

Aaron Abbey Care Services Limited

# Aaron Abbey Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Aaron Abbey Care Services Limited is a domiciliary care agency. It provides a service to people living in their own homes in Berkshire. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of this inspection staff were providing personal care to 13 people, including older and younger adults, some of whom may be living with dementia, physical disabilities and sensory impairments.

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

At the last inspection we found medicines were not always managed safely. At this inspection we found medicines were not always managed safely. Audits had not identified errors and omissions in people's medicines electronic administration records (e-MARs).

Risks to people were assessed and documented. However, care plans did not always contain specific instructions for staff about how to protect people from identified risks.

At the last inspection the registered manager had not established effective systems and processes to monitor quality and safety in the service. At this inspection the registered managers systems for monitoring quality and safety were still not effective. Audits had failed to identify omissions and errors in people's e-MARs, as well as the lack of specific instructions for staff about how to protect people from identified risks and the inaccuracies in people's care plans.

At the last inspection the registered manager had failed to comply with the conditions of their registration to submit monthly action plans at a set time and date addressing compliance with the regulations 8 to 20. This was an offence of section 33 of the Health and Social Care Act 2008.

We issued a fixed penalty notice to the provider which was paid. Following this the registered manager submitted monthly action plans on time.

Enough improvement had been made and the registered manager was no longer in breach of this regulation.

At the last inspection the registered manager did not have an effective system for monitoring late or missed visits. At this inspection the registered manager used an effective system to monitor late or missed visits.

People felt safe in the care of staff and were protected from the risk of getting an infection.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff completed training to support people with their identified needs.

People had caring relationships with staff who promoted their privacy, dignity and independence. People's views were sought by the provider.

Staff reflected on accidents and incidents to prevent recurrences. Staff worked with professionals from health and social care to support people's health and wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement published 14 October 2019) and there were breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement:

We have identified a repeated breaches in relation to regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes used to monitor quality and safety in the service were not always effectively used to ensure the service met the required fundamental standards of care.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Since the last inspection we recognised that the provider had failed to comply with a condition submit monthly action plans to us. This was a breach of regulation and we issued a requirement to the provider. The provider accepted a fixed penalty and paid this in full.

#### Follow up:

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will follow up on issues that we identified by asking the registered manager to send us evidence of how and when the issues will be resolved. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aaron Abbey Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We received feedback from two professionals. We looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We received written feedback from four members of staff. We spoke with the registered manager and the compliance and audit manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including incident and accident records, quality assurance records, policies and procedures, staff training records, medicines audits and staff meeting minutes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff interview records and evidence of communications between the registered manager and social services. We reviewed evidence of training and competency reviews for senior staff members. We also spoke with a social worker regarding the service.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

At the last inspection effective systems had not been established to ensure the safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made. The provider's systems were not sufficiently established to ensure the safe management of medicines.

- Electronic medicine administration records (e-MARs) contained several unexplained omissions and errors. For example, in one person's e-MAR there was no record of medicines being given on 17th March 2021. In another person's e-Mar it was documented that a medicine required only once a month had been given twice in November 2020.
- We reviewed the bi-weekly medicines audits completed by the compliance and audit manager to check actions taken to address these errors and omissions. There was no evidence in these audits that these errors and omissions they had been detected. The audits completed by the compliance and audit manager stated there were no discrepancies in the e-MARs.
- We discussed this with the registered manager and the compliance and audit manager. We asked what actions would be taken if there was a gap in a person's e-MAR and what explanations there were for the unexplained errors and omissions in people's e-MARs. The compliance and audit manager stated if there was a gap in an e-MAR, "It normally means [electronic system] isn't working... If there's a red box [gap] what I normally do is I speak to [registered manager] - if it's down to a problem with [electronic recording system] I ignore it."
- After the inspection the registered manager sent us further evidence which showed medicines had been given to the person on the 17th March 2021. However, this was not a complete record as the staff member stated they had "administered six tablets from the NOMAD [blister] pack." The document did not specify which medicines or which doses of those medicines had been given.
- Further records showed for the person who required a medicine once a month, the staff member had identified they had made a recording error and had notified the compliance and audit manager of this. However, this record did not identify that the e-MAR recorded a medicine had been given twice. In addition there was no evidence to show this had been recorded by the compliance and audit manager in the medicines audits.

We recommend the provider ensures established systems are used effectively to manage people's

medicines.

- Staff completed training in medicines administration. Their competency was reviewed by the compliance and audit manager on a regular basis.

#### Assessing risk, safety monitoring and management

- Risks to people were identified and documented, however, risk assessments were lacking in specific guidance for staff about actions to take to safeguard people from identified risks.
- In one person's risk assessment, there was a lack of relevant information in the 'assistance required' section. This section did not contain specific guidance for staff about how to manage the risk to the person.
- Two people's care plans had risk assessment for pressure ulcers. There was a lack of sufficiently clear guidance to help staff protect people from this risk.
- We discussed this with the registered manager and compliance and audit manager who stated these omissions were due to a fault in the electronic care planning system, which prevented them from recording the required information in people's risk assessments. However, there was no record in people's care plans to show this issue had been identified. In addition, this had not been identified in the registered manager's audits.
- After the inspection the registered manager sent us evidence of risk scores which had been added to people's care plans manually for staff to view. In addition the registered manager sent evidence to show they monitored people regularly and documented any pressure ulcers which had developed. However, these records did not contain clear guidance for staff on managing the risk of skin breakdown and pressure ulcers in people.
- The registered manager had not taken sufficient action to ensure people's care records contained sufficiently detailed guidance for staff on managing risks to people.

We recommend the provider ensures records relating to actions for staff to protect people from identified risks are complete, accurate and up to date.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe in the care of staff.
- Staff had completed safeguarding training and knew which actions to take if someone was at risk of harm.
- The registered manager understood their responsibility to protect people from harm and referred concerns to local safeguarding teams appropriately.

#### Staffing and recruitment

- People told us there were enough staff to meet their needs.
- The registered manager used an electronic planner to ensure enough staff were available to provide care and support. The same staff supported the same people as much as possible, to ensure continuity and help build and maintain relationships between people and staff.
- The registered manager used a thorough recruitment process to employ suitable staff. This included seeking evidence of conduct and completing a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.

#### Preventing and controlling infection

- People told us they were protected from getting an infection by trained staff who used the appropriate personal protective equipment when giving care and support. One person said, "Oh yes, always. They wrap



it up and dispose of it into the bin. They change their gloves between doing things for me like emptying my bed pan and regularly wash their hands."

- Additional measures had been put in place to protect people due to the COVID -19 pandemic. One person said, "Yes, the staff are testing regularly, in fact one of them did hers here today which she showed me was negative. Many of them have had at least their first jabs."

Learning lessons when things go wrong

- The registered manager maintained an up to date record of accidents and incidents. This showed accidents and incidents were investigated and lessons learned by staff to safeguard people and to prevent recurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and preferences were assessed and documented by staff.
- One person had a percutaneous endoscopic gastrostomy (PEG) which is a tube passed into a person's stomach so they can take food and medicines if they are not able to eat or drink. The person's care plan stated, 'Do you receive sustenance through PEG feeding? Yes. Who supports you with this? Family member supports'. In the 'Risk reduction measures' section it stated, "Care worker to be trained by specialist nurse before carrying out this task." Staff training records showed no staff had completed training to administer food, via the person's PEG.
- After the inspection the registered manager told us, "Social services came back to us and confirmed that the [family member] had received training in PEG care and she would be managing everything related to this. The social worker also confirmed that the service user eats and drinks through the mouth."
- We sought further evidence from the social worker involved. They advised us the person's relative had completed training in PEG care and had taken full responsibility for this. However, there was no written record in the person's care plan to evidence this. In addition, the information for staff relating to care of the person's PEG was unclear and contradictory. Information in the person's care plan was not complete and accurate.

We recommend records relating to people's care needs are complete and accurate.

- Care plans contained information about people's health needs, preferences and a summary of their daily routines. Care plans were individualised and captured detailed information about how people wished their care to be delivered.
- Care plans were reviewed regularly and updated to reflect people's changing needs.

Staff support: induction, training, skills and experience

- Staff completed training relevant to the needs of people they supported.
- Staff training records showed they had completed the provider's mandatory training and updates.
- Where appropriate, staff were given training by health care professionals to support people's specific health needs.
- Staff were supported to maintain and develop their competency through a programme of regular supervisions, appraisals and spot checks.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff provided assistance with meals as needed. One person said, "Yes they make my lunch for me...they microwave ready meals for me for supper." Another person said, "Yes they have half an hour to prepare my meals. I have ready meals and they either microwave them or put them in the oven if they can be done in the time. They leave me to eat my food. It all works well."
- Staff training records showed staff had completed food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff collaborated with professionals to meet people's health and wellbeing needs.
- We received positive feedback from professionals about the professionalism of staff and their ability to work in partnership with professionals.
- The registered manager's incident logs and audits showed staff promptly communicated with health and social care professionals regarding people's care and support needs. When people's needs changed, the relevant information was shared with professionals involved.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff sought consent before providing support.
- People's care and support documents contained signed forms showing they consented to receiving care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People reported they had caring relationships with staff. One person said, "Oh kind and caring, yes. the ones I see are anyway. They work in separate teams so I see the same ones." Another person told us, "They're really good people. Yes, they do things for me very well." A third person said, "Yes they're caring and kind. They have got into a routine which suits us."
- People's relatives told us their privacy and dignity were upheld. One relative told us, "Very respectful. They make her feel as comfortable as they can."
- People's human rights were supported and protected by staff who had a good understanding of people's life histories, needs and preferences.
- The registered manager worked to ensure people received consistency in care by allocating the same staff to the same visits as much as possible.

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

- People's views about their care and support were regularly sought and recorded. The registered manager completed a tracker to ensure people were satisfied with the care provided.
- People's relatives gave positive feedback about staff's regular reviews of care provided. Comments included, "[registered manager] is in touch regularly, yes", "Yes I have a three -month review with "[registered manager]. It works well", "I do speak to "[registered manager] to review what's happening. I'm going to request another review quite soon" and, "Yes "[registered manager] contacts me every three months. He listens and responds very well."
- Care plans were completed in partnership with people and their appointed representatives where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy, dignity and independence were respected and promoted. One person said, "Oh indeed, yes. They make me feel as comfortable as is possible." Another person told us, "I'm happy with the way things are done."
- People's relatives confirmed staff treated them with compassion and respect. One relative said, "Very respectful. They make her feel as comfortable as they can." Another relative told us, "They're brilliant. They know just what to do."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care and support needs and preferences for how they wished their care to be delivered were recorded in their care plans. However, information in the care plans was not always complete, accurate and up to date. For example, the lack of specific guidance for staff about actions to take to safeguard people from identified risks, and contradictory and incomplete information in one person's care plan regarding the management of the person's PEG.

We recommend all information in people's care and support documents is complete, accurate and up to date.

- Care plans were written from the person's perspective and contained information for staff about how people wanted things to be done.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided for people in formats they could understand. Where people had additional communication needs, staff provided the necessary support to help people express themselves.

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

- Staff supported people to remain an active part of their local communities through helping them attend day centre activities.

Improving care quality in response to complaints or concerns

- People felt able to raise any concerns. One person told us, "I haven't complained but I do contact [registered manager] when the spaces between visits aren't right. This happens and [registered manager] sorts it out."
- There was a clear complaints policy in place. Complaints had been dealt with promptly.

End of life care and support

- People received sensitive, personalised care at the end of their lives.

- Staff worked in partnership with professionals to ensure people received compassionate, individualised care in their final days.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the registered manager had not established effective systems and processes for managing medicines safely. The registered manager's quality assurance systems were not effective as they did not enable the registered manager to monitor whether they were meeting their legal obligations and compliance with regulations. In addition, there was no formal oversight of late/early or missed visits. There was no evidence the registered manager looked at trends or themes or that they were able to identify areas of concern and take actions to prevent recurrences.

The registered manager had not established an effective system to enable them to ensure they were meeting their legal obligations and compliance with the regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of this regulation.

- The registered manager's audits to review people's MARs were not effective as they did not identify errors and omissions.
- The registered manager's audits of people's care plans were not effective as they did not identify the lack sufficiently detailed guidance for staff about managing risks for people.
- In addition, they had not identified the inaccurate information in a care plan for a person with specific health needs.

Systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with legal requirements. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager used an effective system to record and monitor late and missed calls. They used the information gathered to analyse themes and trends and identify actions to prevent recurrences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well managed.
- The registered manager was committed to providing high quality, personalised care which met people's needs and preferences.
- The staff team reflected on practice to make improvements to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team had a clear understanding of their responsibility to uphold the duty of candour if something went wrong.
- After such events, the registered manager followed the provider's agreed policies and issued written apologies, in line with their regulatory responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People were invited to feed back about the service at regular intervals.
- People were supported to maintain links with their communities; staff ensured people were able to access day centre activities for example.
- Staff felt well supported by the registered manager and felt they could approach them with any questions. Team meetings were held regularly to ensure staff were kept up to date with service developments.

Working in partnership with others

- The registered manager and staff team worked in partnership with professionals from health and social care.
- We received positive feedback from professionals who worked with the service, stating staff worked well with other agencies to help meet people's needs.
- Staff referred people to health and social care professionals to access services to promote their health and wellbeing.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager's systems and processes to monitor quality and safety in the service were not established and operated effectively to ensure compliance with their legal requirements. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

Warning notice