

Abletrust Care Limited

Abletrust Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 03 March 2017 and was announced. The provider was given 20 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

Abletrust Care is a domiciliary care agency providing support to people in their own homes. At the time of our inspection they were supporting eight people.

There was a registered manager in post. A registered manager is a person who has 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.

Our last inspection was in July 2016 where we identified concerns with recruitment checks, medicines management, respect and dignity, governance and notifications. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

The provider had made improvements to recruitment checks. However, they had not obtained a full employment history for all staff. They rectified this following our inspection. We recommended that the provider reviews their recruitment processes. Staff were deployed in a way that meant that they were punctual and able to spend time with people.

Improvements had been made to record keeping. Care plans were person-centred and people's needs were regularly reviewed to ensure records were up to date. The registered manager carried out regular audits and surveys to ensure people received a good standard of care. The registered manager had notified CQC of important events. We will assess whether these standards have been sustained at our next inspection.

People told us that staff treated them with respect and dignity. Staff members had undergone training to become 'Dignity Champions'. People were offered choice and were involved in planning their care. People were supported to eat meals that they enjoyed, in line with their dietary requirements. Care plans were person centred and staff got to know the people that they were supporting.

Staff administered people's medicines safely. Improvements had been made to medicines records and the provider carried out regular audits of medicines. Staff worked alongside healthcare professionals to meet people's needs.

People were supported by staff who understood their roles in safeguarding people. Staff assessed risks to people and provided support that minimised risks whilst encouraging people to be independent. Staff had undergone sufficient training to support them in their roles.

People were asked for consent and offered choice. Care was provided in line with the Mental Capacity Act (2005). People told us they were confident to raise any issues about their care. There was a complaints policy in place and there was evidence that complaints had been recorded, investigated and responded to.

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 consistently safe

Checks were undertaken to ensure staff were suitable for their role. We recommended that the provider reviews their processes as they didn't always obtain full employment histories.

Risks to people safety were assessed and monitored with appropriate measures in place to minimise them.

Staff understood their role in safeguarding people. A system was in place for reporting accidents and incidents.

Medicines were administered by trained staff and recorded properly.

Staff were deployed in a way that ensured they visited people on time.

Is the service effective?

Good ●

The service was effective.

People's legal rights were respected as staff worked in accordance with the Mental Capacity Act (2005).

Staff received appropriate induction and training for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by considerate staff.

Staff supported people in a respectful way that promoted their

privacy.

People were supported by staff that knew them well.

Staff involved people in their care and offered them choices.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and contained information on what was important to people.

Assessments were carried out before people received a service and people's needs were regularly reviewed.

People knew how to make a complaint and the provider responded to people's concerns.

Is the service well-led?

Requires Improvement ●

The service was well-led.

The registered manager kept up to date records and information. We will assess this for consistency at our next inspection.

Systems were in place to assess the quality of the care that people received. People had regular opportunities to provide feedback.

Regular staff meetings were held and staff told us that they felt supported by management.

The registered manager understood the challenges facing the service and had a plan on how to overcome them.

Abletrust Care

Detailed findings

Background to this inspection

This inspection took place on 03 March 2017 and was announced. The provider was given 20 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at three people's care files, risk assessments, six staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to the registered manager, one senior staff member and one care staff member. Following the inspection we spoke to two people and three relatives to gain their views of the service.

Our last inspection was in July 2016 where we identified concerns with recruitment checks, medicines management, respect and dignity, governance and notifications.

Is the service safe?

Our findings

People told us that they thought the service was safe. One person said, "Oh yes I feel safe." A relative said, "They (staff) are safe, the care is very good."

At our inspections in September 2015 and July 2016, we found that the provider did not carry out robust recruitment checks. Staff employment histories were incomplete, with gaps that had not been explained. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made improvements but had not completed all of the checks needed when employing staff. The provider had obtained most of the records required to check prospective staff were of good character. These included two written references, proof of the person's identification and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was evidence that gaps in employment history had been explained, but only for the previous five years. The registered manager was not aware of the need for a full employment history from staff. Following the inspection, the registered manager provided us with evidence to show gaps in staff employment history had been filled.

We recommend that the provider reviews their recruitment process to ensure that full employment histories are always obtained for all new staff.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "They come when they say. Sometimes they are a bit early but they wait for me." A relative told us, "Ninety nine percent of the time they are on time." Another relative told us, "They usually arrive on time." The registered manager kept a rota based on people's preferred times and where they lived. At the time of our inspection, the service was not supporting a large number of people and most people lived within a close geographical area. A staff member told us, "People are within a reasonable distance and I get enough time with everyone." One person required two members of staff to support them and they told us that two staff always attended and they were on time. Daily notes recorded times that staff attended as being consistent with the times people required in their care plans.

At our inspection in July 2016, we found a lack of safe medicines management processes. Audits of medicines were not robust and where errors had occurred the provider had not notified CQC. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements to medicines management. A relative told us, "They (staff) know what they're doing with medication." Medicine Administration Records (MAR) were up to date with no unexplained gaps and initials on the sheets were clear to identify which staff had administered medicines. MAR records clearly stated which medicines people took and when. People's

allergies were recorded clearly for staff. The registered manager undertook regular audits to ensure records were accurate. Medicines were looked at during spot checks. Where minor recording errors had been identified, these were discussed with staff. Staff had completed medicines training before administering medicines to people. The provider had ensured this training was refreshed for all staff following our last inspection. Staff were aware of the medicines policy and would report medicines errors to the registered manager immediately. There had been no recent medicines errors at the time of our inspection.

Risks to people's safety had been assessed and plans were in place to minimise these risks. One person was at risk of falls due to their medical condition making them unsteady on their feet. They told us staff supervised them when they moved and ensured they used their walking frame. This was consistent with the care that had been planned for them to keep them as safe as possible and reduce the risk of falls. The person had not suffered any falls and they told us that they felt safe being supported by staff. Another person was at risk of pressure sores due to their reduced mobility. Two staff supported the person to move regularly, using equipment provided by healthcare professionals. Staff applied prescribed cream to prevent pressure sores developing where it was identified there was a risk. If staff identified changes to the person's skin, they informed healthcare professionals.

People benefited from a service where staff understood their safeguarding responsibilities. In their PIR, the provider told us that, 'All staff receive training in safeguarding and are given information about how to report abuse.' Our findings supported this. Staff had a good understanding of how to keep people safe and their responsibilities for reporting safeguarding incidents or concerns. One staff member said, "I would make sure the person was ok and inform the office. I could also contact the police or social services." Staff had completed training in safeguarding and there was a safeguarding policy in place which was up to date with current practice. Where there had been a safeguarding incident, the provider had worked with the local authority and notified CQC.

The registered manager had a system in place for recording accidents and incidents. At the time of our inspection, there had not been any accidents or incidents where staff were present when they occurred. A contingency policy was in place that identified what would happen in the event of an emergency, such as extreme weather conditions or a pandemic. The plan identified how to best use available resources in different emergency situations to keep people safe, working alongside the local authority if necessary.

Is the service effective?

Our findings

People told us that the staff who supported them were well trained. One person told us, "They (staff) are good. They get me up and do what's needed." A relative told us, "They do know what they're doing."

Staff received an induction and training included safeguarding, health and safety and moving and handling. A staff member told us, "I've had all the mandatory training and we're given time to do it." Staff records showed that staff had completed the mandatory training as specified by the provider. Training was specific to the needs of the people that staff supported. Staff supported people with diabetes and the provider had arranged for staff to attend diabetes training. Staff were also supported to gain further qualifications. In their PIR, the provider told us that, 'We manage and train our employees with the aim that all of our carers achieve QCF Diploma Level 2.' Our findings supported this. Staff members were in the process of completing a QCF diploma in Adult Social Care. QCF is the Qualifications and Credit Framework. The provider had supported other staff to complete Level 2 and some were completing a QCF Level 3.

After our last inspection, we recommended spot checks and supervisions were undertaken with staff to help them to improve their practice. At the last inspection there were inconsistencies in how often staff received spot checks. At this inspection, we found that staff received regular supervision to support them in their roles. Supervision was used as an opportunity to improve staff knowledge. One staff member had recently discussed good practice around nutrition. Another staff member had discussed medicines management. Regular spot checks were carried out where the registered manager observed practice and provided feedback. Spot checks were thorough and covered areas such as timekeeping, dignity and medicines.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Where one person was not able to consent to their care, the provider had obtained the correct legal documentation from their relative. This document confirmed that the relative could make decisions on the person's behalf. They had then signed the consent form. Staff had undergone MCA training. Staff demonstrated a good understanding of how to act in accordance with the MCA and the registered manager told us they discussed this with people and relatives when they first came to the service.

People were supported to have a meal of their choice and staff ensured people's nutritional needs were met. A relative told us, "They ask what (person) wants for meals." Care plans contained details of people's preferences to enable staff to prepare people's meals that they enjoyed. One person's records stated that they liked porridge for breakfast and a home cooked meal in the evening. Daily notes recorded that they had food in line with their preferences. Staff kept detailed records of what people had eaten and drank during visits. Where people had specific dietary requirements, these were met by staff. One person was unable to

cut their food due to their mobility. Staff cut up the person's food into small pieces so that they could eat independently. This information was clear for staff in their records.

Staff worked alongside healthcare professionals to meet people's needs. People's records contained information on their medical conditions and any healthcare professionals involved. We saw evidence of staff following the guidance of healthcare professionals where appropriate. One person had a pressure sore. Staff applied creams as prescribed by healthcare professionals. They supported the person to change position to avoid them putting pressure on areas where sores may develop. Recent records showed that the person's pressure sore was healing.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "They are so happy. (Staff member) always gives me a cuddle." A relative told us, "(Person) gets along with all of them."

At our inspection in July 2016, people told us that staff did not always follow their wishes. This meant people were not always treated with respect and dignity. They also told us that they did not receive care from consistent staff. This prevented people developing positive relationships with staff that they could feel comfortable with. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people told us that staff treated them with dignity and respect. One person said, "Nothing is too much trouble, they make me feel happy." A relative told us, "It's usually the same carers. They all seem nice." Since our last inspection, staff had all undergone dignity training. The provider had identified a specialist training provider in which all staff became 'dignity champions'. Dignity was discussed at team meetings as well as one to one supervisions. Staff demonstrated a good understanding of how to promote people's dignity. In their PIR, the provider told us that, 'How staff ensure people's privacy and dignity, cultural values and choices are maintained is monitored through staff supervision, spot checks and service user questionnaires.' Our findings supported this. The registered manager looked at how people's dignity was respected as part of spot checks. People were asked if staff had offered them choice and been respectful. Records of spot checks showed that people had said that staff treated them with respect and dignity.

People told us that staff respected their privacy and dignity when providing support in their homes. One person said, "They're respectful and they don't rush you. They take time and we can have a joke." Staff demonstrated a good understanding of how to care for people in a way that maintained their dignity. One staff member said, "When helping people to wash I always give them a towel. I'm mindful of if people are home, making sure doors are closed and curtains."

People were supported by staff who knew them well and took an interest in their lives. Records showed that people were visited by consistent staff and staff were deployed in a way that meant they regularly visited the same people. People's care records contained information about people's life histories and hobbies. One person used to live with a relative who passed away. This information was in their records, as well as where they had grown up and when they got married. Staff demonstrated a good understanding of this person's background. The person told us that staff chatted to them and took an interest in them. Staff found inventive ways to involve people and ensure they feel valued. One person told us, "At Christmas they came round with musical instruments and sang carols with me. It was lovely." Photographs showed staff and people enjoying Christmas together in their homes. People showed us presents that staff had brought for them. The registered manager told us that they were always finding ways of engaging with people positively in the community.

Staff involved people in their care and supported them to make choices. One person told us, "I tell them

what I need to wear and they help get me up." Care records contained information on people's preferences and people told us that staff asked them before preparing meals or choosing outfits. People had signed their care plans their choices were discussed with them regularly at reviews. Information on people's strengths were in their care plans. This meant staff only provided support where it was needed and encouraged people to retain independence.

Is the service responsive?

Our findings

People told us that staff gathered important information about their needs. One person told us, "They do lots of reviews and see how I'm doing." A relative told us, "They have done a review and they assessed (person) before they started."

After our last inspection, we recommended that the provider ensured care plans were consistent with people's needs and preferences. At this inspection, people's care plans were up to date. Information on people's needs, preferences and routines were clear in their records. One person told us, "I do what I can and they (staff) do the rest for me." This person was going through a period of rehabilitation. Their records contained information on what they could do, and their aims and goals. Staff supported the person and encouraged them to complete exercises that had been recommended by healthcare professionals. Another person wanted to maintain control over their personal care. Staff prompted and encouraged them, only providing support when they were not able to. Staff knew people's strengths which meant they could encourage independence. One person liked to get up at a certain time. Information about their routine was in their care plan and daily notes demonstrated that they received support at the time they requested. Information for staff on how people liked to receive personal care was clear. One person had a history of self-neglect. Their care plan made this clear for staff. Staff supported the person by providing encouragement. They were patient and allowed the person time. Daily notes showed the person regularly had their personal care needs met through patient encouragement from staff.

Assessments identified people's goals and what support they needed to achieve them. In their PIR, the provider told us that, 'We ensure care remains personalised, responsive and consistent through regular re-assessment, reviews and monitoring.' Our findings supported this. People received regular reviews and reassessments. Reviews were used to discuss changes as well as measure improvements. One person had been reluctant to start support as they were lacking in confidence. A recent review identified that they now expressed themselves better and were benefitting from regular support to meet their needs. Another person had seen improvements in their physical condition. Their most recent review was positive, noting the improvements that they had made and identifying no changes needed to their care plan.

The registered manager kept a log of complaints and could record any actions that had been taken. After our last inspection, we recommended that the provider reviews how they respond to complaints. This was because complaints were not always resolved in a way that was satisfactory to people. At this inspection, complaints had been responded to and people were satisfied with the response. A relative told us, "We had some teething problems when care started. We met with the manager and social services and it has settled now." There had been very few complaints since our last inspection. Actions taken following complaints prevented a reoccurrence. There had been a complaint due to a miscommunication between staff supporting one person. The registered manager responded to the person and communication was discussed at a team meeting to prevent a similar problem happening again.

Is the service well-led?

Our findings

People told us that they thought the service was well-led. One person told us, "They are a wonderful crew. (Registered manager) is really nice. I got a card when I wasn't feeling well." A relative told us, "We can always go to (registered manager) if we need to."

At our inspection in July 2016, records were not kept up to date and information was missing. The provider had not implemented an action plan that they had submitted to us and we found a lack of good governance at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements to records. Records were kept up to date and important information about people was available to staff. The provider had introduced a new format for care plans and daily notes. The new format ensured staff filled in detailed and holistic information about each person and what they needed at each call. Staff recorded important details from calls such as people's food and fluid intake and also asked the client for feedback on each visit. This helped to ensure people received care that they were happy with. Records were audited regularly and where staff had not completed daily notes thoroughly, the registered manager discussed this with them. A member of staff had filled in a medicine administration record incorrectly. An audit identified this and the registered manager discussed good medicines practice with the staff member at a supervision meeting. There had not been a similar error following this intervention by management.

The registered manager had put systems in place to assess the quality and safety of the service and make improvements. As well as regular audits of records, the registered manager carried out regular spot checks. These included observed practice when the registered manager attended visits unannounced. This meant that they could audit staff timekeeping as well as ensuring staff followed best practice. In their PIR, the provider told us that, 'We openly encourage comments and complaints from both service users and staff. People are encouraged to give their feedback in relation to their care.' Our findings supported this. People were regularly asked to provide feedback on the care that they received. All recent feedback that had been received was positive. One person had remarked at how they had gained weight due to support from staff. Another identified how one person who was living with dementia had started to joke more and got on well with the staff who visited them.

At our inspection in July 2016, the provider had not notified CQC of important events. Providers are required to notify us of certain events to enable us to effectively monitor services. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since the inspection the provider had submitted notifications when required. The registered manager demonstrated a good understanding of which events to notify CQC of. We did note that one notification submitted lacked enough detail for us to make a judgement. The registered manager told us that they would improve the level of detail in future notifications.

The registered manager created an action plan following our inspection in July 2016. This told us how they

would address the breaches in regulation. The improvements made since our last inspection had addressed the breaches in regulations and helped to improve the way the service ran. Our previous rating for this domain was Inadequate. The rating of Requires Improvement reflected that the improvements had been recognised. The registered manager will need to demonstrate that the improvements are sustained and consistent, especially as the service takes on more clients, in order to achieve a Good rating.

Staff said team meetings took place regularly where they were able to have their say about how the service could be improved. They told us management were supportive and open to new ideas. One staff member told us, "We usually have staff meetings where we discuss work, they're good." A recent staff meeting had been used to discuss improvements being made since our last inspection, such as staff becoming dignity champions. Other meetings were used to discuss safeguarding procedures and staff communication.

The registered manager had a vision for the future of the service and recognised the key challenges. They told us that recruiting staff was a challenge at the moment. They had a plan to address this. The provider was improving the way staff were rewarded for their work. This was so that they could attract dedicated and committed staff in order for them to continue to build the service.