

Authentic & Care Services Ltd

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Inspection report

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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

Authentic & Care Services Ltd is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, four people were receiving the regulated activity of personal care.

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

Relatives told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported by enough staff who had been recruited safely. The provider supported people safely with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

Relatives told us staff were caring and treated their family with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

Relatives and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service worked with other organisations to improve people's experiences.

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.

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 10/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

Authentic & Care Services 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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

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 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

People who we contacted who used the service requested their relatives speak on their behalf. We spoke to three relatives. We also spoke with the registered manager.

We reviewed a range of records. These included four people's care records and medicines records. We looked at three 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 reviewed documentation provided. We also received written feedback from five care workers.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Relatives told us they felt the service was safe. One relative said, "Absolutely [safe]. [Staff] look after [relative]." Another relative told us, "Yes, [care provided] very safe."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would immediately report any suspicion of abuse to my manager." Another staff member told us, "If I suspect abuse, it is my role to report to my manager, social services or even the police if necessary."
- The registered manager was able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as personal care, mental health, communication, medicines, dietary, toileting, mobility and transfers, falls, skin integrity and environment.
- Risks were regularly reviewed, and any changes were shared with staff to ensure they had up to date information before any care was given.
- Staff knew about people's individual risks in detail. One staff member said, "There are risks included in the care plans and risk assessments which can be found [in person's home]. Before supporting [people] I always read this." Another staff member told us, "I was first shown the risks in the induction. I now read the care plans and risk assessments in the [person's] file. "

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Through our discussions with the registered manager and relatives, we found there were enough staff to meet the needs of people who used the service. A relative said, "As far as I am concerned, [staff] arrive on time." Another relative told us, "[Staff] are always on time to be honest. I have never seen my [relative] complain."
- Staff told us they had enough time to support people without being rushed. One staff member told us, "The assigned time is perfect. I never feel rushed." Another staff member said, "I never feel rushed carrying out tasks as the allocated time is enough."

Using medicines safely

- The provider managed medicines safely. The service had a medicines policy in place which covered the recording and administration of medicines. A relative told us, "[Staff] do help [relative] with medicines. The carers are well aware what time to [administer] the medicines."
- Records showed staff were up to date with medicines training. Medicine competency checks of staff were undertaken. Records confirmed this. A staff member said, "I am responsible for administering medicines as prescribed by the GP. I cross check medicines against the [medicines records]. If I come across any issues, I will contact my manager. The training provided built my understanding and confidence to be competent in prompting and administering medication."
- People who were supported with medicines had a medication administration record. We found these were accurately completed and showed that people received their medicines as prescribed.
- There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. One relative told us, "[Staff] have got gloves. They have got everything. They take that serious." Another relative said, "[Staff] wear masks and gloves."
- The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. One staff member told us, "I have been trained in infection prevention and control. I wear PPE which includes face masks, aprons, face shield [and] gloves. I wash my hands before and after each task." Another staff member said, "I make sure I wash my hands and wear my PPE which is given to me by my manager."
- The provider's infection prevention and control policy was in date and included reference to COVID-19.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

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. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out an initial assessment before the service began. This included the person who used the service and relatives being involved. A relative told us, "They did an assessment. They ask my [relative's] background and what medication [they are] taking." Another relative said, "[Registered manager] came in and filled in forms. They did risk assessments. They introduced themselves."
- Relatives told us staff knew their relative's needs and provided individualised care. A relative said, "[Staff and relative] get along good. They understand each other. They speak the same language." Another relative told us, "When they first came in [staff] introduced themselves and [registered manager] observed the care staff."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.
- Staff training was offered on a regular basis. Records confirmed this. Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "I get supervision every three months. If I have any issues or concerns, I can confidently express these to my manager." Another staff member told us, "I get supervision and my manager encourages me to talk about my concerns with her."

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

- Staff supported people with their meals when needed. A relative said, "[Staff] do cook from scratch. [Relative] has a specific diet." Another relative told us, "[Staff] do cook for [relative]."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. Care plan's recorded people's food likes and dislikes.
- Staff recorded what people ate to enable them to monitor their food intake.
- Records confirmed staff had received training in food hygiene.

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

- The service worked effectively with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One staff member told us, "I would call 999 and then the manager." A relative told us, "[Staff] know the GP telephone number if there is an emergency."

- People's care records showed relevant health care professionals were involved with their care, when needed.

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 Act 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.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate. The registered manager and staff had an understanding of MCA.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support. One relative said, "[Staff] do ask permission, for example if they want to make [relative] some food." Another relative told us, "[Staff] always ask and explain what they are doing."

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

- The service had staff that supported and treated people with kindness. A relative told us, "The relationship is very good. [Staff] call [relatives] mum and dad. They try to be part of the family as much as they can. That is a part of caring." Another relative said, "It is a very good relationship"
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I will treat [people who identify as LGBT] with respect. I will not discriminate them. I would ask the [person] how they would like to be addressed and supported." Another staff member commented, "I respect and support the [person's] sexuality and will give the [person] choices." The registered manager said, "We provide a service and we respect everybody. There is no discrimination at all."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. A relative said, "[Registered manager] did a review in January. She visited the home." Another relative told us, "[Registered manager] did a review this year. She will also call to see if any concerns."

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I got training on dignity and respect. Whenever we give personal care, we will close [person's] door. We will give [person] private space." Another staff member told us, "I give [person] privacy when carrying out personal care by covering the parts of the body I am helping to wash."
- Relatives told us staff helped maintain their relative's independence as much as possible. For example, one relative told us, "We get [staff] to let [relative] do things for themselves They try to let them maintain their independence to build their confidence."

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. 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 were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- Daily records showed the support provided and capture any changes in people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in a personalised manner, in line with their needs and preferences. Relatives told us care staff had been matched to their relative who spoke the same language. One relative said, "[The service] sends [staff] who speak the same language. They try their best to send someone who speaks the same language. [Staff] are well informed and communicate with my [relative]."
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "[Person's] hearing is not very good and requires care workers to speak clearly and standing close for [them] to hear without impinging in [their] personal space."

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make a complaint. Everyone we spoke with felt comfortable to speak to the office staff and senior staff about any concerns. One relative said, "If not happy I would complain. I would complain the manager." Another relative told us, "I would go the manager first. If something about the whole agency and not happy about the manager then I would go to social services."
- The provider had a complaints policy and processes in place to record and investigate complaints. Details on how to make a complaint was available in people's homes.
- The registered manager told us the service had not received any formal complaints since they had registered.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with their end of life wishes and palliative care needs.
- The registered manager told us the service was not supporting anybody who was reaching the end of their

life at the time of our inspection.

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with relatives.
- The registered manager had good oversight of the service and understood the needs of people they supported. They knew people and their needs well which helped ensure their needs were met by the staff team.
- Relatives were positive about the registered manager. A relative commented, "[Registered manager] is nice. She calls me to check everything is ok." Another relative said, "[Registered manager] is an amazing person. She is respectful the way she communicates and cares for my [relative]." A third relative told us, "[Registered manager] is a warm person and respectful. Treats [relatives] like her parents. She is a wonderful manager. She is doing a great job."
- Relatives were complimentary about the running of the service. A relative told us, "Their communication is very good. Feedback from my [relative] is they are doing a good job." Another relative said, "They are the best."
- Staff told us they enjoyed working for the service. One staff member said, "Working for Authentic & Care Services is great as the management team is supportive and I am informed of any changes." Another staff member told us, "It is a brilliant company to work with. [Registered manager] and the care co-ordinator have a sense of humour and they create a friendly office and home environment."
- Staff spoke positively of the registered manager. One staff member said, "[Registered manager] is always willing to help. She is supportive and open minded." Another staff member told us, "She is a good manager who cares for her staff."

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 and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance. One relative said, "They have done spot checks and the manager has called us a few times to

see if everything is alright." A staff member told us, "The manager carries out spot checks to see how we provide care to the [people], to see if we are punctual , she checks the log books and ensures that we are meeting the needs of the [people]."

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- Staff meetings took place regularly to give staff an opportunity to discuss any changes to the organisation, working practices and to make suggestions. One staff member said, "Every month we have a meeting where I am able to contribute and be listened to." Another staff member told us, "We have staff meetings once a month where everyone can easily talk and be heard."

- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive. One relative told us, "[Registered manager] does a telephone survey and she also come to see the carer." Another relative said, "They do telephone surveys."

- The service worked in partnership with the local authority, health and social care professionals and commissioners.

- The registered manager kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training."