



Care Quality draft assessment for Access Dignity Care Limited- Homecare

Overview

Overall Rating: Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

Summary

Safe	Inadequate	Read this section
Effective	Requires Improvement	Read this section
Caring	Requires Improvement	Read this section
Responsive	Good	Read this section
Well-led	Inadequate	Read this section

Overall Service Commentary

Access Dignity Care Limited is a domiciliary home care agency providing personal care to people living in their own homes in the community. The service is registered to provide care for older people, those living with dementia, people with mental health needs, a physical disability or sensory impairment. The service is also registered to provide care for people with a learning disability and or autistic people, although at the time of inspection the service was not providing anyone with these support needs with the regulated activity of personal care. At the time we announced our assessment, 68 people were being supported with personal care at the service. We carried out our on-site assessment on 24 January 2024, off site assessment activity started on 18 January 2024 and ended on 14 February 2024. We completed this assessment in response to concerns we had received about the service. We looked at quality statements relating to areas in Safe, Effective, Caring and Responsive. Due to concerns identified during the assessment process, we widened the scope of the assessment to review further quality statements as required, including all of Well-led. We have identified breaches of regulations relating to person centred care, consent, safe care and treatment, safeguarding, governance, and staffing. We also found the provider had not made statutory notifications to the CQC as required by law. We have told the provider they need to make improvements. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures.

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Overall People's Experience

We spoke with 7 people and 9 family members as part of the assessment process, including telephone calls made by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We received mixed feedback from people using the service, with both positive and negative comments. People told us their regular care workers were polite and friendly. A person's relative told us, "Generally our care workers are good and helpful." However, timing of visits, continuity of care, poor quality of assessments, staff training, language barriers and staff gender were all issues raised by people using the service or by their relatives or advocates. A person's relative told us, "There are too many different care workers; 1 week there will be 1 set of care workers and the next week a whole new set of care workers. This increases [person's] anxiety to great heights, anxiety associated with [their health condition], and it's not OK." People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice. A person told us, "The timings aren't good for me. I wasn't given a choice. [Care workers] come at 9.30am and 9pm and the evening call is much too late for me. They didn't ask me." People told us the provider was approachable, but found comments or concerns were not always addressed in a timely way. A person told us, "[Access Dignity Care Limited] phone regularly to ask if everything is OK." Another person's relative said, "I've complained a few times about timings but... no changes" and, "Getting the timings right would really help."

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Safe

Rating: Inadequate

Percentage Score: 28.00 %

► [How do we score this?](#)

Summary

This service is not safe

Commentary

We looked at all quality statements for Safe at this assessment. The service was not safe. This showed a decline since the last inspection. Risks were not robustly assessed, and people did not always receive their medicines safely and as prescribed. People did not always experience safe pathways of care. Safeguarding systems were not effective to ensure people were consistently protected from abuse and neglect. Improvements were needed to ensure safe environments, including in infection prevention and control. Leaders showed an open and responsive approach to making improvements following our feedback. However, at the time of our assessment, lessons were not learned from safety incidents to improve care for others. People were not always satisfied with visit times. Safe recruitment systems were in place. During our assessment of this key question, we found concerns about assessing risk, medicines management, safeguarding and staffing which resulted in a breach of Regulation 12, Regulation 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can find more details of our concerns in the evidence category findings below.

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Safe

Learning culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Feedback from people using the service did not reflect a learning culture. People told us staff did not understand their health conditions, which meant there was a missed

opportunity for learning relating to people's specific needs. People did not always feel concerns raised were dealt with effectively or in a timely manner to reduce the risk of reoccurrence. A person said, "I speak to the office about the calls and the care workers, and I don't think they take any notice. They tell me they will pass it on to the coordinator and someone will phone me, but they never phone me." Another person's relative told us they did not feel improvements were made when they raised concerns, stating, "I record everything by email, and I haven't mentioned anything to you that I have not already reported to the office."

Feedback from staff and leaders

Although leaders told us they were open to feedback and showed a willingness to make improvements, this had not been proactively identified prior to the assessment process. Feedback from staff and leaders showed there were inconsistencies in the approach to learning, as it was not modelled by the management team how safety events should be investigated robustly and learned from. Feedback from staff showed they did not always have the skills, knowledge, competency, or confidence to effect learning in practice.

Processes

The provider failed to adhere to its own policy and procedure on responding to incidents of harm, including consistently apologising to people when things went wrong. The provider could not always be open and honest, as there was limited oversight across concerns and incidents, and not all risks were identified and acted on appropriately to ensure safety. We identified a person who had sustained burns which required attention from the ambulance service. The provider had not completed risk assessment on smoking prior to this serious incident, despite this being a known risk. There was no evidence the incident was formally investigated, raised as a safeguarding alert to the local authority, or any lessons learned. This is despite daily care notes which showed staff had not followed basic first aid best practice and had placed the person at further risk of pain and infection. We raised our concerns with the provider and the local authority safeguarding team as a result.

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Safe

Safe systems, pathways and transitions

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People gave mixed feedback on support by the service to access safe pathways of care, including support to access healthcare. A person's relative said, "The other day a care worker spotted a pressure sore starting and told us straight away." However, another person told us, "The care worker noticed [pressure damage] but hasn't told me what I need to do or asked for help. I have bought an air cushion." We advised the person to contact their GP. This meant people could not be assured of consistently safe transitions of care. Visit timings did not always enable people to access other professional support. Another person's relative said, "We have a lot of professionals involved – OT, physio, nurses, social worker, and [professionals] come at 10am so [care visits starting at] 9.30am is too late to get [person] ready."

Feedback from staff and leaders

Feedback from the provider showed they did not understand their role and remit in supporting people with skin integrity concerns alongside the district nursing team, and this had placed people at the risk of harm. Leaders acknowledged assessments and care plans were not fit for purpose and lacked significant information about people's care needs. This had the potential to impact on information sharing with other system partners in an emergency, such as paramedics.

Feedback from Partners

We received mixed feedback from partners on the provider's approach to safe pathways of care. A professional who worked with the service told us, "Access Dignity worked for an adult who had complex mental health needs, and this involved 2 professional meetings and 2 best interest meetings. There was a representative at each of the meetings which helped to access a picture of how the adult was not accepting support and how strategies were tried to see if there could be a better outcome." However, another professional confirmed the provider had not contacted them regarding a failure to meet a person's basic care needs, placing the person at continued risk of harm.

Processes

The provider did not demonstrate how they worked with people and other partners to establish and maintain safe systems of care, ensuring safety was consistently managed, monitored, and assured. The provider did not ensure continuity of care, including within its own staff team and also when people moved between different services. There was no effective process to monitor continuity of care staff, and no systems for ensuring this was in place for people it could significantly impact, such as those living with dementia. We identified some people who would be caused anxiety by changes to their care team but were not informed in advance of any changes. People were not supported to move safely through systems, including at the point of hospital discharge. We identified some instances where referrals should be made or advice sought from other professionals, but this had not happened. For example, a person's daily care notes showed they had a bad cough and were struggling to breathe but there was no evidence this had been followed up by staff. Daily care records did not provide detailed enough information to support effective handovers and transitions into other health or care settings.

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Safe

Safeguarding

Overall Score

1 2 3 4

► How do we score this?

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People told us they generally felt safe with their regular care workers, and staff were kind. A person's relative said, "We just have 1 call a day for personal care; we are happy with what we have and [person] is safe with the care workers." However, some of the issues described by people could place them at the potential risk of harm, including due to lack of confidence in the service. A person told us, "I have spoken to my social worker, and we have paused care because I am not happy with the care I have been getting. My [family member] is going to do the care while they sort out the funding and the difficulties and the social worker is going to come back to me."

Feedback from staff and leaders

Although confident to report concerns to the management team, staff could not always tell us how they would escalate safeguarding matters to external authorities such as the police, local authority or the CQC. The registered manager told us they did not know all safeguards had not been notified to the CQC as required by law until this was information was requested during our assessment. This placed people at the risk of harm. The registered manager confirmed they would strengthen safeguarding systems at the service as part of their action plan.

Processes

There was no effective oversight of safeguarding matters by the service. This meant not all safeguarding concerns had been referred appropriately to the local authority for investigation. We asked the provider to make an individual safeguarding alert for 1 person who we identified to be at significant risk from review of their records. We also raised an organisational safeguarding alert to the local authority regarding poor assessments and the impact on people, including the risk of potentially avoidable harm. There was no process or system to analyse safeguarding matters to identify themes and trends, learning and reduce the risk of reoccurrence. Safeguarding concerns showed similar patterns, including self-neglect and pressure injuries. The

provider did not respond to safeguarding matters by following its own policy, and on 1 occasion acted in response to an allegation of theft before seeking police advice.

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Safe

Involving people to manage risks

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People were not empowered to make decisions about their own care. Others were not supported when making choices which could be considered unwise, placing them at the potential risk of harm. People told us they could not always rely on the service to work with them to manage known risks, particularly in relation to staff knowledge and understanding of individual healthcare conditions. A person's relative said, "The quality of care is not amazing. [Access Dignity] allocated us a time, we weren't given a choice and they allocated us 9.30am for breakfast but [person] is diabetic and some days [the care workers] haven't come until 10.15am" and "[Care worker] is very pleasant but I'm not confident that they would know if there was a diabetic issue, they wouldn't recognise it." Another person said, "Sometimes [the care workers] have trouble knowing what to do, I help them to help me, and I try to help them to understand Motor Neurone Disease, I tell them about it and how it is affecting me. I'm not sure about their training." Another person's relative said, "I don't think [the care workers] are very well trained. They seem to be OK with dementia but [person] has Huntington's Chorea and they don't understand the uncontrolled movements. I'm not sure the care workers are aware of [person's] diagnosis or have had any training."

Feedback from staff and leaders

Where staff and leaders own knowledge of people's individual conditions and potential impact on the person's life was lacking, this impacted on their ability to support people to manage risks safely. Staff told us they read people's care plans and during the visit would work systematically through the tasks identified for that person. Where staff were unable to complete a task because the person had refused, for example personal care or taking medication, this was not escalated safely. Although staff said they would record it in the daily notes and at times reported it to the office, the registered manager acknowledged there was no effective follow-through. Staff were not aware of risks associated with individual healthcare conditions. For example, 1 person was living with Multiple Sclerosis (MS) but this was not recorded in their care plan, and none of the staff we spoke with were aware of this diagnosis, including the management team. This meant known potential risks associated with MS such as swallowing difficulties were not risk assessed.

Processes

Processes were not effective in assessing risks, and we identified multiple people's care records which were incomplete, contradictory, or inaccurate. There were multiple areas of concern which were not identified and addressed to mitigate risk in people's care records, including catheter care, medication, skin integrity, choking, allergies, malnutrition and dehydration, and the potential impact of people's specific health needs. For example, 1 person's care records stated they were only 'at risk' of developing a pressure ulcer, whereas staff told us the person did have a pressure ulcer and records showed the person in pain. These widespread issues had not been identified by the provider's own auditing and oversight systems. The provider voluntarily self-suspended the service following our feedback, so widespread process failures relating to risk management could be addressed for people already using the service, prioritising those with the highest level of risk. This included re-training staff on completing care assessments and planning.

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Safe

Safe environments

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

We received mixed feedback from people using the service, with some people reporting they felt safe and were happy with their visit times, but others dissatisfied with their inability to access the electronic call monitoring app to use technology to check care visit records. A person told us, "[Care workers] stay the full time, they are hardly ever late and if they are they phone or text because I like them to do that. They do everything I want them to do." However, a person's relative told us, "I have asked for access [to the app] because I need to see the records, especially as we have a lot of people involved, but [Access Dignity Care Ltd] just don't come back to me." Another person's relative said, "[Staff] put everything on their phones, they are always on their phones. I don't have any access to that information, and it has never been offered."

Feedback from staff and leaders

Whilst care visit times were logged on an electronic app accessed through care worker's mobile telephones, there was no 'real time' monitoring of this system and no alerts set up to tell staff quickly in case there had been a missed visit or missed medication. Leaders did not demonstrate an understanding of their electronic call monitoring system functionality or how to use this effectively to keep people safe. The registered manager told us they would make improvements in this area.

Processes

The provider did not always detect and control potential risks in the care environment. Although there were systems in place such as electronic call monitoring and environmental risk assessments, processes were not always sufficiently robust for ensuring equipment, facilities and technology supported the delivery of safe care.

We identified 1 person's care plan stated they had oxygen in their home, however there was no fire risk assessment relating to this or any further information for staff other than instructions not to 'tamper' with it. There was also no information on flammable emollient creams, which can still pose a risk even after being laundered. Whilst moving and repositioning assessments did record equipment in place, there was no robust information included on servicing, who was responsible for this, or signs of wear for staff to be aware of.

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Safe

Safe and effective staffing

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People described a mixed experience in relation to staffing. People were not always satisfied with visit times, and did not feel staff were trained well enough to support with specific conditions. However, there were no reported missed calls. A person told us, "The times aren't all the ones I want. In the evening [the care workers] come at 7.30pm which is much too early and I really want 8.30pm. I've asked but nothing changes" adding, "Generally they come on time and my good carers phone me if they are going to be late." Concerns were raised about staff development, and the impact on people whilst training new staff. A person's relative told us, "The care workers do not understand Parkinson's. They rush [person], which increases [person's] anxiety and because they keep changing care workers [person] has to explain to new carers what they need and that is very difficult and increases [person's] anxiety too" adding, "At 1 point there were 3 carers coming in, 1 shadowing and that was simply overload and far too much for [person] to cope with." There were also comments on staff communication barriers. A person's relative said,

“The first time someone came to do breakfast they didn’t boil the kettle for a cup of tea. [Care worker] went to fill the cup from the tap and put a tea bag in it – it was lucky I was here. Then [care worker] went to dish up yoghurt and went to put it in the dog’s bowl which had been draining on the side.”

Feedback from staff and leaders

Staff told us they received supervision and felt supported by the supervisory and management team. However, shortfalls in the service showed some staff required additional supervision and training to fulfil their role. Where care staff did not have the skills and training to meet people’s individual needs this put people’s safety and welfare at risk. For example, we identified the provider had advertised on the company website as a service providing palliative care, but staff did not have any specialist end of life care training. The registered manager acknowledged this and told us this would be sought for staff. The training manager completed competency assessment forms and training feedback, but needed more detail on actions taken to support development. This included in key areas, such as with communication barriers.

Processes

Safe recruitment systems were in place for staff, including via Home Office Sponsorship Licence processes. Checks included referencing and with the Disclosure and Barring Service (DBS). Interview processes required improvement to show how the provider explored staff have the skills and values required for the role. Where the provider had appointed an assessor and compliance officer, or delegated tasks to others, there was no effective process in place to check staff competency. The assessment of a person’s needs is crucial to the provider in being able to demonstrate they have enough qualified, skilled and experienced staff to offer safe care and support. Shortfalls in the assessment process were not independently identified by the provider, which impacted on staffing. Electronic call monitoring data was checked by a specialist CQC team, and showed visits punctuality and duration were satisfactory. However, some people provided feedback they were not happy with allotted call times, so whilst this data showed staff were logging in correctly to the times the provider had scheduled, these times did not always meet people’s needs and preferences. The registered manager had already commenced work on plotting visit times at the time of inspection, and explained this was an ongoing process.

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Safe

Infection prevention and control

Overall Score

1 2 3 4

[▶ How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

We received mixed feedback from people about infection prevention and control (IPC). A person's relative said, "[Care workers] wear PPE and put on masks and gloves and throw them away in the right bins when they leave." However, another person's relative said, "[Care workers] don't wear masks, they never wash their hands, but they do wear gloves and throw them away when they leave." Whilst it is not current government guidance for care workers to wear a face mask, people may choose to ask visitors to their home to do so. However, a person's relative said, "We asked for PPE especially a mask, when we had a meeting. The regular [care worker] has 1 and wears it but a [new care worker] turned up yesterday and had nothing, no PPE. I haven't noticed hand washing."

Feedback from staff and leaders

Staff told us they received training in infection control and were given access to enough PPE. A staff member told us they always carry a supply of hand sanitiser, face masks, aprons and gloves. Management told us spot checks to ensure staff were wearing correct PPE were carried out. However, staff could not always explain good IPC practice when supporting people with injuries, to reduce the risk of infection when providing basic first aid.

Processes

The provider had infection control policies and procedures in place. However, although compliance checks were completed, feedback from people using the service indicated staff did not consistently follow good hand hygiene practices. Complaint records showed an instance where a staff member had gone to provide care to a person at known risk of respiratory illness whilst unwell, and another person had complained they had been accidentally scratched by a staff member wearing artificial nails. Artificial or painted nails provide a breeding ground for bacteria and make hand hygiene less effective. Whilst the provider took action to address these individual concerns, this did not show good IPC processes were always embedded in practice. Care records did not always cover IPC concerns robustly, including a lack of guidance on reducing the risk of cross-infection when bathing eyes or administering eye drops.

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Safe

Medicines optimisation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

Although staff received medication training this was not well embedded, and we received mixed feedback from people using the service. A person told us, "[Care workers] do my tablets, every morning and evening they remind me. [Care worker] will order my tablets too – they deserve 5 gold stars for the help they give me." However, another person said, "[Care workers] used to do my medicines. They would

stand there for 10 minutes trying to work it out, so I phoned the office and told them I was going to do my own medicines. They had no idea, the care workers.” Another person’s relative told us staff would not administer their prescribed medication as they confused the date of issue with the date of expiry, which led to their medicines being disposed of.

Feedback from staff and leaders

The provider told us there was a company policy for staff not to provide personal care to areas of broken skin, even if this was not considered to be a wound falling under district nursing supervision. This placed people at risk of pressure injuries and infection and had led to involvement of the local authority safeguarding team on multiple occasions. The provider has since changed the company policy following our feedback. Staff could not tell us how they proactively supported people with pain management, to ensure they felt comfortable enough to receive support with re-positioning or with personal care.

Processes

Medicines were not always given safely and as prescribed. Poor oversight of medication systems put people at risk where shortfalls were not being identified and acted on within a timely manner. This was acknowledged by the registered manager, who following feedback said they would review their systems and increase auditing to ensure safer oversight. People were at risk of constipation, pain, and discomfort where bowel medicines were not being administered as prescribed or monitored effectively. We identified 1 person who had not received their bowel medication as prescribed by the hospital discharge team. This was not identified by the provider prior to our feedback. There were no body maps in place to guide staff on the application of topical creams or transdermal patches. Record keeping for failure to apply prescribed creams was poor. There was no guidance for staff on the safe application of eyedrops, and we found the risk of potential medication overdose was not always well managed. The provider was not following its own policy and procedure on medication practice, and people's Medication Administration Records (MARs) were not always clear or up to date.

Effective

Rating: Requires Improvement

Percentage Score: 58.00 %

► [How do we score this?](#)

Summary

This service is not always effective

Commentary

We did not look at all quality statements for Effective at this assessment. The service was not always effective. This rating uses some scores from the previous inspection. This showed a decline since the last inspection. Assessments completed by the service were insufficiently detailed to enable effective, good quality care planning. This included failure to assess the impact of specific health conditions. There was a lack of understanding by staff and leaders about capacity and consent. There were no mental capacity assessments for people living with dementia who might not be able to consent to all aspects of their own care and treatment. Where people made decisions which could be considered unwise, there was no evidence of support or further information provided by staff. During our assessment of this key question, we found concerns about consent and capacity, which resulted in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified concerns relating to the competency of staff, resulting in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can find more details of our concerns in the evidence category findings below.

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Effective

Assessing needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

There were concerns raised by people about the assessment process, which did not result in care which reflected their values, preferences, and needs. A person's relative said, "[Access Dignity Care Limited] came and did a care plan and sold the service to me but they haven't lived up to expectations." Another person said, "[Access Dignity Care Limited] came and did an assessment and put the plan in a folder. They didn't ask me what I wanted, and they didn't ask me if I minded male care workers, but they send them in, and I don't want them." We also received feedback that visit timings agreed at assessment were not always followed. A person's relative told us, "They did an assessment and I was asked about times, but they don't stick to the times I asked for."

Feedback from staff and leaders

Feedback from staff and the registered manager showed they lacked the skills and understanding of people's assessed needs and conditions, which had put people at risk. A person using the service was assessed to require support with all of their meals and drinks, as they were unable to independently mobilise. Staff were not providing this support, and the registered manager and assessment manager confirmed they were aware of this, but had not taken any action. This is despite believing the person was consuming no food, contrary to their assessed needs. Staff could not explain how they supported people's wellbeing, as there was very limited information recorded as assessment of people's interests. The poor standard of assessments had not been identified by the management team, showing a lack of oversight. Following our feedback, the registered manager took action to re-train staff responsible for completing assessments.

Processes

Assessments completed by the service at the time of inspection were insufficiently detailed to enable effective, safe, good quality care planning. This put people at risk of their needs not being met. This had not been identified by the provider's own audits. Although the provider reacted to feedback given during the CQC site visit, and sent 3 people's updated care plans for review, these records were still not detailed enough and did not show user involvement. The registered manager told us they would complete a phased re-assessment of everyone using the service, to ensure all care plans were safe, accurate and good quality before accepting any new admissions into the service.

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Effective

Consent to care and treatment

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. The service was not working within the principles of the MCA.

Communication barriers meant staff could not always effectively seek consent before providing support, and we received feedback staff did not always have the skills to provide care to people living with dementia in a person-centred way. A person said, "The care workers don't speak good English. I can't understand them." Another person's relative said, "[My person] gets very upset because [care workers] do not understand them. But on a positive note [the care workers] are very nice people, caring and good humoured." However, we also received feedback from a person's relative who said, "The care workers always say what they are doing and ask, 'Would you like us to...?'. They are polite and respectful."

Feedback from staff and leaders

Leader's own lack of understanding impacted on their ability to ensure effective care plans were in place and hampered the monitoring of staff practice. There was a lack of understanding at management level about fluctuating capacity, for example when experiencing an infection, and the need for decision-making to be time and decision specific. There were no mental capacity assessments provided on request for anyone using the service. This included for people who may not have capacity to consent to all aspects of their own care, for example, due to living with advanced dementia. This meant there was no evidence actions were taken in the person's best interests in providing care and treatment.

Processes

Processes in place were not effective to ensure consent to care and treatment underpinned all areas of people's care and support. This put people's human rights at risk where they lacked capacity to give informed consent to their own care and treatment. People were not supported to access resources they might need to facilitate informed decision making. The lack of mental capacity assessments had not been identified by the provider or its compliance team. Following our feedback, the local authority safeguarding team offered to provide training to the service in the Mental Capacity Act.

Caring

Rating: Requires Improvement

Percentage Score: 50.00 %

► [How do we score this?](#)

Summary

This service is not always caring

Commentary

We looked at all quality statements for Caring at this assessment. The service was not always caring. This showed a decline since the last inspection. People's individual needs and preferences were not consistently well understood, and this was reflected in their care, treatment, and support. Staff did not have sufficient guidance to respond to people's immediate care needs, to reduce the risk of avoidable distress, pain, or discomfort and instead responded intuitively. Staff could explain how they would support people's privacy and dignity, and people told us staff were polite, caring and kind. However, people told us their preference for the gender of staff supporting them was not always respected by the provider when organising their care, impacting on their sense of receiving dignified care. People's aims and ambitions were not recorded by the provider to empower independence, choice, and control. Staff told us they feel well supported by the management team. During our assessment of this key question, we found concerns about person-centred care, which resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can find more details of our concerns in the evidence category findings below.

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Caring

Kindness, compassion and dignity

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing

and communication needs with them.

People's Experience

Some people gave positive feedback that staff were caring and kind. One person's relative said, "[Care staff] don't rush and they always ask if there is anything else they can do. We are happy with them." Another person told us, "My carers are lovely and friendly, some of them have become sort of friends." However, other feedback was not as positive, where people told us their preference for the gender of staff supporting them was not always respected, impacting on their sense of receiving dignified care. A person told us, "When we moved to 1 care worker I never felt properly [supported with personal care] and I had to ask my husband to help [with my personal care] when the care worker had gone. They would send a male care worker and he wasn't very comfortable, so I think he just used to rush it."

Feedback from staff and leaders

Staff spoke about people with kindness and respect. However, although the provider and staff came over as motivated to provide a quality caring service, not everyone using the service was receiving this level of care. This meant people received an inconsistent experience. The management team did not always demonstrate an understanding as to how shortfalls such as safeguarding concerns, timing of visits and people not receiving their preferred staff gender did not reflect kindness, empathy and a compassionate approach. This was reflected in areas such as the Christmas newsletter sent out to people, which focused on staff celebrations and bonuses, rather than demonstrating compassion for those who would be alone or find Christmas a difficult time. It also set out at length why people could not have their preferred visit times, showing the provider was unable to meet people's expectation as stated on its own website: 'Bespoke care tailored to you.' The registered manager told us they would review communications going forwards to ensure they were accessible and involved people using the service.

Feedback from Partners

We received mixed feedback from partners about the consistency of support provided to people, which could impact on people feeling cared for. A professional who works with the service told us, "I have received good contact from the team leaders which has resulted in positive outcomes for the individuals involved, and they appear committed to their roles in providing the best care for the adults they work with and act quickly when things are raised. However, I would like to note, and the

care agency is aware, that there have been issues with some of the care workers in relation to communication with the people the work with, also not knowing how to cook meals, spending long times on their phones to write notes in front of the adults."

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Caring

Treating people as individuals

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People’s individual needs and preferences were not always considered and reflected in their care, treatment, and support. People reported their clear preferences for a particular staff gender were not respected, which meant care was sometimes provided directly against people's express wishes. A person told us, “I don’t feel comfortable, I don’t want male care workers. I have 1 girl called [staff member] who I really want more of. I feel very vulnerable with the males.” Another person said, “[Access Dignity Care] sent 2 males (care workers) and when we complained they said they would change it, but it happened again.” Another person’s relative told us, “Some of the care workers they send are young boys, the same age as [person’s] grandsons and on one shower day 2 males turned up. That is not acceptable.” However, other people were satisfied with their care team and felt their individual needs were met.

Feedback from staff and leaders

Staff and leaders did not always know people's specific care and support needs, including people's aspirations, interests and hobbies. Staff could not always fully explain how to advocate or support people as individuals, for example what specific approach should be taken to help and reassure someone who refused personal care. Whilst the registered manager shared a positive story about staff accompanying a person to attend a country fair in line with their interests and life history, this did not reflect other people's experiences more widely and was inconsistent in approach.

Processes

Processes did not support person-centred care. The provider failed to consistently respond to people sharing their individual preferences or requests, including through complaints. Assessments did not take account of people's individual strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics, and care records reviewed did not evidence people planning or meeting any of their own goals. This demonstrated a task-based approach.

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Caring

Independence, choice and control

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People told us their individual choices and preferences were not always respected. Complaints showed people were not always responded to by office staff when asking for a change to their care workers, even though this was contrary to the provider's own Statement of Purpose. Support for independence and choice was not consistently managed safely, and people were not always supported with informed decision making, placing their wellbeing at risk. We saw a theme of some people refusing care ('self-neglect') rather than accept care in a way contrary to their choice and preferences. A person told us, "I don't think [Access Dignity Care] are very helpful. I phoned 3 times because the night visit was 10pm at night and it's too late for us. The office just said they would tell the coordinator, but it didn't change, and no one ever phoned us back so I would just cancel the evening calls on the day."

Feedback from staff and leaders

The management team did not always promote people's independence, so they knew their rights and had choice and control over their own care, treatment and wellbeing. Feedback from the management team showed focus was on making their own staffing model work, rather than identifying and assessing whether this met the needs of people being supported. However, steps had been taken to try and ensure visit times were better aligned to people's choices, and this work was ongoing. There was limited awareness or proactive discussion from care workers about supporting independence and achieving goals, as they did not have access to this key information in care plans.

Processes

Care plans did not always provide detailed information on how staff were supporting people's choices or how to seek people's views on their own care. A person's communication care plan stated their family member would advocate for them, but then also stated the person could verbally communicate: 'I do not speak too much due to my current condition; however, I can express how I am feeling if asked closed ended questions.' This meant staff might not be aware they should seek the person's views before that of their family member.

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Caring

Responding to people's immediate needs

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People's feedback was mixed, but did not show how staff consistently listened to and understood people's needs, views and wishes. Staff did not always respond to these in the moment to minimise any discomfort, concern or distress. This was further impacted by language barriers. A person told us, "They [Access Dignity Care Limited] sent a man in (care worker); he didn't speak English and I couldn't understand him, and he couldn't understand me."

Feedback from staff and leaders

Staff could not always fully explain how they would support people in emergency situations. A care worker we spoke with during the assessment told us they had to seek permission from the office before providing any basic first aid, and we received incorrect information from staff on what they would do in the event of a choking incident. There was limited information to guide staff on how to support people experiencing distress, for example in relation to palliative care, or for a person who experienced 'extreme pain' when moving. This meant staff provided intuitive care rather than following best practice guidance, which led to inconsistency of approach. We raised this with the provider to address and make improvements in this area.

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Caring

Workforce wellbeing and enablement

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Feedback showed leaders cared about the well-being of their staff, and were constantly looking at ways to support them, such as having a setup of a person's home within the office space so they could complete mock care visits, with support and supervision. However, at the time of assessment, where staff were unaware of people's health conditions and not given clear guidance in providing individualised support, they were not being fully supported to deliver person-centred care. The registered manager told us they were committed to continuous improvement and support for the workforce, and planned to work with the local authority quality team to deliver this.

Processes

Processes were in place to support with staff wellbeing, such as supervisions, bonuses, and care worker awards. Team meetings were held with a view to support care workers and to deliver supportive guidance in areas such as culture, and understanding religious holidays such as Christmas. However, processes for organising care did not put staff in the best position to meet the quality statement, for example in relation to continuity of care. This also included failure by the provider to supply adequate care plans to guide staff, and training lacking in specific areas relating to people's health care needs.

Responsive

Rating: Good

Percentage Score: 71.00 %

► [How do we score this?](#)

Summary

This service is responsive

Commentary

We did not look at all quality statements for Responsive at this assessment. The service was responsive. Although we found areas of concern at this assessment, until we have assessed more quality statements in Responsive the rating for this service remains the same. This rating uses some scores from the previous inspection. People's care, treatment and support did not always promote equality, remove barriers or delays and protect their rights. People did not always feel empowered.

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Responsive

Equity in experiences and outcomes

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

People were not always able communicate their views about the service in a way which proactively considered their equality characteristics. This impacted on tailored support provision.

Feedback from staff and leaders

From discussion with the management team, further work was still needed to develop how staff actively listened to people, by improving their communication systems and proactively following through on people's comments. The registered manager told us they were committed to doing so, and to empowering staff to develop initiatives in the community.

Processes

The provider was failing to adhere to its own CQC Provider Information Return (PIR) response regarding equity of experience for people. The PIR stated, 'Access Dignity Care ensure we have robust processes in place to ensure we do not discriminate against any individual with protected characteristics' and, 'All service users have a thorough assessment of their needs carried out which supports with designing a person centred care plan tailored to their needs. Their care plan takes in to account their beliefs and values, their goals and visions, their current baseline and what they would like to achieve, and the support required to achieve this, their personal preferences.' This was not happening in practice from evidence gathered at this assessment. For example, failures in care planning and assessments meant people with additional communication needs such as dementia were not always heard. This did not demonstrate how the provider pro-actively sought out and listened to information about or from people most likely to experience inequality in experience or outcomes. This meant care, support and treatment could not always be tailored in response.

Well-led

Rating: Inadequate

Percentage Score: 36.00 %

► [How do we score this?](#)

Summary

This service is not well-led

Commentary

We looked at all quality statements for Well-led at this assessment. The service was not Well-led. This showed a decline since the last inspection. Systems and processes were not effective to ensure good governance and oversight. The provider did not independently identify risk which impacted on people's safety and welfare. The approach to learning, improvement and innovation was inconsistent across the service and did not include the measuring and analysis of outcomes and impact. Further work was required to demonstrate effective partnership working with other stakeholders. Legal requirements were not consistently met, such as the systematic failure to submit statutory notifications. Whistleblowing policies and procedures were in place for staff to speak up freely. Leaders were aware of supporting equality, diversity and inclusion in the workforce. The provider was committed to driving improvement at the location, and put an action plan in place. During our assessment of this key question, we found concerns about governance systems, which resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can find more details of our concerns in the evidence category findings below.

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Well-led

Shared direction and culture

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Staff felt supported which helped to develop a positive culture, however, strategic direction was unclear. The registered manager confirmed they would review the service Statement of Purpose, to ensure they were supporting and empowering staff to meet their own organisational vision and values going forwards.

Processes

Processes were not in place to support a clear shared vision, strategy and culture based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and communities. For example, at the time of assessment, the service was registered for supporting the specialist service user band of people with a learning disability and/or autistic people, which requires in-depth provider awareness of national best practice guidance and CQC guidelines. Whilst there were no people with these care needs being supported with the regulated activity of personal care, there was a lack of awareness of best practice. The registered manager confirmed they would consider whether they wished to continue to be registered for this specialist service type, and whether this met their organisational vision for the future.

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Well-led

Capable, compassionate and inclusive leaders

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Improvements were required to demonstrate consistently capable leadership. The registered manager was open in acknowledging shortfalls identified at this inspection, and proactively created an action plan to address many of the issues raised. This included reviewing systems, strengthening processes, and seeking staff training. Staff told us they could raise any queries or concerns with the management team, and all staff we spoke with told us they felt supported and valued in their role. A care worker told us, "[Management] are always ready to help us." Another staff member said, "I love working here, everyone is so supportive."

Processes

Leaders operated with openness and modelled an inclusive approach towards staff. However, failure to have consistently safe and effective systems in place meant oversight was lacking. This did not demonstrate consistently capable and compassionate care.

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Well-led

Freedom to speak up

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Staff told us they feel well supported and respected by leaders and the management team. However, whilst staff reported they were able to ‘Speak up’, there was limited evidence concerns were acted on appropriately, as office staff did not always have the skills, understanding and competence to escalate concerns raised as required. This meant issues were not always investigated fully and lessons learned were not always identified, shared and acted on as a result.

Processes

Whistleblowing policies and procedures were in place for staff to speak up freely. We saw evidence of staff having the opportunity to provide feedback on the running of the service. However, complaints responses did not always show people received a full written apology when things went wrong. As there was no analysis or robust oversight of themes and trends in complaints and concerns, the provider could not demonstrate how they would prevent similar issues from happening again.

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Well-led

Workforce equality, diversity and inclusion

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Feedback from leaders showed that, whilst there were many actions taken to ensure staff workforce equality, diversity and inclusion, there was a failure to assess, monitor and record the impact of these actions. For example, engaging staff training was taking place in areas such as food preparation and exploring cultural differences. However, this was not being analysed for impact or improvement. The service encouraged apprenticeships, including for autistic colleagues. Feedback from staff showed they felt supported and happy working for the service. Whilst staff told us they felt well supported, they were not always empowered to provide the quality of care meeting the quality standards.

Processes

The provider had begun developing systems to support equality and inclusion through workshops. However, the training matrix showed staff did not receive formal equality and diversity training to support wider awareness in the role. Systems were in place to seek staff feedback in areas such as the setting up of the rota, to promote fairness amongst the staff team. There were opportunities for staff training and career development, including access to driving lessons. The registered manager had not developed a long-term staff recruitment and development strategic plan to show how they balanced staffing the service with meeting people’s preferences and needs.

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Well-led

Governance, management and sustainability

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Feedback from staff and leaders across the organisation at all levels did not provide assurance or evidence of robust, effective or well-embedded governance and oversight measures. This had an impact on people using the service. Staff members had been delegated the responsibility of overseeing parts of the service did not demonstrate sufficient understanding to fulfil their role. The provider told us they would strengthen their systems going forwards and produced an action plan in response to our feedback.

Processes

Governance processes were not well established and monitored to ensure safe and good quality care. There was no evidence of effective provider oversight in areas including assessments, care planning, safeguarding and audits. Audits were insufficiently detailed to address issues of concern, and care plans were not updated in a timely way. Legal and regulatory requirements were not consistently met, such as failure to submit statutory notifications. These are notifications the provider must make to the CQC for certain issues such as safeguarding concerns or serious injuries. Checks that visits had been completed as planned were done manually. There was no monitoring system in place to assist the management team to identify missed visits and take prompt action. This meant it would not be possible to be alerted quickly in the case of missed visit or missed medication. The business manager acted on our feedback to put this in place.

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Well-led

Partnerships and communities

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

People's Experience

We received feedback people could contact the office if required, and staff were approachable. However, some people told us they were not always able to work in partnership with the service and be fully involved in their own care. A person’s relative told us, “Access Dignity’s website states that staff have time to develop trusting relationships with the client and that they make sure you receive a reliable service that is not rushed. They also state that if person caring for you needs to change at short notice you are told so that you know who to expect. It also states you are introduced to any staff who are going to provide your care. None of this seems to happen or hasn’t happened to us.” Another person’s relative told us, “The office says the right things and sound helpful, but they are not really on the ball, and they are very slow to respond.” However, the service had also received a number of compliments from people who were satisfied with their care.

Feedback from staff and leaders

The registered manager told us they had achieved a Social Value award from the local authority for setting up a local community dementia café. This needed to be further developed to see how it could support more of the people using the service, including those people unable to leave their own homes. The registered manager also told us of their plans to strengthen their working relationship with the district nursing team going forwards. The service is currently working with the local authority

organisational safeguarding team and quality team, with the aim of improving the standard of care.

Feedback from Partners

Whilst further work was required to demonstrate consistently effective collaboration with other stakeholders, we received positive feedback from the local authority about the provider's proactive approach to drive improvement following CQC feedback. A professional who works with the service told us, "Support will continue to be given the care agency for the time being, but we found [registered manager] and [business manager] to be open to making improvements, such as new systems which would collate information together to better organise as necessary."

Processes

Systems and processes required improvement to show how the management team identified and escalated concerns and referrals to other professionals in a timely way, to support people to receive good quality, safe care in partnership with the person and considering their views and wishes.

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Well-led

Learning, improvement and innovation

Overall Score

1 2 3 4

► [How do we score this?](#)

Summary

Inadequate - This service does not maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Feedback from staff and leaders

Feedback from staff and leaders did not demonstrate a focus on continuous learning, innovation and improvement across the organisation and the local system. The management team did not always encourage creative ways of delivering equality of experience, outcome and quality of life for people, nor actively contribute to safe, effective practice and research. Staff could not always explain learning from adverse incidents, and investigations into serious incidents were not always robust. Although the management team were responsive to CQC feedback and put an action plan in place, continuous improvement outside of the assessment process was not evidenced through discussion with staff and managers. The registered manager was receptive and positive about driving change, and told us, "It's a learning curve."

Processes

There was a training plan set up by a dedicated training manager, which showed an engaging and supportive approach for staff, including access to specialist equipment needed for practical learning. However, wider governance processes were not well developed and embedded, placing people at the risk of harm. This did not show a service which learns and improves, including from serious incidents and safeguarding matters. We raised an organisational safeguarding so additional support and training could be provided by system partners.