

Mrs Pauline Ann Daniels

# AA-I-Care - 35 Southwell

## Inspection report

35 Southwell Street  
Portland  
Dorset  
DT5 2DP

Tel: 01305821001

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02 August 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

AA-I-Care - 35 Southwell is a domiciliary care agency service providing personal care to people in their own homes. At the time of our inspection, they were providing a live-in care service with personal care to 9 people who lived in Dorset.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were at reduced risk of harm due to substantial improvements made in relation to risk management and the oversight of medicines administration. However, further work was needed to ensure the system of assessing staff competency to administer medicines and help people to move safely was embedded effectively.

People were supported by staff who had been recruited safely.

The owner/provider was responsive to all issues raised during our inspection. They were committed to the service.

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 (supplementary report published 13 July 2023).

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The provider told us the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had also been met. We checked this during this inspection.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

### Enforcement

We have identified a continued breach in relation to safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

### 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# AA-I-Care - 35 Southwell

## 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 3 inspectors.

#### Service and service type

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

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 25 July 2023 and ended on 10 August 2023. We visited the location's office on 2 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality improvement teams and a social care professional working with the provider. 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 this information to plan our inspection.

#### During the inspection

We visited 3 people who used the service and their live in carers. We spoke on the telephone with a further 9 members of care staff. We also spoke with the owner/provider and 2 members of staff who worked out of

the office.

We reviewed a range of records. This included aspects of 7 people's care and medication records. We looked at 3 staff files in relation to their recruitment.

# 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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection systems and processes were not in place to protect people from receiving unsafe care and treatment. Risks were not all appropriately assessed and mitigated. The competence and skills of staff to support people safely had not been assessed, and medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Substantial improvements had been made in the management of risks, however the system in place to assess the competence of staff to give medicines and support people to move safely before they worked alone was still being introduced during our inspection and was not yet effective and embedded. We have not been able to assess the sustainability of this system. The provider remains in breach of regulation 12.

- Inspectors were provided with competency assessments covering the administration of medicines and supporting people to move safely for the majority of staff working in people's homes. Discrepancies were identified in relation to these documents. During, and following, a discussion about these discrepancies the provider acknowledged 4 of these staff had not been directly observed giving medicines as part of their recorded competency assessment. NICE guidance outlines that competency assessments must include a direct observation. An additional member of staff had not had any competency assessments carried out and was lone working.
- Guidance related to medicines was not always clear enough. One person took their medicines with food and this was not referenced in their care plan. This meant staff did not have access to approved information about how to do this safely.

The competence and skills of staff to support people safely had not been sufficiently assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive and told us they would redo all medicines competency assessments for staff in placement within 2 days. We cannot review the sustainability of this action at this inspection.
- Improvements had been made to risk assessments and the related care plans. For example, risk

management plans, related to a person's health, that had not been recorded when we last inspected were now documented. This work was ongoing. Improvements were made to risk assessments and guidance for staff related to blood thinning medication during our inspection. Staff understood the risks and the actions they needed to take if people on blood thinners fell or missed a dose of their medicine. The review and update of 1 person's risk assessment had not identified it continued to reflect out of date guidance about visitors to their home

- There were improvements in the oversight of medicines. Auditing processes had now included checks on prescriber's directions for administration. This meant discrepancies were being addressed in a timely manner. A member of staff told us they felt safer with medicines due to these changes.
- MAR were now provided to staff by the office and included the information needed to ensure people did not exceed maximum doses.
- People who received 'as and when required' medication had protocols in place to help staff know when to administer.

#### Staffing and recruitment

At our last inspection, systems were not operated effectively to ensure people were supported by fit and proper persons. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and, whilst further work was needed to ensure the systems were embedded, the provider was no longer in breach of regulation 19 .

- The owner/provider was not aware of the actions being taken to mitigate risk and secure an appropriate reference for 1 new member of staff. They reviewed this and were able to find a satisfactory explanation.
- Unexplained gaps in employment history had been explored with staff and this was documented.
- The provider had carried out risk assessments related to the deployment of existing staff for whom they had been unable to secure appropriate references .
- A person reflected on the provider's ability to pick good staff.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The competence and skills of staff to support people safely had not been sufficiently assessed. Risk assessments did not always contain sufficient personalised detail.