

Abantu Healthcare Agency Ltd

Abantu Care Services

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 announced inspection took place on 18 January 2018. This was the first inspection of this service which was registered with the Care Quality Commission in November 2015.

Abantu Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. At the time of our inspection 17 people were receiving personal care and support from this service.

At this inspection we found a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person centred care and good governance. This was because the service did not have risk assessments and support plans in place for four people using the service.

Appropriate safeguarding procedures were in place and staff knew how to safeguard people they supported and were aware of how to raise any concerns. Medicine records were completed and showed that people received their medicines as prescribed. Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's care and support needs.

Staff completed an induction when they started work and had completed appropriate training. Staff received regular supervisions and appraisals. The registered manager and staff understood the Mental Capacity Act 2005 (MCA). People were asked for their consent before staff provided care. People were supported to have a balanced diet. People had access to a range of healthcare professionals when required.

People said they felt cared for and people's privacy and dignity was respected. Staff encouraged people to be independent whenever possible. People were provided with information about the service in the form of a service user guide.

People's needs were assessed prior to them joining the service to ensure the service provided was person-centred and could meet their needs. Support plans were in place for most people and provided clear guidance for staff on how to support people in line with their individual needs. People were aware of the complaints procedure and knew how to make a complaint.

The service had 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.

The service had processes in place to monitor the quality of the service. However, it had failed to recognise that four people did not have support plans and risk assessments in place to ensure their needs were appropriately met. The provider carried out regular staff spot and competency checks to make sure people

were being supported in line with their care plans. There was an out of hours on call system in place to support staff when they needed it. Feedback was sought from people about the service, through telephone surveys. Staff were complimentary about the service and said that they enjoyed working for the service.

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.

Four people did not have risk assessments and support plans in place to ensure their needs were safely met

Appropriate safeguarding and whistleblowing procedures were in place.

Medicines were managed safely.

People were protected from the risk of infections.

Appropriate recruitment checks took place before staff started work.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction when they started work and completed appropriate training.

Staff received regular supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and acted in accordance with it.

People were asked for their consent before staff provided care.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals when required in order to maintain good health.

Is the service caring?

Good ●

The service was caring.

People said that staff were kind and caring.

People and their relatives had been consulted about their care and support needs.

People's privacy and dignity was respected.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they were involved in their care planning which was person centred.

Support plans were clear and provided clear guidance for staff on how to support people in line with their individual needs.

People were aware of the complaints procedure and we saw that the service had not received any complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were processes in place to monitor the quality of the service. However, we saw that the service had not identified the failing in ensuring all people using the service had support plans and risk assessments in place.

There was a registered manager in post.

Regular staff meetings took place.

The provider took into account the views of people using the service and staff to help drive improvements.

Staff were complimentary about the registered manager and the service.

Abantu Care Services

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 checked 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.

This inspection was carried out on 18 January 2018. We gave the provider 48 hours' notice, to ensure that the registered manager would be available to assist with the inspection. The inspection team comprised of one adult social care inspector and one expert by experience who carried out telephone calls to people using the service following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance the provider had not been asked to submit a PIR. We also asked the local authority commissioning the service for their views of the service. We also asked the local authority commissioning the service for their views of the service.

We spoke with five people and four relatives and asked them for their views about the service. We also spoke with the registered manager, the general manager and three care staff. We reviewed records, including the care records of four people, four staff recruitment files and training records. We also looked at records related to the management of the service such as surveys, accident and incident records and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe with the staff who supported them. One person said, "I feel safe every time; I have been receiving the service for the past three years." Another person said, "Gosh, yes I feel safe." A third person said, "I always feel safe."

At this inspection we found that the local authority had allocated the service to four people on a 'discharge to assess' basis. This meant that the service had been asked to provide care and support for these four people for a maximum of 72 hours, while they were assessed regarding their continuing care needs that the people would go on to receive. However, we saw that these four people had been receiving care and support since November and December 2017, but the service had failed to carry out risk assessments and to put support plans in place to ensure the service was meeting their needs adequately and safely. For example, two people were at risks of falls, but no risk assessments were carried out to identify how this potential risk could be minimised. There was no guidance for staff on how these two people needed to be supported when mobilising and what to do should they suffer a fall.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We raised these concerns with the registered manager, who acknowledged that these four people should have had risk assessments and support plans in place to ensure they were safely supported by staff to meet their needs. Following the inspection, the registered manager sent us documentation to show that risk assessments and support plans had been put in place for the four people in relation to their individual needs. When we spoke to staff they were knowledgeable about people's individual needs and people's individual potential risks. They also were aware of the action they needed to take to minimise these risks. For example, one staff member told us that one person was at risk of falls. They explained that they ensured that the environment was free from obstacles, the person used their walking aid when mobilising and ensured they wore appropriate footwear.

Risk assessments were carried out in relation to medicines, moving and handling, environment, skin integrity and nutrition. Risk assessments were reviewed regularly and were up to date. Risks were identified and included guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, one person had loose tiles in their bathroom. To avoid them injuring themselves, staff removed these tiles and had arranged for a professional to attend the property to replace these tiles.

There were appropriate safeguarding and whistleblowing procedures in place. Staff competently described the types of abuse that could occur, the action they would take to protect people and who they would contact should they have any concerns. One staff member said, "I would report any concerns to my manager and if they did not do anything, I would go to the CQC, social services or the police. But I am confident my manager would take action." Another staff member said, "I would tell my manager but I know I can also go to the CQC." The registered manager submitted safeguarding notifications to the CQC as required.

Most people self-administered their medicines or were supported by family members. Where people were supported by the staff to take their medicines we saw medicines were safely administered and recorded appropriately. Medicine Administration Records (MAR) were completed in full. This meant that people received their medicines as prescribed by health care professionals. Staff had undertaken medicines administration training and undertook regular competency checks. One staff member said, "I have monthly medicine competency checks. I like this because my manager can check I am doing everything right." One person said, "Medication is always given on time." A relative told us, "I set the medicines out for my husband and the carer prompts him to take them; this has been useful as over the past two weeks he's had additional medicines to take."

There was an infection control policy in place and staff had completed infection control training. Personal protective clothing (PPE) was available in the office which staff collected when they visited. We saw regular spot checks were carried out to ensure staff were wearing PPE. One staff member said, "All staff have to wear PPE and these are always available. The manager does spot checks to make sure I am wearing and use PPE. My infection control training is up to date." Another staff member said, "The manager regularly does spot checks, they are unannounced and I think they are good."

The service maintained an accident and incident file, however we saw there had been no incidents or accidents to date. The registered manager told us if there was an accident or incident they would follow the procedure for recording accidents and incidents, for example by recording what happened and what action was taken. We saw there were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this.

People told us there were enough staff to meet their needs. One person told us, "The carers are always here on time." Another person said, "There's only been one instance where the carer could not attend, but I was contacted and asked if I needed a carer to come in, to which I stated I could manage on this occasion." A third person said, "The carer stays for the full allocated time; in fact, gives more time, however long it takes to get job done."

The provider operated an Electric Call Monitoring (ECM) system so they could monitor and ensure people received their care on time and on the correct days. It showed if staff were running late, when they had arrived and how long they had spent with people. All staff were provided with mobile phones which enabled them to log into the live ECM system on a daily basis so that the service was aware of the details of their daily calls. The registered manager told us that travelling time was factored into people's calls.

Staff rotas were not available on the day of our inspection. We raised this with the registered manager who was able to confirm the staff members who were on duty on a daily basis via the ECM system and the staff shifts had been entered into this. This allowed them to monitor and confirm that staff were attending the calls they were scheduled to attend. Following the inspection the registered manager sent us the staff rotas which detailed staff that were on duty for the month. One staff member, said "There are enough staff and the registered manager is also always available."

The provider carried out appropriate recruitment checks before staff started work. We looked at four staff files and saw they contained completed application forms which included details of employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

Is the service effective?

Our findings

People told us they thought staff were competent and well trained. One person said, "My carer seems well trained and competent." Another person said, "I have no concerns regarding skills and knowledge; my carer is pretty clued up and got more efficient over time; they are adaptable and good."

Records showed that new staff shadowed more experienced staff until they were observed to be competent to carry out calls on their own. The registered manager confirmed that they personally assessed staff competencies. One staff member said, "When I started work I shadowed a more experienced colleague until I felt able to attend calls myself. This is good; it gave me confidence when I was told I was doing things correctly."

Staff had completed an induction when they started work and received training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate and is the benchmark that has been set for the induction standard for new care workers. Staff had completed all mandatory training which included medicines, safeguarding, moving and handling, first aid, fire, infection control and health and safety. One member of staff said, "I have done all my mandatory training and the manager reminds us when any training is due." Another staff member said, "I have completed all my training, the training is very good." We reviewed training records and saw that staff training was up to date.

Assessments of people's needs were carried out before they joined the service. The registered manager told us that prior to any person being accepted an assessment of their needs was undertaken by them personally to ensure they could meet people's needs. These assessments along with referral information from the local authority were used in producing individual support plans and risk assessments. The service provided short-term packages for a period of 72 hours for people referred from the local authority as 'discharge to assess'. Before the service offered care and support to 'discharge to assess' people they carried out an assessment to ensure they could meet their care needs for a short period. This included mobility, falls, mobility, communication and personal needs.

We saw staff were supported through regular supervisions and appraisals and supervisions were up to date. Areas discussed within supervisions included people using the service, medicines and the Mental Capacity Act 2005. One staff member said, "I do have regular supervisions. I can speak to my manager about any concerns and I get feedback which is helpful." Another staff member said, "Supervisions are useful for speaking to the manager and for them to give advice if any is needed."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us all had capacity to make decisions about their own care and treatment. If they had any concerns about any person's ability to make a decision they would work with them and their relatives and if appropriate any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken.

Staff understood the MCA and the need to gain consent when supporting people. One person said, "My carer would never do anything without first consulting." A relative said, "I am always fully consulted especially in the morning." One staff member said, "I always ask for people's consent and I always explain how I am going to support them."

People told us they received support with breakfast and with heating up meals rather than actually having food prepared for them. One person said, "My carer is very kind in preparing my wife's breakfast tray."

People had access to a range of healthcare professionals when required. Staff monitored people's health and wellbeing and if there were any concerns, people would be referred to appropriate healthcare professionals. One person told us, "I am quite capable of contacting healthcare professionals, but the carer would do it if need be." A relative said, "The carer picked up that my husband was not looking well, but there were no other signs of illness; my husband went to the GP and it transpired he had a chest infection which then turned into pneumonia."

Is the service caring?

Our findings

People said that staff were very kind and caring and were positive about the support they received. One person said, "My carer is caring and I have no complaints." Another person said, "The carers make my life bearable; they make me laugh and when I'm feeling low, I get big hugs."

People told us they had been consulted about their care and support needs. One person said, "Carers consult me all the time and we plan things together; nothing's ever a problem." Another person said, "A full assessment of care needs was done from the start". People told us their privacy and dignity was maintained and they were treated with respect. One person said, "Carer always covers me up if my husband and son are present; they respects my privacy." Another person said, "Carers are very respectful of my dignity." A relative said, "The carer is very careful to ensure my husband is covered up in order to maintain dignity." One staff member said, "It is important people's privacy and dignity is respected. I always shut doors and curtains. I also make sure that I knock on people's bedroom doors before entering." Another staff member said, "I always close door and curtains and make sure people are properly covered when I am giving personal care."

People told us that they were not always given a choice with regards to the gender of care staff. One person said, "I preferred a female carer, but I wasn't given a choice." We raised this with the registered manager who told us that wherever possible they try and match people with the gender of staff they would prefer. However, this is sometimes difficult due to the times of shifts staff work. For example, if a person requests a female member of staff for their last call of the day, a female member of staff may not be available.

People's information was treated confidentially. Care files were stored securely in locked cabinets in the office and electronically on the providers computer system. Only authorised staff had access to people's care files and electronic records.

Staff told us they encouraged people to be as independent as possible and to do as much as much as they could for themselves. One person told us, "I am mostly independent to a certain extent, but I get good help from the carer." A relative told us, "I wouldn't say the carer 'mollycoddles' [my relative], but they encourage [my relative] to do things." One staff member said, "I always encourage people to be independent, this is important to do. I encourage them to wash their face if they are able to." Another staff member said, "Some people can do things for themselves, such as cleaning their faces and buttoning up clothes. I encourage them to continually do this, it is important for them to maintain their independence."

We saw that people were provided with appropriate information about the service in the form of a service user guide before they engaged the service. This ensured they were aware of the standard of care they should expect. The service user guide also included the complaints policy.

Is the service responsive?

Our findings

People and their relatives told us that they were involved in their care planning needs. One person said, "Yes I have a care plan." One relative told us, "I am involved in planning my [relative's] care, needs and I have been consulted."

People's support plans addressed a range of individual needs such as moving and handling, medicines, nutrition, communication and physical needs. Support plans were regularly reviewed and contained daily progress notes that detailed the care and support delivered to people. Support plans included people's life histories, choices, their likes, dislikes and preferences. For example what was people's beverage of choice and the time they liked to get up or go to bed. One staff member said, "I have one client who goes to bed very late, they do not sleep much." Another staff member said, "I have a client who has a sweet tooth and loves coco-cola and chocolate eclairs."

People's support plans detailed the times calls would be carried out and the tasks that would be undertaken by staff. The registered manager said that the service was flexible, in that should people want to change their call times or days then such requests would be accommodated.

The service had a complaints policy and complaints log in place and people were aware of how to make a complaint should they need to. The service had received one complaint and we saw that it was dealt with appropriately and in a timely manner. One person told, "If I had to make a complaint, I'd go to a senior team manager." Another person said, "I have never had to make a complaint as I am happy with the service received."

Staff had undertaken equality and diversity training and care files documented people's choice of faith. The registered manager told us that they did not have anyone with any diverse needs. However, should this change then the service would provide any support required. Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. One staff member said, "I used to have a client who I used to accompany to church regularly. I don't have any clients who have any diverse needs at the moment but we would support any client who had specific individual needs in relation to diversity."

The registered manager told us to prevent social isolation, the general manager regularly took one person who was not mobile out for lunch in the local town. This had led to the person making friends with people and now meets them on a weekly basis.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service but these were not always effective. Audits had not identified that four people were 'discharge to assess' clients and had been receiving care and support for over 72 hours. Subsequently, they failed to put in place support plans and guidance that staff required to meet people care needs. This meant that the service could not ensure that people's needs were met in line with their care needs and preferences and this required improvement.

Other audits carried out included medicines, daily logs. Spot checks carried out to ensure staff dressed appropriately, were using protective clothing and care was delivered care in line with people's care and support needs. We saw that no issues were identified.

People and their relatives were complimentary about the registered manager and the service. One person said, "I get on very well with management. Management are great. I'm very well looked after and they're like family." Another person said, "Any contact with management has always been polite and prompt; no issues at all. I'm very happy with the service and I have no complaints."

The service had a registered manager in place. The registered manager was knowledgeable about the requirements and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

Staff attended regular staff meetings that were held. Minutes of the last meeting showed areas discussed included, safeguarding, medicines, training and the Mental Capacity Act 2005. One staff member said, "I attend staff meetings which are very good. It gives us the chance to meet as a team and hear about the organisation as a whole. Also we have training on topics such as medicines, safeguarding and whistleblowing."

The service sought people's views about the service by carrying out surveys; however the service were awaiting completed feedback for the 2017 which was conducted in December 2017. The registered manager told us that if any negative feedback was received this would be analysed and the information would be used to produce an action plan and make improvements at the service. One person said, "I completed a customer survey three or four weeks ago." Another person said, "I have completed a survey, I have no issues." People also said that staff regularly asked them for feedback. One person said, "My carer asks my views about service on an ad-hoc basis." Another person said, "Carers always ask about the service." A third person said, "The manager has called and asked for my opinion about the service."

We spoke to the local authority who commissioned the service of Abantu Care Services on people's behalf. They told us that they had no concerns at all about the service they provided. One local authority staff member said, "I have no issues with the management or delivery of care by this agency."

People were happy with the service they received and complimentary about the management of the service. One person said, "I get on very well with management. Management are great. I'm very well looked after and

they're like family. Another person said, "If I ever have anything to worry about, I call management and they get back to me straight away. They're good. A third person said, "Any contact with management has always been polite and prompt."

The registered manager told us that the service was committed to providing personal- centred care and supported people to live life to the fullest. Staff were complimentary about the registered manager and told us they were happy working at the service. One staff member said, "The registered manager always listens and is very approachable. I really like this job, because I am able to help vulnerable people." Another staff member said, "The registered manager is available 24/7. They are very supportive. I love this job and the service."