Andrewjon's Ltd

Andrewjon's, 7 Redan House

Inspection report

251 Fulham Court
Fulham Road, Fulham
London
SW6 5QE

Date of inspection visit:
19 April 2022
11 May 2022
23 May 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
'Andrewjons, 7 Redan House' is a domiciliary care agency. The service provides personal care to children with physical disabilities in their own homes. At the time of our inspection there were two people using the service.

People's experience of using this service and what we found
People spoke of good communication with the registered manager and felt that when concerns had arisen that this would be acted on promptly. People spoke of their family members receiving appropriate support, with some care workers demonstrating strong skills and good engagement. However, sometimes the service struggled to provide consistent staff to meet the needs of people and their families.

There were suitable measures to safeguard people from abuse and staff were recruited safely. However, risks to people using the service were not always assessed and managed appropriately and in some cases risk assessments for some activities had not been completed. Moving and handling plans were quite vague and lacked detail on how exactly people could be supported to transfer safely. There were suitable processes for addressing incidents but the provider did not always log and respond to incidents appropriately to implement suitable plans to prevent a recurrence. The management of medicines was not always safe with significant discrepancies in assessments and recording.

Care workers received the right training and supervision to carry out their roles and there were systems to ensure staff had the right competency to undertake particular tasks. The service worked with other agencies such as healthcare professionals to ensure that people's health needs were met but did not routinely integrate this information into their own care plans.

Care plans were not always person centred and lacked clear detail on how people liked to receive care and how they liked to communicate. Plans were not always updated to reflect the actual care people received day to day and were lengthy and formulaic, without always exploring what was important to people. The service worked with people's families to review care plans but did not always use this opportunity to ensure that care plans accurately reflected people's needs.

The registered manager worked with people's families and staff to promote an open culture and to monitor people's concerns and issues. Systems of audit were not sufficiently developed to ensure that people always received high quality care or to act promptly to address risks.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 27 July 2017 and this was the first inspection. This location was dormant until November 2021. This meant that the provider was not providing personal care to people until this date and therefore could not be inspected.

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

Enforcement and recommendation
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found breaches in relation to safe care and treatment, good governance and person centred care at this inspection. We have made a recommendation about how the provider meets the Accessible Information Standard (AIS).

We issued a warning notice regarding safe care and treatment. You can see what action we have told the provider to take at the back of the full version of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Andrewjon's, 7 Redan House

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The inspection was carried out by one inspector with support from a pharmacy inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 a member of staff would be available to support the inspection. Inspection activity started on 19 April 2022 and ended on 23 May 2022.

What we did before the inspection
We reviewed information we held about the provider, including information we had received on how many people they were providing care to and information they had shared to demonstrate that they were providing a regulated activity.

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.

We used all of this information to plan our inspection.

During the inspection
We reviewed records of care and support for two people who used the service and records of recruitment, training and supervision for three care workers. We also reviewed information relating to the management of the service such as policies and audits. We spoke with the registered manager, three relatives of people who used the service and three care workers.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Requires Improvement

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. We have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not fully assess risks to people's wellbeing. Where assessments identified that people were at risk, for example due to epilepsy or when people had expressed distress, the provider failed to complete risk assessments to mitigate and manage these risks.
- Care workers were carrying high risk tasks without suitable risk management. For example, one person required the use of oxygen and a Continuous Positive Airway Pressure (CPAP) machine (a machine to help people with their breathing), and logs showed that care workers carried out tests of blood sugar. However, the provider had not assessed the risks of staff carrying out these tasks.
- Moving and handling plans were not used appropriately to ensure these tasks were carried out safely. The provider had identified key transfers that care workers were required to carry out, but stated that a child was to be moved 'by hand', without any information on what constituted a safe or an unsafe lift and how to manage the risk to the care worker carrying out this task.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Policies and processes were not used appropriately to learn lessons from incidents and accidents. The provider's process stated that incidents needed to be recorded and action taken to reduce the risk of occurrence, however we found that on many occasions incidents of behaviour which may challenge were not reported under this policy.
- Lessons were not always learned from incidents. One person using the service had a high rate of incidents where they had expressed distress. However, there was no risk assessment in place to manage these risks, and these continued to happen at a high rate with no review or management plan put in place by the provider.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The management of medicines was ineffective and placed people at risk of harm. People did not have personalised protocols for "when required" (PRN) medicines that stated when they needed their medicines. This meant that people may not receive their medicines when they needed them and in a consistent way.
- Records around medicines administration were not clear and care plans were not up to date. Medicines

administration records (MAR) charts contained hand- written modifications and there were discrepancies between MAR charts and care plans. Where people needed their medicines administered in a tube through their stomach , we saw that there was not enough information available to inform staff how to prepare and administer these medicines safely.
● Care workers often did not account for medicines and gaps in recording were not detected by audits. MAR charts did not contain clear information on when medicines needed to be taken or information about allergies which could place people at risk.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk from abuse
● There were suitable systems to safeguard people from abuse. The provider had a clear policy on reporting and responding to suspected abuse.
● Staff knew how to respond to abuse. Care workers received training in safeguarding adults and children and knew how to recognise abuse. Staff we spoke with knew who to report abuse to and were confident that appropriate action would be taken. One care worker told us "I've reported not very big issues and she has [taken action] straight away."

Staffing and recruitment
● Care workers were recruited safely. The provider carried out appropriate checks on staff, including obtaining evidence of identification, address and the right to work in the UK. The provider also obtained a full work history and appropriate references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were enough staff to safely meet people's needs. However, one family member told us the provider was unable to fully meet their preferences as they did not have enough male care workers to cover every visit. A family member told us "There are times they can't send anyone. I did raise this with [the registered manager]. She is trying her level best." The provider told us they had experienced problems in recruiting male care workers but continued to try and resolve this.

Preventing and controlling infection
● People were protected from infection. People we spoke with told us staff took appropriate action to reduce the risks from infection, including wearing personal protective equipment (PPE), changing their clothes and washing hands before providing care.
● Staff knew how to protect people from infection, including risks from COVID-19. Staff had received training in infection prevention control and told us they always had access to appropriate PPE. Staff were tested for COVID-19 in line with national requirements.

Requires Improvement

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 of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● The provider did not always effectively assess people's needs and choices. Assessments were lengthy and comprehensive in their scope. However, they did not always accurately capture people's needs for their care and there was a lack of detail about people's preferences.

This constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Care was not always delivered in line with best practice. The provider did not consistently apply best practice regarding the management of medicines in the community and assessments and care plans did not apply best practice in supporting people when they expressed distress and there was therefore a risk that people might not receive person centred care..

Staff support, training, skills and experience

● Staff received the right training to carry out their roles. Care workers received a detailed induction in line with 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. Care workers had also received specific training when they were required to carry out specific tasks such as managing percutaneous endoscopic gastrostomy (PEG) feeding tubes.

● Care workers were confident they received enough training. Comments from staff included "I think we get enough training, it is helpful" and "I am up to date with all my training." Care workers told us how appropriate professionals assessed their competency to carry out specialist tasks. One care worker told us "When we started, we got shadowing with one of the nurses and they took us through it" and another care worker said "[my service user] has a nurse who does all my competencies."

● We received mixed feedback from people's families on the skills and experience of their staff. One family member told us "[our care worker] knows what [my family member] needs, [he/she] knows more than I do, [he/she] is very observant and vocal." Another family member told us "[Our care worker] is not very experienced. [They] have had training but I don't think it is enough" and "Sometimes we see a very entrant level [staff member] who is not at a good level."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

● Care workers were not directly supporting people to eat and drink as people received their nutrition via

PEG tubes and this was often managed by families directly. Where care workers were supporting people to manage PEG feeds, care plans were not detailed on how exactly this should be managed but referred care workers to plans developed by other professionals. Care workers kept appropriate records on the management of PEG feeds.

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 jointly with other professionals involved in people's care. This included nursing teams and specialists who devised protocols for managing people's complex care needs, although the provider did not routinely include these protocols in their own care plans.
- Staff followed protocols devised to keep people healthy and safe. This included monitoring people's blood sugar levels and vital signs to ensure that changes in people's health conditions could be detected appropriately.

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.

- We were unable to establish whether the provider was working within the principles of the MCA. This is because the service was solely working with children. The provider worked with children's families to obtain the appropriate consent to care.
- The provider had a suitable policy for assessing people's mental capacity to make specific decisions and how to provide care in people's best interests when they lacked capacity.

Requires Improvement

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 of this newly registered service. We have rated this key question requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Families did not always have a positive experience of care worker's interactions with their family members. One family told us "I have one main care worker who I call his [parent], [he/she] knows [my family member] so well. They were patient with me too, they understood all my concerns and took it all on board." Another family member told us "Those two [previous care workers] were amazing...they used to play with [my child]. I don't think any of them are doing what those two people were doing…[sometimes] I tell them not to be on their cellphones." The provider told us they experienced difficulties in recruiting enough male care workers to fully meet families preferences for care and continued to try to address this.
- Care plans lacked detail in how to ensure that people's privacy and identify were respected. For example, a plan contained the instruction "maintain dignity and sexuality" without any further explanation of what this meant and how this applied to the specific individual. We discussed this with the provider who told us they would review care plans to ensure that measures to protect people's dignity and privacy were captured effectively. Individual staff had received training in maintaining dignity and privacy.

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

- Families reported being involved in making choices about their children's care. A family member told us "We had a review a couple of weeks ago, I feel like it's helpful."
- The provider assessed people's cultural and religious needs. This included highlighting the preferences people's families had for the gender of their care workers and any support that people required to meet their religious needs.

Requires Improvement

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 of this newly registered service. We have rated this key question requires improvement. This meant people's needs were not always met.

Planning personalised care

● Care was not planned in a personalised way. Care plans were long with a large number of headings and sparse information was often repeated throughout, making these difficult to follow. Some areas of care plans had not been fully developed to explore people's needs and wishes. For example, some care plans indicated that people using the service liked to play, but did not explore key information such as what their favourite toys were and what people responded best to.

● Plans did not include details of exactly what care needed to be carried out on each visit. For example, care workers were doing a large number of quite complex tasks such as checking blood sugar, but these tasks were not generally recorded on the care plans. There was a lack of personalised detail on how people liked to receive their care.

● The provider had reviewed people's care, but there was not a clear framework for tracking how people's needs and preferences had changed and how to translate these into care plans. Reviews did not ensure that care plans still reflected the way that people received care.

This constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 (AIS). The AIS 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 also says that people should get the support they need in relation to communication.

● The service was not meeting the AIS. Information about people was in large and inaccessible documents. There was a lack of clear processes for providing alternate formats for information in a way which was applicable to people. However, the provider told us that they would use alternate formats such as images, pictures and technical aids where applicable.

We recommend the provider take advice from a reputable source on providing information in alternative formats to ensure they can meet the AIS.

● The service assessed people's communication needs, including how people communicated and to some extent the support people needed to do so. Staff demonstrated how they had got to know how people communicate. A care worker told us "Because I have been with [the person] for some time now I would know how [they] communicate, if [person] is in pain I would know." One person told us "[Our care worker] understands [my child's] different cries."

Improving care quality in response to complaints or concerns

● The provider had a clear process for addressing complaints. This included details of how to support people to complain and how complaints could be investigated and resolved.

● People's families knew how to complain and felt confident that the registered manager would respond appropriately. A family member told us "We did raise that with [registered manager], they did respond and [that person] is not coming anymore."

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.

This is the first inspection of this newly registered service. We have rated this key question 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager did not always understand regulatory requirements. For example, the service relied on other organisations to draw up protocols for certain tasks and scenarios. They also did not fully understand their responsibilities to assess risks to their staff conducting these activities.
- Audit processes were not effectively designed to monitor and improve the quality of the service. Audit processes were not always developed in a way which would highlight some of the issues we found with medicines management and care planning.
- Audit processes in some areas were effective, for example infection control audits were used effectively, including checks on equipment that was in place, staff practice and training.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke of good oversight from managers with regards to their day to day practice. One care worker told us "Normally the manager comes around to check on the patient and how we are doing things and talk to the family…based on our performance we usually get feedback."

- The provider worked in partnership with others, and was involved with other agencies such as health care professionals and schools in sharing information to provide appropriate care.

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

- The registered manager engaged positively with people and their families. Comments included "She is a very good lady" and "I don't think she ever takes days off, she always answers her phone." The provider used satisfaction surveys and regular monitoring to assess people's satisfaction with the service.
- Care workers reported feeling well supported in their roles. Comments from staff included "Whenever I need any assistance I call up and get it, someone is always available to call back" and "Communication is very good, I've always had a good relationship with them." Staff surveys were used to check people's satisfaction with their roles and to highlight areas for development.

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; Continuous learning and improving care

● The provider understood their responsibilities under the duty of candour. People spoke of open and transparent communication from the registered manager and when there had been unavoidable changes to their care, they understood the reasons why. There had not been any significant incidents or disruption to the service since it had begun providing care.
● The provider used staff meetings to discuss changes and learning within the service. The registered manager discussed with staff when concerns had been raised about the service and made sure care workers understood what had happened and how this could be avoided in future.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not design care with a view to achieving service users' preferences and ensuring their needs were met. 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided 17(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess the risks to the health and safety of service users of receiving care or do all that is reasonably practicable to mitigate such risks or ensure the proper and safe management of medicines 12(2)(a)(b)(g)

The enforcement action we took:

We issued a warning notice