Abbeyfield Ilkley Society Limited(The)

Abbeyfield Grove House

Inspection report

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Date of inspection visit: 15 & 22 April 2015
Date of publication: 21/07/2015

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

Overall summary

Abbeyfield Domiciliary Care Agency operates only within the Abbeyfield Independent Living with Extra Care complex, which is located close to Ilkley town centre. The agency is part of an integrated care scheme providing supported living for people aged 55 and above and operates a 24 hour service.

The agency provides care and support to people in 42 separate flats with a wide range of needs including people who have dementia, physical disabilities or whose health is in some way impaired.

We inspected the service on the 15 & 22 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. Our last inspection of the service took place on the 21 November 2013 and at that time we found the agency was meeting all regulations we looked at.

At the time of inspection there was not a registered manager in post as they had resigned in February 2015. However, an interim manager had recently been appointed to manage the service until the vacancy was filled. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the organisation's staff recruitment and selection procedures were not robust which might lead to people receiving their care and support from staff unsuitable to work in the caring profession. We also found staff had not received the training support they required to carry out their roles effectively and in people's best interest.

However, the staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. However, following concerns raised by other healthcare professionals the interim manager was reviewing the policy to ensure it was specific to the needs of people who used the service and followed national guidelines.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or treatment they received. The people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. However, we found not all complaints had been recorded correctly which made it difficult to establish if they had been dealt with in line with procedure in place.

The provider had started to introduce a more robust quality assurance monitoring system that continually monitored and identified shortfalls in service provision. However, the provider and interim manager were aware that more work was required before the systems in place were fully operational and consistently applied.

The Chief Executive Officer, Operations and Compliance Manager and Interim Manager all acknowledged the current service shortfalls, but detailed the recent changes that had begun to be implemented which were not yet fully embedded at the time of the inspection.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

However, the staff recruitment and selection procedures were not robust and newly appointed staff were allowed to work before all relevant checks had been completed and suitable references received.

Is the service effective?

Requires improvement

The service was not always effective.

Staff training and supervision records did not provide accurate and up to date information. Therefore we could not establish with any certainty that they received the training and supervision they required to carry out their roles effectively.

People who used the service and/or their relatives told us the initial assessment process was thorough and staff listened to them regarding how they wanted their care and support to be delivered.

Staff respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and always acted in line with their wishes.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Is the service responsive?

Requires improvement

The service was not always responsive.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received.

We looked at four support plans and found they generally provided staff with the information they required to make sure people received appropriate care and support.

Summary of findings

The provider had a complaints procedure which highlighted how a complaint would be dealt with and by whom. However, we were unable to establish if the complaints received by the service been dealt with appropriately as in some instances no documentary evidence could be found.

Is the service well-led?

Requires improvement

The service was not always well led.

The provider had started to implement a quality assurance monitoring system which would continually monitor and identify shortfalls in service provision. However, more work was required before the systems in place were fully operational and consistently applied.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

The majority of staff we spoke with told us there were clear lines of communication and accountability within the agency.

Abbeyfield Grove House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using care services or caring for older family members. Over two days we spoke with the chief executive officer, the operations and compliance manager, the interim manager, twelve people who used the service and six members of care/support staff.

We looked at four people's support plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

We reviewed the information we held about the service. This included information from the provider and from the local authority contracts and commissioning service in Bradford.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

Requires improvement

Is the service safe?

Our findings

Staff recruitment policies and procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. However, we looked at four staff recruitment files and found the correct procedure had not always been followed. This might put people at risk of having their care and support provided by individuals not suitable to work in the caring profession.

For example, in one instance we saw a candidate was already working in the caring profession when they applied for a position at Abbeyfield and had correctly put down their existing employer as a referee. However, the provider had failed to ensure references had been requested from their previous employer and instead accepted one reference from a company not involved with the caring profession and a personal reference from a member of their family. In addition, there was clear evidence that the same person had been allowed to start work and shadow staff before satisfactory references and a DBS check had been received. We found no risk assessment had been put in place to safeguard people during this period of time.

In another instance we saw documentary evidence which showed a candidate had been interviewed but their application had been put on hold because they had not brought references with them. This clearly demonstrated the provider had failed to ensure the correct procedure had been followed and had allowed candidates to bring in their own references instead of the service formally requesting them.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. However, during the course of the inspection we identified one instance where the provider had started disciplinary action against a member of staff but had not followed procedure and completed the process. Instead they had allowed the person to leave their employment of their own accord.

We found the registered person had not protected people against the risk of employing staff unsuitable to work in the caring profession. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The interim manager who had only been in post three weeks at the time of the inspection told us that prior to them taking the position the service had experienced staffing problems. This was because there had over a period of time been a marked increase in the number of people with high dependency needs living within the complex. However, staffing levels had not increased and staff had found it difficult to meet people's needs. This had resulted in concerns being raised by other healthcare professionals and prompted a review of the service by senior management.

The interim manager confirmed that the situation had now improved and a number of people who used the service had been reassessed as requiring more care and support than the service could provide. In addition, staffing levels had been increased and agency staff employed to compliment the staff team until more permanent staff were employed. The interim manager told us when agency staff were used they always tried to use the same member of staff so that people received continuity of care.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern and the registered manager told us they operated an open door policy and people could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the interim manager knowing that they would be taken seriously.

Risk assessments were in place where areas of potential risks to people's general health and welfare had been

Requires improvement

Is the service safe?

identified. These included assessments relating to people's mobility, nutrition, medication and the environment. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

The interim manager told us the service had experienced some problems relating to the safe administration of medicines prior to them taking up post. However, an action plan had been put in place and they were currently reviewing the policies and procedures in place to ensure they were specific to the service and provided accurate and up to date information.

The interim manager told us medication administration records (MAR) were always completed by staff when they administered medication and they were now audited on a regular basis as part of the quality assurance monitoring system in place. We saw staff had recently updated their medication training and a new medication system had recently been introduced. This should ensure prescribed medicines are stored and administered safely.

Requires improvement

Is the service effective?

Our findings

The interim manager told us the service had recently changed training providers and the majority of mandatory training was now done in-house by staff completing a workbook which was then sent to the external training provider for marking. However, the interim manager told us that although the system had been introduced in January 2015 there was very little evidence to show what if any training had been completed. In addition, we saw there was no internal assessment system in place to ensure staff understood and could put into practice the training they had completed. The interim manager confirmed medication training was provided by another external training provider and moving and handling training was done in-house by their own designated trainers.

We looked at the training matrix and found that although it highlighted what training the service considered was essential, recommended and mandatory for care staff to complete it did not show what training individual staff had undertaken. In addition, many of the training certificates we asked to look at were either not on the staff files and could not be produced on request. We were therefore unable to establish with any certainty what training if any staff had undertaken since the last inspection. This was discussed with the interim manager who acknowledged the problem and confirmed they were in the process of carrying out a full training audit to make sure all staff were up to date with their mandatory training.

The interim manager told us individual staff training and personal development needs would usually be identified during their formal one to one supervision meetings. However, no supervision matrix could be found and two members of staff told us they had not had supervision with their line manager in the last twelve months. Other staff we spoke with also told us they had not had regular supervision meetings in the last twelve months and felt they had not received the training and support they required to meet people's needs.

We found the registered person had not protected people against the risk of staff not receiving the training and support required to carry out their roles effectively. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The interim manager told us the organisation used voluntary workers within the Abbeyfield complex and employed a Volunteer Organiser. They told us all volunteers had to go through a thorough recruitment process and received training to ensure they carried out their roles effectively. The interim manager told us they were not allowed to assist people with personal care tasks but assisted people to access community events and staffed the coffee bar and reception.

The interim manager was aware of the relevant requirements of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) but confirmed staff had not yet received appropriate training. We asked staff what they did to make sure people were in agreement with any care and support they provided on a day to day basis. They told us they always asked people's consent before assisting them with personal care and continued to talk with them throughout the process so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

The interim manager told us following concerns raised by healthcare professionals the service now held multi-disciplinary team meetings to ensure people who used the service received appropriate care and support. The people we spoke with told us the staff were pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt were unwell. This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest.

The interim manager told us the majority of people who used the service used the restaurant located with the complex at lunchtime although some people preferred to eat in their apartments. At the time of the inspection staff were assisting two people to eat their meals. The interim

Requires improvement

Is the service effective?

manager told us if necessary staff monitored people's appetite and referred them to other healthcare professionals if there was evidence of significant weight loss.

We sat with people in the restaurant and saw people were offered choices and the atmosphere was informal and relaxed. One person told us "The food is as good as a hotel." Another person said "The food is first class and there is so much choice. I enjoy every meal."

Good

Is the service caring?

Our findings

People told us that the staff were always pleasant when they visited and always made sure they were comfortable and safe before they left. One person said “Staff are kind; they are patient and caring. The staff are lovely, always cheerful, they work long hours. I don’t know how they do it.” Another person who was unwell at the time of the inspection told us “The staff have always been lovely and are always kind, I’m happy with my care.”

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. For example, by addressing people by their preferred name and always ensuring they respected people’s privacy and dignity when they provided personal care. We observed positive interactions from staff when supporting people throughout our inspection.

Staff told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. One staff member said “It is very easy to take a person’s independence away but we always explain to people that we are there to assist them with the things they are unable to do and to encourage them to remain independent.” Another staff member old us “Wherever possible we always try to fully involve people in planning their care and support and listen to any suggestions they may have to improve the service.”

We saw staff were kind, caring and patient in their approach and had a good rapport with people when they met them in the communal areas of the complex. They did not rush but stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to their roles as carers.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed with them away from other people which they appreciated.

Requires improvement

Is the service responsive?

Our findings

The interim manager told us when a person was initially referred to the agency their needs were always assessed before a service started. Information received fom the provider prior to the inspection showed that flats within the complex were now allocated following a strict criteria based on people's assessed needs. The interim manager told us this would ensure there was always sufficient staff on duty to meet people's needs and avoid the staffing problems the service had recently experienced. The interim manager told us there had always been a criteria for allocating tenancies based on people's dependency levels but unfortunately this had not always been followed which had resulted in undue pressure being put on the service and staff.

People who used the service and/or their relatives told us the assessment process was thorough and they were encouraged to ask questions during the initial assessment visit. They told us this had helped them to make an informed decision about whether or not the agency could meet their needs. They also told us they were provided with information about the agency and the care and support it could provide.

The interim manager told us they were in the process of introducing a new care planning system which would cover all aspects of people's care and support. We saw a copy of the support plan was kept both in the home of the person who used the service and agency's office. We looked at four of the support plans currently in place and found there was a lack of information in some sections of the plan. In addition, we found support plans and/or risk assessments were not always being amended or put in place following significant changes in people's needs. For example, we saw one person had been found on the floor three times by staff but could find no care plan or risk assessment in place to minimise the risk of this happening again.

This was discussed with the interim manager who told us they had already identified the matter and confirmed that once fully operational the new care planning system would ensure care plans and risk assessments provided staff with accurate and up to date information.

One person who used the service and their relative told us they had initially had concerns about the quality of the service provided but since the interim manager had taken up post there had been a marked improvement. They told us, "We had a talk about my care initially, but only in response to any problems I had. It seemed to be chaotic here; alarmingly so. They were understaffed and there was a degree of apathy around." However, they then said, "Since the new manager arrived, things are better, the carers look happier. There are four or five new ones and they are lovely."

The provider had a complaints procedure in place and the interim manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. However, although we saw at least four complaints had been received since the last inspection we were unable to establish if all the complaints had been dealt with appropriately as in some instances no documentary evidence could be found including the complaints log or register.

We found the registered person had not protected people against the risk of not securely maintaining records necessary for the management of the service. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with twelve people who used the service and/or their relatives and generally people were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. However, one person told us although they had never had to make a complaint they wouldn't know who to complain to.

This was discussed with the interim manager who told this matter would be addressed immediately. They also told us they had a more proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose.

Requires improvement

Is the service well-led?

Our findings

The interim manager told us the organisation was in the process of introducing a new organisational quality assurance monitoring system that would highlight any shortfalls in service provision. However, the interim manager confirmed that at the time of the inspection the quality assurance system was not fully operational and further work was required before the system was effective.

The interim manager told us as part of the quality assurance monitoring process the service usually sent out annual survey questionnaires to people who used the service, their relatives and other stakeholders on an annual basis. They confirmed the information provided was collated and an action plan formulated to address any concerns raised.

We were shown a copy of the results of a survey carried out in 2014 based on information from fifteen people who used the service. The information was not dated and there was no action plan available to show what if any action had been taken to address the concerns raised. We also found a survey had been carried out by the then registered manager in January 2015 but the information had not been collated or an action plan put in place. The interim manager told us to the best of their knowledge no relative, stakeholder or staff survey questionnaire had been sent out in 2014. This meant people had not been given the opportunity to air their views and opinions of the service.

We were informed that any accident or incidents involving people who used the service were recorded and analysed for themes and trends. However, when we crossed referenced the accidents reports still in the accident book with the analysis report it was apparent they had not all been recorded. This meant the service did not have an accurate picture of the number or nature of the accidents that had taken place and therefore their analysis was based on incorrect information.

When we spoke with the staff about the recording of accidents and incidents they were unaware that this information needed to be fed in to the quality assurance monitoring process and had therefore not always passed this information on to senior management. This was discussed with the interim manager who confirmed they had already highlighted this problem and were taking steps to address the matter.

We saw that weekly reports had been completed by the then registered manager which had then been sent to a senior manager. Some of the reports we looked at dating back to late 2014 showed the registered manager had made the senior management aware of areas of concern including staffing levels and recruitment. However, we saw no documentary evidence to show what action senior management had taken to address the matter raised.

We found that the registered person had not protected people against the risk of not operating an effective quality assurance monitoring system. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us over recent months they had found things very difficult as they had lost confidence in the registered manager's ability to manage the service and staff morale had been at an all time low. The staff said the registered manager had failed to listen to them when they had informed them that they were struggling to meet people's needs and did not provide them with leadership or direction. One member of staff told us, "The service nearly reached breaking point and we were not able to provide the level of care and support required by some people. Senior management seemed to be unaware of what was happening until concerns were raised by other healthcare professionals."

However, the staff told us since the appointment of a new interim manager and changes within the senior management team there had been a significant improvement in the management of the service. They told us over a relatively short period of time an action plan had been put in place to improve service delivery and there were now clear lines of communication and accountability within the service. We found the interim manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events and was committed to ensuring the action plan in pace was fully implemented.

We saw staff meetings had been held to keep staff informed of any changes to policies and procedures. In addition, the interim manager told us senior management were committed to creating a more open culture within the service whereby everyone felt valued and able to discuss concerns or areas for improvement.

Requires improvement

Is the service well-led?

People who used the service told us they had experienced problems with the agency in recent months. They told us the main problem was that too many people who used the service had required a lot of assistance which staff had been unable to deliver without it impacting on the service everyone received. In addition, they told us the service had appeared short staffed at times and although staff were always caring there had been a steady decline in the service they provided. However, they told us since the appointment of the interim manager things were getting better and staff now had time to carry out their duties without being rushed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not protected people against the risk of employing staff unsuitable to work in the caring profession.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not protected people against the risk of staff not receiving the training and support required to carry out their roles effectively.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (2(a)(d) HSCA (RA) Regulations 2014. Good Governance The registered person had not protected people against the risk of not operating an effective quality assurance monitoring system. The registered person had not protected people against the risk of not securely maintaining records necessary for the management of the service.