AK Care 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?	Requires Improvement

Summary of findings

Overall summary

About the service:
AK Care Services Limited is a small domiciliary care agency providing care and support to four people living in their own homes with a range of disabilities.

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. At the time of the inspection all four people were receiving a service that is regulated by CQC.

People's experience of the service
People and their relatives told us they were very happy with the service. Staff were kind and caring and they had worked with people consistently, so they understood people's needs and offered a personalised service.

Care plans were in place with risk assessments providing guidance for staff.

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. However, care plans lacked detail on people's mental capacity. This was rectified following the inspection. Staff understood the importance of consent, and people confirmed this.

People were safeguarded against the risks of abuse and harm by the systems and by the staff, who received training in safeguarding adults. Safe recruitment practices took place, so staff were considered appropriate to work with vulnerable people. However, information to confirm some staff continued to have the right to work in the UK, a requirement by law, was not in place at the time of the inspection. We found out of date documentation. This has since been addressed by the service.

The management of the service was undergoing some changes at the time of the inspection. Systems were in place to check the quality of the care provided to people, and staff were well supported in their role.

At the time of the inspection the service was not supporting people with medicines. However, staff had received training in the giving of medicines.

Rating at last inspection:
This service was last inspected on 6 July 2017. The report was published on 8 August 2017, and was rated good.

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

Why we inspected:
This inspection was carried out on 14 July 2021. This was a planned inspection based on the previous rating.

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 not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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. In the week up until the inspection, the service had a manager registered with the Care Quality Commission. This role is important as it 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. The provider is currently looking for a replacement registered manager.

Notice of inspection:
This inspection was announced. 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 member of the management team would be in the office to support the inspection.

What we did before the inspection:
The provider 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 did look at information we have received regarding this service in the period since the last inspection, including notifications to CQC and safeguarding concerns we have been made aware of.

During the inspection:
We spoke with the nominated individual. We reviewed recruitment records for three staff members, including spot checks and supervision records. We reviewed care records for three people.

After the inspection visit:
We contacted four members of care staff, and received feedback from one person using the service and one relative of a person who used the service.

We also reviewed training information, updated care plans, and policies related to recruitment and complaints. We also received updated recruitment information.

The service received funding for providing care through 'Direct Payments'. Direct Payments is a system that lets you choose and buy the services you need yourself, instead of getting them from your council. This meant the service did not have contact with the commissioners of the service. All interactions with other health and social care professionals was via the person receiving the service or their relatives.

Good

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 good. At this inspection this key question is rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Recruitment of staff was safe. Relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

● However, there was no reminder system to check that staff continued to have permission to work in the UK. We found that some staff had evidenced their right to work at the point of employment, but new documentation had not been obtained by the manager to evidence this was the case. Following the inspection this was addressed and rectified. This is discussed in the Well-Led section of the report.

● Staff told us they had enough time to get to each visit and carry out the tasks for people. One person told us their care staff "Always turns up on time. I and are very time conscious."

Assessing risk, safety monitoring and management

● Risk assessments were in place to provide guidance to staff to enable them to care for people safely. The majority of people lived with family members who provided additional day to day guidance in relation to managing conditions and behaviours. Where care staff to take full responsibility for people's care, for example, if family members were away from the house, risk assessments would needed to be enhanced to ensure people were safe.

● Risks identified included personal care, health conditions, moving and handling and eating. There was a separate risk assessment for the home environment.

Using medicines safely

●The service did not provide support with medicines to any of the people using the service.

● Staff had received training in medicines administration.

Systems and processes to safeguard people from the risk of abuse

●Staff had been trained in the safeguarding of adults. They explained what actions they would take if they had any concerns.

● The management team understood their obligations to safeguard people.

● The manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

Preventing and controlling infection

● Staff had access to personal protective equipment (PPE) such as gloves, aprons and over shoes. Staff had received infection control training, and this included managing COVID-19.

Learning lessons when things go wrong

● There had been no incidents or accidents since the last inspection. The nominated individual told us they would share any learning if they occurred.

Good

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.

At the last inspection this key question was rated good. This key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law
● The manager provided a service to people using their council or benefit funded 'direct payments'. ●The manager met with the people and their families needing the service and assessed potential new referrals to ensure people's care needs could be met by the service.
●People receiving the service had been customers for many years and the service was personalised to meet their needs.
●The manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:
● Staff supported people to maintain good health, in conjunction with family members, other private care staff and health professionals.
●Care records outlined people's health conditions and how to care for them.
●People and their families told us staff were able to care for them in the way they wanted, and had the skills to do so. One person said, "Oh yes, she has the skills to support me." A relative told us "She takes care of my [family member] really well and I appreciate it."
● Staff received refresher training in key areas including manual handling, safeguarding and infection control. Due to the pandemic, all training in the last year had been on-line. We saw that information updates regarding the management of COVID-19 had been circulated.
● Records showed and staff confirmed they received regular supervision and phone checks to people took place to ensure they were providing effective, good quality care to people.
● Staff told us the manager was always available and they were well supported in their role. One staff member said "Yes. I get good support" another said "No problems with communication."

Supporting people to eat and drink enough to maintain a balanced diet
●Most people's family members or other private care staff prepared food and staff assisted with eating where necessary. One person told us "Yes, [name] does cook the food I want."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- Care records had limited information regarding people's mental capacity at the time of the inspection visit. However, staff were able to tell us about consent, and how important it was.
- One staff member said "We chat a lot. [Name] is able to give consent."
- One person told us "Yes, [staff name] does things the way I want them done."
- Following the inspection visit additional mental capacity information was added to care records.

Good

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.

At the last inspection this key question was rated good. At this inspection this has remained 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 and their family members told us The service treated people well and respected people's equality and diversity. People told us staff were able to cook food from their country of origin, and one care staff said "She is [religion name], so I don't take meat or fish to their house to eat." Another told us they ensured they wore specific shoes in a family's house to comply with their religious and cultural requests.

● Staff knew people's routines and preferences and people who used their service and their family members set out how exactly they wanted their care and when. People were well supported by the service.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

● One person told us they set out clearly what tasks they wanted their care staff to do. "I have a routine they follow and yes, they do support my independence."

●Care staff were able to tell us how they encouraged people to have as much independence as possible. Comments included. "I always ask her to try and do things to encourage her. We chat a lot. I encourage [name] to brush their own teeth or hair."

●The service was set out to meet people's individual needs and people and their families told us they were treated with respect.

●Care plans highlighted what tasks people could do with themselves.

● The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulation.

Good

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 good. At this inspection this has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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

- Care plans set out people's personal health, social and cultural needs and how they wanted their care provided. Care plans detailed a wide range of needs including mobility, and physical health needs. They also set out people's preferences and routines.
- People told us their needs were met and, in a way, and time that suited them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. There had been no complaints since our last inspection. People and their family members told us they would feel comfortable talking with the manager if they had any concerns.

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.

- Care plans had information of how to communicate with people. We noted that some lacked sufficient detail but staff, who worked specifically with the person and their family, could tell us exactly how they communicated with people who were unable to communicate verbally. One care staff said, "As I have known him for so long, I understand him and the way he communicates." The nominated individual told us they would set out more detail in care plans for people with non-verbal needs, and we saw this had taken place.

End of life care and support

- The service was not currently providing end of life care to people. The nominated individual told us they would work with the person, multidisciplinary professionals and family members if this situation arose.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care, which complied with legal requirements.

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 service was personalised, and we had no concerns with the care provided to people. However, the provider had not set out a system to ensure that staff continued to remain allowed to work in the UK.
- The service was small but the manager and nominated individual had systems and processes to check the service offered was of a good quality, and people and their families were happy with the care provided. These included training, supervision and spot checks of care.
- People and their relatives told us the manager was very accessible. We had no concerns regarding the provider's openness and honesty.
- The management team understood their responsibility to notify CQC as required.

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; Working in partnership with others

- The service offered was person-centred, open and empowering to people. One person told us "Yes, I would recommend this service." Communication between people, their family members and the staff were good. A family member "If anything occurs, she is always in contact with me."
- Staff told us they enjoyed working at the service. They felt supported and comments included "It is a very good place to work," and "As far as I am concerned they are good."

Continuous learning and improving care

- The nominated individual told us the service ensured they kept up to date with good practice guidance to continually improve care. The service also integrated feedback from people and their families to ensure continuous learning took place.