is eating as they are at risk of choking."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records showed other health services such as GPs and district nurses had been contacted as required.
- Staff had practical information to support people with their healthcare needs. Care plans included details of health conditions people had.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were pleased with the care provided. A person said, "Staff are very pleasant. I'm very happy with the service."
- People's protected characteristics under the Equality Act 2010 such as their age, gender, religion, and ethnicity were recorded to ensure the service met their individual lifestyle choices effectively.

Supporting people to express their views and be involved in making decisions about their care

- People and their families felt involved in their care. A person said, "If there is something concerning me, they listen and try to deal with it quite well, so I'm pleased about that." A relative told us, "[Registered manager] tells us if their needs change and they are very good at giving updates and even on our side if [person] has a visit to GP for example, we tell them."
- People's care plans included their preferences, such as the time of their visit, and detailed descriptions of their visit routines.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information for staff to ensure they promoted people's privacy and dignity. For example, ensuring curtains were closed. A relative told us "[Person] prefers to be showered by a male, they accommodate that."
- People's care plans included information for staff to ensure they promoted people's independence. They described support people needed as well as what they could do themselves. For example, when a person was able to brush their teeth, it explained the only support needed was to provide the brush and water. A member of staff told us, "If they say they want to do things by themselves, we support that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised care plan based on their assessed needs. These were detailed and included information on their physical, mental health and sensory needs as well as information about their families and culture.
- People were not supported by regular care staff; they told us the rota was not the same each week. A person told us, "I would prefer it if it was." A relative said, "[Person] would have preferred to have 1 staff. When there is consistency, [person] does not feel they have to explain." The registered manager told us they aim to give people regular carers but balance this with ensuring more staff are familiar with their needs to provide holiday and sickness cover.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included information on their sensory needs such as whether they had hearing, or sight difficulties and any aids used.
- Staff communicated with people in ways they could understand. For example, there was guidance for staff to speak loudly and clearly for a person with hearing difficulties.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints at the time of the inspection. There was a complaints policy which described the procedure.
- People we spoke with were able to raise concerns. They were not sure of the complaints procedure but had not needed to use it and were in regular contact with the managers. A person told us, "I haven't needed to [complain]. I haven't looked in my folder, don't know if it is in there but would take it up with 1 of the bosses." A person's relative said, "I think at the beginning they did but have not had the need for it. I've gone to [registered manager] or [head of care] with issues."

End of life care and support

- Staff had received training in end-of-life care.
- At the time of our inspection, no one required end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 had not ensured staff had clear guidance regarding applying dressings to cuts and wounds. People told us staff replaced plasters to pressure wounds if they came off and incident reports described dressings being changed/applied to cuts. The registered manager told us, "Staff only provide basic first aid if required." However, staff did not receive first aid training and the first aid policy related to staff in the workplace, not people using the service.

We recommend the registered manager develops a policy to include guidance for staff and if they are expected to administer first aid, ensure they have the appropriate training.

- The registered manager did not have a robust process for incident management. There had not been many incidents; forms had been completed for a person who frequently fell or bruised themselves and actions taken. They were not collated anywhere for analysis, and we identified 2 other incidents where appropriate action had been taken but not recorded. The registered manager was aware this would be needed as the service grew. Following the inspection, they developed a new form and told us an incident log would be implemented to include details of the investigations and outcomes.
- The managers completed monthly visit audits. These involved checks of care plans, visit logs, people's environment and medicines with comments from people for concerns or compliments.
- People's medicines were checked daily by the managers to ensure issues were identified quickly as well as being audited monthly. We reviewed some monthly audits and found they did not always identify where a medicine had been logged as not administered or refused without explanation. We fed this back to the registered manager who planned to ensure staff use the notes section of the report to record this.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- Staff we spoke with felt supported by their managers and no one raised any concerns. A member of staff said, "[Registered manager] is very helpful and knowledgeable, sharing the knowledge so we know what is to be done." Another member of staff said, "My manager is always supportive and will guide us how to

resolve any issues or concerns. I've learned so much."

- People spoke positively about the managers and staff. A person said, "[Managers] are very, very good. I like talking to them." We were told staff were understanding of people's cultural needs. A relative said, "[Person] eats with their hands, culturally we do that, and they accommodate that, before they would bring a spoon."

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

- Staff attended team meetings. We reviewed the most recent minutes; topics included MCA and IPC as well as reminders on emergency procedures and to ensure staff promote people's privacy and dignity. However, there was no evidence of input from staff at the meeting. They were working on a questionnaire to gain feedback from staff.
- The service sought feedback from people via surveys. We reviewed the most recent results and people had not raised any concerns, however, only 4 out of 9 people had responded. The registered manager told us a further survey had been issued and they hoped for more responses.

Continuous learning and improving care

- The registered manager was working towards growing the service. At the time of our inspection both managers were on call all the time; as they increased the amount of people supported, they planned to implement a structure to include a deputy and field supervisors. The registered manager told us, "We have spoken to our long-term carer to see if [they] would consider further development. It's all in discussion at the moment."
- The registered manager was responsive to our feedback and taking action to address our concerns. They told us their priorities were to ensure they made robust recruitment checks, as well as to source a provider for a fully electronic system and expand the service.

Working in partnership with others

- The service worked with other health and social care professionals as required. A professional told us, "The manager is very good and knows the people to contact when necessary. They are good at networking, and I value that."