

Aaron Abbey Care Services Limited

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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 25 and 26 October 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service at this location.

Aaron Abbey Care Services Limited provides a service to people living in their own homes in Berkshire. At the time of this inspection they were providing a service to 30 people.

The service has a registered manager as required. 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 registered manager was present and assisted us during this inspection.

Staff were available in enough numbers to meet the needs and wishes of the people they supported. Staff felt they received the training they needed to enable them to do their jobs safely and to a good standard. People were protected from abuse and staff had a good understanding of action they should take if any concerns were raised or suspected.

People's health and well-being was assessed and care plans were designed to ensure people's needs were met in an individualised way. Where included in their care package, people were supported to eat and drink enough.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People confirmed they were involved in decision-making about their care and support needs.

People were treated with respect and their privacy and dignity was promoted. People said their care workers were kind and caring. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence. Professionals said the care and support provided by the service helped people to be as independent as possible.

People benefitted from receiving a service from staff who worked well together and felt management worked with them as a team. Quality assurance systems were in place to monitor the views of people using the service.

We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not carried completed all required recruitment checks to make sure staff

were suitable to work with people who use the service. The provider had not ensured the safe and proper management of medicines by carrying out staff competency assessments before allowing staff to administer medicines. The provider had not established an effective system that enabled them to ensure compliance with the requirements of the fundamental standards (regulations 8 to 20A of the regulations), or their own policies. The provider had not maintained an accurate, complete and contemporaneous record of decisions taken in relation to the care and treatment provided to each person. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider allowed staff to work at the service without completing all required recruitment checks. Steps had not been taken to ensure the proper and safe management of medicines.

Staff had a good understanding of how to protect people from abuse and the actions they needed to take if abuse was suspected. Risks to people's and staff member's personal safety had been assessed and plans were in place to minimise those risks.

There were sufficient numbers of staff deployed to ensure people received the care and support they needed.

Requires Improvement 

Is the service effective?

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Where included in their care package, people were supported to eat and drink enough.

Good 

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy was respected and staff helped people maintain their independence where they could.

Good 

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was reviewed and improved in response to people's changing needs.

People knew how to raise concerns and were confident the service would listen and take action on what they said.

Is the service well-led?

Requires Improvement 

The service was not always well led. The provider had not established an effective system to enable them to ensure compliance with the fundamental standards or with their own organisational policies.

People benefitted from personal records that were up to date and reflected their needs and wishes. However, their records did not always contain details of decisions taken in relation to the care and treatment provided.

People benefitted from a staff team that worked well together and felt supported by their managers. Staff were happy working at the service and felt there was a good team spirit. They were supported by the management and felt the training and support they received helped them to do their job well.

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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 planned 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 inspection took place on 25 and 26 October 2016. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the day of our inspection by the registered manager.

We looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we sought feedback from people who use the service, their relatives, care staff and social care professionals. We received feedback from nine people who use the service and five of their relatives. Five staff members provided feedback, as did three social care professionals. We spoke with the registered manager, the care manager and the training and recruitment administrator.

We looked at four people's care plans, monitoring records and medication sheets, eight staff recruitment files, staff training records and the staff supervision and annual appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, complaints and incidents records and staff meeting minutes.

Is the service safe?

Our findings

The provider's recruitment practices meant people were at risk of having staff providing their care who may not be suitable to do so. We looked at the recruitment files for eight staff employed and found only two contained all the recruitment information required by the regulations. In the other six files, four had no record that the registered manager had checked to see if those staff members were barred from working with vulnerable adults. One of those was allowed to work for seven weeks without a valid criminal record check. The provider had not, as required, carried out a Disclosure and Barring Service (DBS) 'Adult First' check before allowing the staff member to start work. The DBS website states: "DBS Adult First is a service provided by the Disclosure and Barring Service that can be used in cases where, exceptionally, and in accordance with the terms of Department of Health guidance, a person is permitted to start work with adults before a DBS Certificate has been obtained. This applies to adult services such as care homes, domiciliary care agencies and adult placement schemes where DBS Certificates are required by law. A DBS Adult First check will confirm, usually within 2 days, if the applicant can start work, as long as they're supervised."

Three staff members had gaps in their employment histories which had not been explained or identified by the registered manager. One staff member's references were not in English and the registered manager had not obtained a translation. The majority of this staff member's employment history was also not in English, although the dates were numerical and it was clear there were gaps which had not been identified or explained. In no recruitment files had the registered manager verified staff members' reasons for leaving previous employments where they had worked with vulnerable adults. In one application the staff member had stated they had left their previous employment in one part of England to move to another area, yet the next employment address they gave was in the same area as the employment they were leaving. This discrepancy was discussed with the staff member, and explained, during the inspection. However, the registered manager had not identified this information as contradictory and had not explored further with the applicant. Once the various discrepancies were pointed out to the registered manager, he asked staff to bring in evidence of their criminal record checks and checks of the barred list, which they did. Two members of staff provided full employment histories, with gaps explained. A partial translation of the employment information from the European recruitment agency was received for the staff member whose details were not in English, although the translation did not give evidence of the person's conduct in the previous employment or verify their reason for leaving.

This was a breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established recruitment procedures to ensure the suitability of staff employed..

Staff received training in the safe handling of medicines and records showed staff were up to date with their training. The medicines administration records (MAR) were up to date and had been completed by the staff supporting people with their medicines. The medicines were provided in dosette boxes. A dosette box is a special container, used by pharmacists when filling people's prescriptions. The boxes are used when people need help to remember to take their medicines on the right day and at the right time. However, we saw

some contradictory entries in care plans and MAR sheets. For example, in one care plan it stated the person should be "given" their medicines but on the MAR sheet staff had consistently marked 'P' to evidence they had only prompted the person to take their medicines. The registered manager confirmed the person was not able to manage their own medicines and that staff had to administer the medicines and did not just prompt. Although spot checks carried out at people's homes included checks on medicines and MAR sheets, this error had not been identified. There was no evidence this had been explored to ascertain that the staff members signing the MAR sheet understood the difference between administer and prompt and had been doing the correct thing.

The provider's policy stated: "Care workers must be trained in the handling and use of medication and have their competence assessed: by supervisor's observation of practice during the first medication handling following initial training completion; by supervisor's observation of practice at three months following initial training completion; reviewed at formal supervisions and by supervisor's observation of practise annually." Staff competencies were assessed during the classroom training sessions and some elements of medicines competency checks were included in the provider's spot checks. However, of the 13 care staff, only eight had had a spot check. Five had not had any check of their competency to administer and handle medicines. This was not in line with the provider's policy put in place to ensure the proper and safe handling of medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper and safe management of medicines.

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. People felt safe from abuse or harm from their care workers. We saw from the service's safeguarding records that any allegations were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The local safeguarding team felt the registered manager worked well with them, fully cooperated in the safeguarding procedure and completed all agreed actions. People and their relatives told us they felt safe with the staff. One person commented, "The girls are wonderful."

The service assessed the environment and premises for safety as part of the initial assessment. For example, slip and trip hazards and equipment to be used when providing the package of care. Other areas assessed for staff safety included the area local to the home of the person receiving the service and other risks related to staff lone working and lone travelling. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, environmental risks to staff and risks to people related to falls and moving and handling. The service had emergency plans in place in case there were threats to the running of the service, such as severe weather.

Social care professionals felt the service, and risks to individuals, were managed so that people were protected. They also felt the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us staff usually arrived on time, stayed the expected amount of time and had never missed a call. People and their relatives told us they were always contacted if the calls were going to be outside the agreed window of 30 minutes either side of the stated time for a call. Staff confirmed they were always given enough time to complete calls and enough time for travelling between them.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained. People felt the care workers had the skills and knowledge required to give the care and support needed. One person commented on their service feedback form, "Very caring staff, they are well trained." Another said, "The girls are very, very good, very considerate. A relative commented, "They are doing a good job."

People were protected because staff had received training in topics related to their roles. Staff training records showed people had received induction training when first starting employment with the company. The induction training followed the Skills for Care, care certificate. We saw staff had received induction or update training in topics such as medication, first aid, safeguarding and moving and handling. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. People and their relatives felt the care workers had the skills and knowledge to give them the care and support they needed. Social care professionals felt the care staff were competent to provide the care and support people needed.

Staff had one to one meetings (supervision) with their manager four times a year to discuss their work and training requirements. The log of supervision provided showed staff had either received supervision or a supervision session was planned. Other supervision sessions included spot check observations. Spot checks are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The registered manager had begun to carry out spot checks. At the time of our inspection one spot check had been completed for eight out of 13 care staff, five needed to be planned and carried out. All staff employed for one year or over had received an annual appraisal of their work.

People's rights to make their own decisions, where possible, were protected. People told us they were involved in decision making about their care and support needs. Care plans incorporated a section for people to sign to say they agreed to their care plan. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The registered manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they understood their responsibilities under the act. People told us staff always asked their consent before providing care.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The DoLS did not apply to the people currently using the service.

Where providing meals was part of the package of care and/or where there was concern, the daily records included how much people had eaten. Where people were not eating well, staff would highlight that to the registered manager so that professional guidance could be sought. People told us staff prepared the food

they wanted, in the way they wanted it prepared.

Is the service caring?

Our findings

People told us their care workers were caring and kind. People and their relatives told us they would recommend the service to a member of their own family. Social care professionals felt the service was successful in developing positive caring relationships with people using the service and one professional added, "It is my belief that Aaron Abbey strive to meet this goal."

People and their relatives told us staff always treated them with respect and dignity. This was confirmed by social care professionals who told us they thought the service promoted and respected people's privacy and dignity. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided.

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included instructions to staff on what actions they needed to take to meet people's individual cultural needs.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. Staff told us they encouraged people to do the things they could and the care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. People told us the support and care they received helped them to be as independent as they could be.

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their care certificate induction training. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

One person told us they were very satisfied with the service and a relative said, "He [the registered manager] wants it to be a good service. He makes me feel I am not bothering him." Another relative told us, "This company is the best one we have had. It is the only one in two years that has never let us down."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. People's abilities were kept under review, any changes were noted in the daily records and care plans were updated if indicated.

People's care plans were person centred and based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. People told us staff knew how they liked things done and that staff did things the way they wanted.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff explained how they would report any changes to the registered manager and write the change in the daily notes. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started a package of care. Staff were aware of the procedure to follow should anyone raise a concern with them. There had been no formal complaints made to the service in the past 12 months.

Social care professionals thought the service provided personalised care that was responsive to people's needs. Relatives felt their family members received the care, treatment and support they needed in a personalised way. People said they were involved in decisions about their care and support and that their relatives were also involved, if they wanted them to be. One relative told us, "This is the best service we have had. They are understanding and the owner [registered manager] is always there if there are problems."

Is the service well-led?

Our findings

The provider had not introduced an effective system to check they were meeting their legal obligations and meeting regulations. For example: There was no effective system to ensure all required recruitment information and documents were available as required of the regulations. There was no effective system to ensure that only staff assessed as competent to administer medicines were allowed to do so. Until our inspection, the issue with staff signing to say they were prompting people to take their medicines, when in fact they were administering medicines, had not been identified. Care plans were being drawn up and updated by the care manager, but the provider had no auditing system that included checking that care plans were completed and kept up to date. The provider had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, there were a number of occasions where the registered manager had obtained verbal information regarding the care and support of service users and the running of the service, but not kept a record. For example, the registered manager told us he had contacted staff applicant's previous employers for evidence of their conduct where references were not forthcoming, but he had not kept a record of the conversations. Following the medicine errors the registered manager had spoken to a pharmacist for advice, but had made no record of the advice given. One person told us they had requested that their morning call be moved to an earlier time and that it had been moved later without their knowledge. We discussed this with the registered manager, who was aware of the request and said he had advised the person they would move their call to the earlier time as soon as staff were available for that timeslot. We saw a note made by care staff that the request had been made but the registered manager had not kept a record of his conversation with the person explaining why the requested change would be delayed. This meant accurate, complete and contemporaneous records were not being kept in relation to decisions relating to a person's care and treatment provided. Incomplete records could, potentially, compromise a person's safe care and treatment.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was undertaking a Level 5 Diploma in Leadership for Health and Social Care, initially he had expected to have completed the course by June 2016. The registered manager had not completed the course by the expected date, but told us he expected to complete the course and gain the qualification by October 2017.

The provider had introduced some processes for checking the quality and safety of the services provided by the staff. The registered manager had introduced spot checks on the staff when working with people who use the service. At the time of our inspection eight spot checks had been carried out, with a further five members of staff still needing to be checked.

The registered manager carried out a "service user satisfaction survey" in August 2016. Of 35 surveys sent, 16

had been returned. The responses had been correlated and an action plan to address issues raised had been started, but was not complete at the time of our inspection. The registered manager told us he planned to include staff and other stakeholders in the survey for 2017. People confirmed their views were sought and the provider visited them in their homes to gain their views. People felt their views were respected and the service listened if they raised concerns.

People benefitted from a service that had an open and friendly culture. Staff told us they got on well together and felt the management listened to them. Staff told us they would be comfortable raising concerns with the management. They were confident managers would act on what they said. Social care professionals felt the service was well managed, that the service delivered high quality care and worked well in partnership with other agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not made sure that care and treatment was provided in a safe way for service users.</p> <p>The registered person had not ensured the proper and safe management of medicines. The registered person had not ensured staff handling medicines were competent to do so. Regulation 12(1), (2)(c) and (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not been established and operated effectively to enable the registered person:</p> <ul style="list-style-type: none">-to ensure compliance with the requirements of regulations 8 to 20A of the HSCA 2008 (Regulated Activities) regulations 2014.-to ensure an accurate, complete and contemporaneous record was maintained in respect of each service user including a record of the care and treatment provided to the service user and of decisions taken in relation to that care and treatment. <p>Regulation 17(1)(2)(a)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that</p>

information specified in Schedule 3 was available in respect of staff employed for the purposes of carrying on a regulated activity. Regulation 19 (1)(a), (3)(a) and Schedule 3 (1-8).