Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nottingham

20 Fletcher Gate, Nottingham, NG1 2FZ

Tel: 01159540167

Date of Inspection: 17 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	AKA Case Management Limited
Registered Manager	Miss Angela Kerr
Overview of the service	AKA Nottingham is owned and managed by AKA Case Management Limited. The agency offers personal care, support and rehabilitation to people in their own homes. The location is registered for the regulated activity: Personal Care.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with two relatives of the three people who used this service. They both said that they were satisfied with the care and support provided by AKA Case Management. One person said, "I want the best for my (relative) and the service provides this. I can't think of anything that needs improving". Another person said, "My (relative's) personal care is second to none. They are beautifully turned out and always so clean. It's a big, big recommendation for the staff that look after them".

We noted that people and their relatives gave consent before staff provided any care or support. The provider had a system in place to ensure people's consent was documented.

Care records were detailed, up to date and person-centred. Appropriate risk assessments had been completed and were reviewed on a regular basis.

The provider cooperated with others in the care, treatment and support of the people who used the service. This included multi-disciplinary working with other professionals including physiotherapists, occupational therapists and psychologists. We noted that there were regular multi-disciplinary team meetings that ensured all of the person's needs were being met.

Staff received appropriate training to carry out their roles and responsibilities. The care staff we spoke with told us that they felt well supported and were given ample opportunities to access different training programmes.

We found the provider had a complaints policy and procedure in place. This was readily available to people who used the service and their relatives. We saw evidence that staff supported people if they wished to complain. The provider had not received any written complaints from people but explained the procedure they would follow if they did.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. We reviewed the care plans of all three people that used the service. These showed us that people, or their relatives as appropriate had signed the plan to show that they agreed with it.

The provider told us that people's care records were kept in their home. They said that the person who used the service was asked for their consent to share their information with other people. This included their family members as well as other professionals, such as their General Practitioner (GP) and physiotherapist. We saw evidence that this was the case when we reviewed duplicate records kept in the provider's office.

We noted that there had been an assessment of people's advocacy needs. This had been documented in their care plans, as well as a mental capacity assessment. We spoke with two carers about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Both people demonstrated a good understanding of the requirements of these processes. This meant that people who used the service could make as many decisions as they could for themselves.

The carers told us that they always sought consent from the people they were caring for before delivering any care or support. They explained that different communication aids were used to ensure that the person understood what was being said. They said some people communicated through their body language and because they were their permanent carers they understood what people were communicating.

We spoke with two relatives of people who used the service. Both people said that the carers always asked the person for consent before offering any intervention. They said that the care staff had excellent communication skills and that they respected the person's decision about what care and support they wanted.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The relatives of the people who used the service said that they were very satisfied with the care and support given by AKA Case Management and the carers. One relative said, "I want the best for my (relative) and the service provides this. I can't think of anything that needs improving". Another relative said, "My (relative's) personal care is second to none. They are beautifully turned out and always so clean. It's a big, big recommendation for the staff that look after them".

We reviewed all three care plans for the people who used the service. We noted that a detailed needs assessment had been completed before the person used the service. The provider told us that this was done to ensure the service could meet the person's needs.

We noted that each person had individual risk assessments according to their needs. These included risks associated with pressure care, communication, personal care, nutrition, moving and handling, social activities and medications. People's care plans reflected the information documented in their risk assessments. There was detailed information about the person's plan of care over a 24-hour period. We saw evidence that this was person-centred and in agreement with the person who used the service or their relative, as appropriate. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The carers we spoke with could explain the needs of the person they cared for. They said that when they commenced their shift they received a detailed handover from the carer that was finishing their shift. They told us that the handover also highlighted any changes in the person's care and support, as well as any upcoming appointments or visits to the person's home by other healthcare professionals. This meant people who used the service were fully supported and any changes to their care needs were dealt with.

The carers said that they completed daily notes and charts in relation to the care and support they had given. These included body map charts and pressure care charts. One of the relatives we spoke with said, "My (relative's) skin is perfect. The carers make sure they have regular pressure care. They have never had a sign of a pressure sore developing".

We saw evidence that people's risk assessments and care plans were reviewed and audited on a regular basis. There was an annual 'formal' review as well as monthly and three-monthly reviews following input from the person's multidisciplinary team (MDT).

During our inspection we saw evidence that the provider had effective arrangements in place to deal with foreseeable emergencies. These included how the service would cover a shortfall in staffing if, for example, someone telephoned in sick. There were also procedures in place in case there was a medical emergency in someone's home. The carers we spoke with said that they had access to the procedures and adequately explained what they would do in an emergency.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

During our inspection we saw evidence that the provider cooperated with others in the care, treatment and support of the people who used the service.

People's initial assessment forms included the details of other professionals involved in their rehabilitation including speech and language therapists, occupational therapists and physiotherapists. We noted that the provider ensured that they could meet the needs of the person alongside their multidisciplinary team (MDT).

People were assessed using a 'Needs and Provision Complexity Scale'. This meant that their assessment included the amount and level of involvement from other professionals, such as nursing or medical staff. There was detailed information regarding the person's therapy needs, as well as the support they required to meet their vocational and/or educational needs.

The provider told us that each person who used the service had a MDT meeting every three months. This included people's therapists, psychologist, GP, district nurse and the provider. They said that the person who used the service attended these meetings and/ or their relative/ advocate as appropriate. We saw evidence that the provider and other agencies cooperated together in the planning and review of the person's care. The professionals reviewed people's risk assessments and informed their plan of care and support to reflect any changes in their needs.

There was detailed documentation in people's care records regarding the involvement of other health (and where appropriate, social care) professionals. We saw evidence that there was collaborative working amongst the people involved that ensured the health, welfare and safety of the person who used the service was protected.

We reviewed how the provider shared information about people who used the service in a confidential manner. We noted that people or their relative as appropriate, had signed and consented to the sharing of their information with other agencies. We noted that the provider shared information in a timely manner that ensured there were no interruptions to

the person's continuity of care.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider told us that the people who used the service (and their relatives if appropriate) were involved in the recruitment and selection of the care staff that supported them. They said that some people drafted their own recruitment advert, were involved in the shortlisting of people and the actual interview process. They said that this helped to make sure the right people were selected to care for and support the individual according to their individual needs. This was confirmed by the relatives we spoke with.

The provider showed us the induction programme for newly appointed staff. We saw evidence that this was completed within 12 weeks of commencing employment. The programme included training in relation to fire safety, safeguarding, moving and handling, food hygiene, first aid, management of medicines and health and safety. We saw evidence that the carers were supported by undertaking 'shadow' shifts with other experienced carers and received monthly supervisions with their manager.

We noted that people's training included working with other health professionals including physiotherapists and occupational therapists. This meant that their training and education programme addressed all of the needs of the person that they cared for. This meant people who used the service were looked after by suitably trained staff.

We reviewed the provider's training schedule and noted that there was on-going mandatory training. The provider had a system that alerted them when someone's training required updating. We saw evidence that staff's mandatory training was up to date.

Staff received appropriate professional development. We noted that the care staff required a minimum of National Vocational Qualification (NVQ) in health and social care, level 2 as part of their recruitment. Once they were employed they were supported to undertake higher levels of this qualification. The provider told us that they supported people to undertake specialist training and education. This covered areas specific to the people they looked after.

The provider told us that they currently did not undertake annual appraisals with staff. They said that these were being arranged to take place throughout the year.

We asked the provider whether they held staff meetings. They told us that there were regular MDT meetings and that the care staff attended these. They said that they also met with staff on an individual basis to keep them up to date with any service developments and determine whether they had any problems or concerns. Both of the carers we spoke with said that they felt well supported by the provider. They said that they received monthly supervisions and found these very helpful. One carer said, "They (the provider) look after us really well". Another carer said, "I can't think of any improvements that could be made in how we are supported. It is an excellent company to work for".

The relatives we spoke with both said that they were satisfied with the competence of the carers that cared for their relation. One person told us that the carer's additional training, following their induction training, had been done through reciprocal arrangements between them, the provider and the carers. They said that this meant the carers had the specific knowledge and skills necessary to care for their relative on a 24-hour basis.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy and procedure in place. We noted that this was in date. There was clear information for staff about their responsibilities in relation to complaints. The carers we spoke with told us how they would support a person or their relative to raise an issue or complaint. They said that if a verbal complaint was received then this would be documented in the person's support plan and raised with the provider. We noted that this followed what was written in the provider's complaints policy and procedure.

The provider told us that they had not received any written complaints. They said that because people received care on a 24-hour basis, any concerns or problems were quickly identified and dealt with immediately. The relatives we spoke with both said that they knew what to do if they had a complaint or concern. They said that the carers and the provider were very approachable, and the communication flow was excellent. One relative told us that if they wanted something changing then they would phone the provider. They said that the provider was very receptive and dealt with the issue straight away. Both of the relatives we spoke with said that they had never needed to make a formal complaint.

The provider explained how they would manage a written complaint if one should be received. We noted that this followed their procedure and included how the complaint would be fully investigated, within the correct time frame. The provider told us that they would use the complaint to identify any areas of improvement to the quality of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk