

A Z Caring Services Ltd

AZ Caring Services Ltd

Inspection report

Aspect House
4 Ulley Road, Kennington
Ashford
TN24 9HT

Tel: 01233227841

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

AZ Caring Services Ltd provides personal care to older and younger adults in their own homes, who require assistance with personal care needs or have need of stimulation and activity. The service can support some people on a 24-hour basis if needed. At the time of our inspection the service was supporting four people with their personal care needs.

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.

The registered provider and registered manager are the same person so we will refer to them throughout the report as the provider/registered manager.

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

People felt safe with the staff entering their homes. Relatives were very complimentary telling us "They have the right attitudes, these carers are so superior to others we've experienced." Relatives felt that the agency provided holistic care to them and their family member. One said "They've taken a lot of weight off of my shoulders, I have come to rely on them." Another said, "They stepped in and sorted out some issues we had in lockdown." Staff were trained to understand, recognise and act on abuse to keep people safe. The provider had acted to address previous shortfalls and improved systems and processes to ensure the service offered a good quality of care and that people were safe and well cared for.

Accidents and incidents were minimal but were monitored and responded to appropriately. Learning from when things went wrong was shared with staff to inform their practice.

There were enough staff to support people receiving the service. Staff were recruited safely and received appropriate training and supervision.

Staff had received additional infection control training to support their understanding of the Covid 19 pandemic. They were provided with personal protective equipment and they and relatives confirmed this was worn on every visit to keep everyone safe and to reduce risks of infection.

Medication was managed safely and improvements had been made to the way in which medicines administered were recorded. Regular counts were made of the amounts administered, this was to check that people were receiving the right level of medication when they needed it. Staff were trained in medication administration and their competency was checked annually.

Relatives told us that staff were kind and caring. Improvements had been made to make people and relatives aware of the complaints process. Relatives told us they knew how to raise issues and felt listened

to. They and staff were surveyed annually for their views about the service but they were also contacted regularly to gauge their satisfaction. Feedback was used to inform service improvements.

Relatives told us that the provider/registered manager and staff were very approachable. Staff thought the provider/registered manager fostered an open and transparent culture. Staff meetings were held to discuss important changes and enabled staff to express their views. Regular audits were carried out to give the registered manager oversight of service quality and any emerging shortfalls. A new electronic system was effective in alerting the provider and office staff of any concerns quickly. Going forward there were plans to improve use of the system to help in the auditing process. The new system would also allow people and relatives to read their care notes with appropriate password protection.

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 and update: The last rating for this service was requires improvement (published 31 May 2019) and there were multiple 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 we found improvements had been made and the provider is no longer in breach of regulations.

Why we inspected

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, Responsive and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. 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 AZ Caring Services Ltd on our website at www.cqc.org.uk.

Enforcement and Follow up

Since the last inspection we recognised that the provider/registered manager had failed to display their rating. This was a breach of regulation and we issued a fine. The provider/registered manager accepted a fixed penalty and paid this in full. 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 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 ●

AZ Caring 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.

This was a focused inspection to check whether the provider had met previous breaches of regulation 12 safe care and treatment, regulation 16 managing complaints, and 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The previous shortfalls related to recording the administration of medicines, recording risks to people's health and welfare, the management of complaints, and ineffective quality assurance systems.

Inspection team

The inspection was conducted 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. The service was also registered for supported living but this was not currently being used.

The service had a manager registered with the Care Quality Commission who was also the registered provider. 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 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 1 September 2020 and ended on 3 September 2020. We visited the office location on 1 September 2020.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider/registered manager was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During the site visit we spoke with the provider/registered manager, and assistant manager. We reviewed a range of records. This included two peoples care records, medication records, two staff recruitment and supervision records. We also reviewed the complaints record and other records relating to the management of the service, including policies and procedures.

After the inspection

After the site visit, we spoke with four relatives of the four people receiving a service. We spoke with three carers, and a health professional who has regular contact with the service. We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff and management meeting minutes, and survey analysis.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement at this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

This was a focused inspection to check if the provider/registered manager had met the previous requirement notices issued. We assessed all the key question during this inspection.

Assessing risk, safety monitoring and management

At our last inspection the provider/registered manager had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider/registered manager was no longer in breach of regulation 12.

- Individual and environmental risk assessments had been reviewed. Their content and detail much improved. They provided enough detail to inform staff on safe ways of working with people to meet their assessed needs. They detailed the measures in place to mitigate risks.
- Risks in the environment were assessed to ensure it was safe for staff to work, for example, risks from lone working, or risks from infection such as Covid 19.
- Where risks were identified related to people's specific health needs individual plans of support were in place to guide staff. For example, where someone was at risk of skin breakdown, guidance informed staff how they should monitor this, administer creams and check pressure relieving equipment was set accurately. Suggestions for minor improvements were made at inspection and the registered manager agreed to implement these.
- A system was now in place to record visual checks that equipment such as hoists were in good working order, and that servicing dates were recorded.

Using medicines safely

At our last inspection the provider/registered manager had failed to ensure that medicines administration was recorded safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider/registered manager was no longer in breach of regulation 12.

- Since the last inspection the provider/registered manager had invested in new technology. This ensured that administering staff were provided with applications on their mobile phones that allowed them to complete medicine administration records electronically. These were monitored remotely by office staff who were alerted immediately to any missed entries. This allowed them to take action to ensure people had received their medicines as required.
- Stock counts were routinely carried out to ensure people were receiving the right amount of medicines. Medicine audits ensured that staff practice was in line with policy and procedure.

- Where people required the administration of topical creams this was recorded on body charts, that showed staff where creams were to be administered. Administration of creams was recorded on the medicine record.
- Staff were trained to administer medicines and their competency was assessed annually.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection we recommended that the provider/registered manager familiarise themselves with the local safeguarding protocols which they have done. They are now aware of what, when and how they report incidents or allegations of abuse.
- Staff told us they had received safeguarding training and the training matrix confirmed this.
- Staff were aware of the different forms abuse could take and knew how to escalate any concerns they might have to the registered manager. Staff knew they could go outside of the service if necessary, to report their concerns to the 'authorities' but some were unclear of the range of agencies they could alert to. The provider/registered manager agreed to follow this up with individual staff.

Staffing and recruitment

- A safe system was in place for the recruitment of staff. All required checks were carried out to protect people using the service from unsuitable staff.
- Relatives spoke positively about the qualities and attitudes of staff providing care. One said "I am very impressed with [Name] she has a wonderful rapport with my relative, when I left today I heard them laughing together, that makes me feel good as a mum."
- There were enough staff to support the people using the service, some staff worked flexibly to enable the service to respond to increased and decreased levels of usage. Relatives spoke positively about the availability and continuity of staff.
- An out of hours on call system was in place and relatives said they never had problems in contacting a staff member.

Preventing and controlling infection

- Staff told us that they had received infection control training. This had recently been enhanced to include Covid 19 training. This was to ensure they were aware of the virus and the measures they should follow to mitigate risks to their own safety and that of people they supported.
- Risk assessments had been carried out for those people and staff who were vulnerable to the virus, to help protect them.
- Staff said they had access to personal protective equipment such as masks, gloves, visors and aprons. Staff said they always wore a disposable mask when in a service users house. This was confirmed by relatives of people receiving support.

Learning lessons when things go wrong

- A system was in place for recording accidents and incidents. Only one incident had been recorded in the last 12 months. Appropriate action had been taken to ensure the person was uninjured and safe. This had precipitated a review of the persons support and additional measures had been implemented. No further incidents had occurred since.
- Only one missed call had been logged since the last inspection. This had been investigated and the staff member spoken with. This had highlighted a possible access issue to staff rotas. These are now sent to staff weekly via the private staff 'what's app' group so these can always be accessed. In addition to hard copies sent by post.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good This meant people's needs were met through good organisation and delivery.

This was a focused inspection to check if the provider/registered manager had met the previous requirement notices issued. We assessed all the key question during this inspection.

Improving care quality in response to complaints or concerns,

At our last inspection the provider/registered manager had failed to establish an effective and accessible system for identifying, receiving, recording and responding to complaints. This was a breach of regulation 16 (Receiving and acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider/registered manager was no longer in breach of regulation 16.

- A copy of the revised complaints procedure informing people how they could make a complaint had been distributed to those people receiving a service. It explained the procedure for how their complaint would be handled. This information was also included in information packs provided to new service users and their families. The procedure explained how people could escalate their complaint to the Local Government ombudsman if they were not satisfied with its outcome.
- Relatives told us that they found the provider/registered manager and staff approachable, open and diligent in addressing things on their behalf., Relatives felt any concerns expressed or suggestions for improvement made were acted upon. One told us "The care just shines out of those girls."
- A system for recording complaints and compliments received was now in place. Since the last inspection there had been no formal complaints but three suggestions for improvement that had been made were acted upon. An example being, "can staff be reminded to tidy the bathroom up once they have finished supporting [name] with their personal care." Relatives confirmed they felt listened to and any improvements suggested were acted upon. At inspection the provider/registered manager agreed that the log of compliments and complaints could be split to make this easier for them to monitor, and to make clear when a complaint was resolved to the persons satisfaction.

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.

- At the last inspection we highlighted this as an area for improvement because the provision of accessible information had not been considered. Since then people's communication needs have formed part of their initial assessment of need. People or their relatives were asked how they would like to receive information.

For example, if they needed some information provided in a different font size or in another language. The service ability to respond to differing communication needs was evolving. For example, a pictorial care plan had been developed specifically for one person to help their understanding of and contribution towards their care plan.

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

- Care plans were person centred and provided detailed information about people's needs, likes and dislikes. They reflected people's individual preferences for support and recorded any cultural or spiritual requirements important to the person.
- Relatives told us that they, and where possible the person being supported, contributed to the development of care plans, and that these were reviewed with them. Several relatives told us that they had meetings booked with the provider/registered manager to go over their relative's care plan.
- Care plans could be kept in people's homes if they wished, some people had chosen not to have them. Staff were able to access care, risk and medicines information about each person they supported through an Application on their mobile phones that was password protected.
- Previously identified as an area for improvement all staff now completed daily notes for each visit made. The introduction of an electronic record system meant that staff completed their daily notes on-line but also completed paper copies for some people in addition. The provider/registered manager planned to make the daily notes accessible to people and relatives on line as soon as they had familiarised themselves fully with the functions of the new system.
- The new electronic system enabled the provider/registered manager and assistant manager to closely monitor the content and language used by staff in people's daily notes to ensure this was to a good standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst most people received support in their own homes around personal care. Staff also provided support for people to develop or maintain their independence. This could entail help with maintaining skills such as making a cup of tea, or learning new domestic skills such as cooking or domestic activities such as cleaning. Some people were also supported with reducing their isolation through support to attend community activities that they chose to do. For example, shopping, or having coffee out, or support with walks in the surrounding area. Two relatives told us they were very pleased with how well this was working for their family members.

End of life care and support

- At the time of inspection no one was in receipt of end of life care. The service often took people from hospital on short term contracts who required end of life support. Staff were familiar with and trained around how to support people through this sensitive time.
- Care records showed that conversations had been had with people and their relatives about last wishes, and where these were made known to staff these were recorded. Do not resuscitate (DNR) authorisations were recorded to guide staff and ensure they followed peoples wishes.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

This was a focused inspection to check if the provider had met the previous requirement notices issued. We assessed all the key question during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to establish and operate systems to assess, monitor and improve quality and safety and maintain accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider/registered manager was no longer in breach of regulation 17.

- Since the last inspection the provider/registered manager had developed a more effective system for monitoring service quality and safety. Individual audits were now in place for medication, care and staff records, missed calls and complaints.
- Since the last inspection we recognised that the provider had failed to display their rating. This was a breach of regulation and we issued a fine. The provider accepted a fixed penalty and paid this in full. The current inspection rating was displayed clearly in the office and on the website. The provider/registered manager understood that failure to do so could result in further enforcement action being taken.
- Relatives spoke positively about the management of the service they told us that the provider/registered manager was very attentive and contacted them weekly to assure himself that they were happy with the service being delivered. They were always asked if there was anything they needed. One told us "I'm very happy with [Name] care, she is safe and well treated by staff, I am kept well informed and able to raise anything with them." The registered manager maintained a record of these contacts and any actions arising from them to ensure these were acted upon.
- Staff confirmed that spot checks were made on them by the provider/registered manager and we saw records of these visits. Staff said they received regular supervision and annual appraisal and felt able to visit the office at any time if they wished to discuss anything. One told us "I really like working for them, there is good communication," and "They are always available to support you."
- The provider/registered manager understood their responsibility to notify CQC of any reportable and significant events.

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

characteristics

- Staff told us that they felt well supported and participated in staff meetings when these were held. During the pandemic two virtual staff meetings had been held and we saw the minutes of these.
- Staff said they felt listened to and that an open and transparent culture was fostered by the Provider/registered manager. Staff said they felt positive about the future of the service "This service is really going somewhere."
- Annual surveys were sent to staff and service users/relatives. These were analysed and a summary of findings produced to inform service development. Records showed that survey findings were given serious consideration in management meetings as and how these could inform service development. Relatives were contacted on a weekly basis for feedback about how their family members care was being delivered and whether they had any queries.

Continuous learning and improving care

- The provider/registered manager had learned from their first inspection and acted to make the necessary improvements to meet the required standards. They had invested in new electronic systems to drive improvement across all aspects of the service and to aid their oversight of service quality.
- The provider/registered manager kept updated through subscription to relevant trade publications. By networking with commissioning groups and local and national organisations they were able to keep updated with changes in practice and regulation.

Working in partnership with others

- There were established relationships with the local clinical commissioning group and local GP surgeries. A health professional told us "If anything they are quite proactive, there have been a few occasions where they felt a service user needed intervention and have involved medics and the GP's," and "We have used them quite a lot and wish they would cover more areas."