

Aaron Abbey Care Services Limited

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Inspection report

Indigo House
Mulberry Business Park, Fishponds Road
Wokingham
Berkshire
RG41 2GY

Tel: 07557665337

Website: www.aaronabbeycare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21, 22 and 24 November 2017. 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.

Aaron Abbey Care Services Limited is a domiciliary care agency. It provides a service to people living in their own homes in Berkshire. Not everyone using the service receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care', that means help with tasks related to personal hygiene and eating. At the time of this inspection staff were providing personal care to 31 older people and/or younger adults, some of whom may be living with dementia, physical disabilities and/or sensory impairments.

At the last inspection on 25 and 26 October 2016 we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not carried out 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. 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). We asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions Safe and Well-led. They sent an action plan which stated that all actions would be completed by 31 January 2017.

At this inspection we found the provider had taken the necessary action to improve staff recruitment. However, the provider had not taken enough action to ensure the safe and proper management of medicines and had not established an effective system that enabled them to ensure compliance with the requirements of the fundamental standards.

We found an additional breach of the regulations, the provider had not provided staff with the appropriate training and support needed to enable them to carry out the duties they were employed to perform.

The service had 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 is also the nominated individual and one of the two directors of the provider organisation. The care manager is the second of the two directors. The registered manager and care manager were present and assisted us during this inspection.

People felt they were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people and relatives who provided feedback.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were asked for their consent before being provided with care and their preferences were sought and taken into account in their care plans. However, the service needed to ensure they obtain consent from people before sharing information regarding their personal care with their relatives.

People's diversity needs were identified and incorporated into their care plan. Where their package included support with food and drink, people were supported to eat and drink enough.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. Personal and environmental risks to the safety of people and staff had been assessed and actions had been taken to minimise those risks.

Recruitment processes had been improved and were followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People and their relatives knew how to complain and knew the process to follow if they had concerns. They confirmed they felt the staff and management would act upon any concern raised.

This is the third consecutive time that Aaron Abbey Care Services Limited has been rated as Requires Improvement overall. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. Sufficient steps had not been taken to ensure the proper and safe management of medicines.

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.

Recruitment processes had improved to make sure that people were protected, as far as possible, from staff being employed who were not suitable.

Requires Improvement ●

Is the service effective?

The service was not always effective. People were potentially at risk of receiving care and support from staff who were not appropriately trained or competent to do their job.

Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and staff mostly took action to ensure their health and social care needs were met.

Requires Improvement ●

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful and their rights to confidentiality were mostly protected.

People received individualised care from staff who understood their wishes and preferences.

People's dignity and privacy were respected and staff encouraged people to 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 responsive in recognising and adapting to people's changing needs.

The registered manager planned to start implementing the Accessible Information Standard as care plans were reviewed.

People and their relatives knew how to raise concerns and felt the staff at the service responded well to any concerns they raised.

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.

People benefitted from personal records that were up to date and reflected their needs and wishes.

People benefitted from a staff team that felt supported by their managers and would recommend the service to a member of their own family.

Aaron Abbey Care Services Limited

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 21, 22 and 24 November 2017. 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 used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we sought feedback from 26 people who use the service, three relatives, 12 care staff and eight community professionals. We received feedback from eight people who use the service and three of their relatives. Six staff members provided feedback, as did three community professionals. We spoke with the registered manager, the care manager and the field supervisor.

We looked at five people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision and spot check log. We reviewed a number of other documents relating to the management of the service. For example, some policies, incident forms, staff meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

At our last inspection on 25 and 26 October 2016 we found the provider was in 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 and had failed to assess staff were competent before allowing them to handle medicines. Following that inspection the provider sent an action plan setting out how they planned to reach compliance with the regulations.

At this inspection we found the provider had introduced a "Medications Competency Assessment" form which was completed with staff after they had watched a training DVD and carried out a number of shadowing shifts. We looked at the assessment forms for the last six staff employed. All six staff were new to care work and had been employed since January 2017. Four of the assessment forms had been completed by the registered manager, the remaining two had been completed by the field supervisor. The registered manager told us the form had been provided by the home care organisation the provider belonged to. One of the questions on the form was, "Did the care worker check to ensure they gave the right medication to the right service user?" On each of the six forms the registered manager and field supervisor had answered "N/A" (not applicable) to this question. When we asked why this was, the registered manager told us the question did not apply as the people lived alone. This was not safe practice, ensuring the right person receives the right medicine is an important element of medicines administration and competency assessment. This is especially important as staff may be supporting people who do not live alone and there could be medicines in the home that do not belong to the person being supported. Current best practice guidelines state, "Care workers should only give a medicine to a person if the "6 R's" of administration have been met." Those "6 R's" are: right person, right medicine, right route, right dose, right time and right to decline. Failing to assess staff competency in all of the "6 R's" was potentially putting the people using the service at risk of medicine errors and was against current best practice guidelines.

The registered manager explained in their provider information return that, "In the next 12 months we want to improve the way in which we train our staff. Previously, we used to have a position for a trainer who would train our workforce. However, we were left with a gaping hole each time the trainer decided to leave. We are now in the process of distributing the training throughout the senior members of staff. Our senior members of staff will be attending train-the-trainer courses of all the important courses required for the effective provision of domiciliary care." However, we saw the registered manager and field supervisor had assessed the six new staff as competent to give medicines before they had attended their medicines train the trainer course. The six new staff members had all been assessed as competent with medicines between 20 January 2017 and 14 June 2017. The registered manager, care manager, field supervisor and one of the three care coordinators had certificates to show they had attended "Medication Train the Trainer" training on 27 September 2017. This meant the competence of new staff to administer medicines had been assessed by staff who had not attended the training deemed necessary by the registered manager.

In one care worker's assessments we saw the registered manager had completed a medication competency assessment dated 20 May 2017 saying they were competent. The staff member was allowed to work unsupervised from 28 May 2017, which included administering medicines without supervision. For the same

staff member we saw a holistic assessment and observation form completed by one of the care coordinators dated 4 July 2017. In this form it was stated the same staff member had not met the medicines standard and needed to be checked and reminded by staff working with them not to touch the pills with their hands. There was no record of any further action taken regarding this concern and the staff member continued to work unsupervised. Another member of staff had been signed off as competent by the field supervisor. This had been on the new staff member's second shadowing shift at the service, two days after their start date. However, records showed the field supervisor had not shadowed the staff member on that day. At the time entered on the assessment form the staff member had been working with one of the care coordinators doing a care call.

We saw in one medicines administration record (MAR) that one of the person's medicines had not been given since 9 October 2017, which was six weeks prior to our inspection. The MAR sheet had been marked that the medicine was not available. The electronic record system used at the service had also been marked each day that the medicine was not available. There was no record that any action had been taken relating to why the medicine was not available by any staff scheduled to administer the medicine or by any of the management team. There had been a "medication audit" carried out by the registered manager on 22 October 2017 at the person's home. That audit had not identified that the medicine was not being given and was not available. On 3 November 2017 the care manager had completed a "Service User Logs Audit Form" for the MAR sheet for that person for the month of October 2017. That audit had not identified the medicine was not being given and was not available. The MAR sheet did not contain details of any stop date for the medicine in question. The investigation into the situation regarding the medicine was started during our inspection by the care manager but only after we pointed out our concern.

For one person their care plan stated that they needed support to check their blood glucose levels and needed prompting to inject themselves with insulin, if needed. In their daily logs we saw that one member of staff had recorded "Assisted to check glucose and inject insulin" on over 50 occasions since 5 September 2017. We asked the care manager what assistance the staff member was giving the person to inject their insulin, especially as that assistance could require specialist medicines training. The care manager was not sure but thought the staff member was not assisting the person to inject their insulin but that the log entries were due to a language problem with the staff member. The care manager undertook to find out from the care worker what they were doing so that more accurate recordings could be made. We looked at the monthly "Service User Logs Audit Form" completed for September and October 2017 by the care manager. There was no evidence that this potential failure of a staff member to follow the care plan (of only prompting the person to take their insulin) had been identified. There was also no evidence that the registered manager had been monitoring to ensure staff were following this person's care plan and not providing medicines assistance they were not trained to provide. Current best practice guidelines state that care plans should contain details of what support is needed for each medicine and how that support will be given. We did not find that level of detail in the care plan in relation to the person's insulin support. This meant staff did not have clear guidance on what they should and should not do in relation to the person's insulin. It also meant there was the potential for staff to provide assistance they were not trained or competent to provide.

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

At the last inspection on 25 and 26 October 2016 we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure all required recruitment checks were carried out. At this inspection we found people were protected by the

recruitment practices in place. Improvements had been made to the recruitment process and checks had been implemented to ensure staff recruitment met the requirements of the regulation. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. People could be confident that staff were checked for suitability before being allowed to work with them.

People told us they felt safe from abuse and/or harm from their care workers. Staff had watched a DVD on safeguarding adults. They said they knew what to do if they suspected someone was being abused or was at risk of abuse and would feel confident going to the management. Community professionals thought the service and risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work. Emergency business continuity plans were in place such as procedures for staff to follow in case of adverse weather conditions.

People and their relatives told us staff usually arrived when they should and stayed the correct amount of time. All agreed the recent road works in Wokingham had made it difficult travelling between calls, but relatives felt this was managed as well as it could be. A community professional thought the service made sure there were sufficient numbers of staff to keep people safe and meet their needs.

People were protected from the risk of infection. Staff had watched a DVD on infection control. People said their care workers did all they could to prevent and control infection. For example, by wearing gloves and aprons.

Systems were in place to ensure details of any accidents or incidents were reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Details of the investigation, the outcome and whether any further actions were required were recorded on the incident forms.

Is the service effective?

Our findings

At previous inspections in July 2014 and May 2015 we found the provider was not providing staff with appropriate training to enable them to carry out the duties they were employed to perform. At our last inspection on 25 and 26 October 2016 we found the provider had employed a trainer and that staff training was provided to enable staff to do their job. At this inspection the registered manager told us that the trainer had left the company at the end of January 2017 and no-one had been employed to take their place. The registered manager told us no-one was overseeing staff training at the service. At this inspection we again found that staff were not receiving appropriate training.

The care team was made up of the registered manager, the care manager, one field supervisor, three care coordinators and 10 care and support workers. Since the last inspection 21 staff had left the service, 17 of those left due to the end of their short term contracts. Of the current 16 staff, eight had been employed at the time of the last inspection. Eight were new staff, with six of those being new to care with no previous experience of working in a care environment. With the exception of one care coordinator who held a national vocational qualification (NVQ) level two in care, no other members of staff or management held any care related qualifications.

In their provider information return the registered manager stated that 12 staff had completed their care certificate. However, when we asked the registered manager for details he stated he had meant that staff had completed their theoretical training in the care certificate. This information related to the last six staff members employed and who had been inducted after the trainer had left the service. The registered manager went on to explain that the six staff who were new to care had completed some online learning in the 15 standards and watched some training DVDs. No practical training or competency assessments had been provided since the trainer had left the service.

The CQC provider guidance sets out that "providers must ensure they have an induction programme that prepares staff for their role. It is expected that providers follow the Care Certificate standards..." The Care Certificate is a set of 15 standards that care workers are expected to stick to in their daily working life. The aim of the Care Certificate is to ensure that all new care staff are taught and can demonstrate the right skills, knowledge, values and behaviours to provide high quality and compassionate care. The training should include a combination of theoretical and practical learning and workplace assessments. To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrating and being assessed as competent in the standards. Where there are practical elements to learning which require staff to be 'hands on' and observed, face to face practical training and assessment needs to take place. For example, moving and handling and cardio pulmonary resuscitation/basic life support. In their document, "Question and Answers on the Implementation of the Care Certificate for Health and Social Care Professionals" Skills for Care state that during the piloting of the Care Certificate in 2014, the indication was that for a full-time member of staff, the average amount of time taken to complete the Care Certificate was 12 weeks.

The provider was not able to provide evidence of the training staff had undertaken during our inspection, so

we gave the provider 48 hours to provide the details. We were sent certificates showing the six staff new to care had completed electronic (e) theoretical learning on the 15 care certificate standards. The training matrix recorded that staff had watched training DVDs in some of the subjects on the same days as completing the e-learning. The registered manager also sent us signed assessment logs setting out what the registered manager had discussed with the new staff following them doing the e-learning and watching a DVD. This initial part of their induction had taken each new staff member between seven and eight days. The registered manager told us this work had been carried out in the office with him present. There was no evidence that staff had provided any evidence, either written or verbal, to demonstrate they had understood and retained any of the required knowledge. We saw that the training had taken place prior to the staff's official start date with the company. The registered manager confirmed the new staff had not received any of the practical training, such as basic life support or moving and handling required of the Care Certificate.

The registered manager sent us copies of completed "Holistic Assessment and Observation Forms" for each new member of staff. The forms for each staff member had been completed on one day by observing them carrying out care calls with people who use the service for approximately 4-6 hours. The registered manager explained these forms were used to demonstrate that the new staff members had been assessed in the workplace against the 15 care certificate standards. We saw all 15 care certificate standards had been marked as "met" by the assessor on the forms. The standards where the staff had not received the required practical training such as basic life support were also marked as met. However, the assessors would not have been able to observe staff meeting the basic life support standard during the care calls, even though they had entered "met" for this standard on each staff members form on that date.

The guidance on the "Holistic Assessment and Observation Forms" clearly set out what evidence needed to be documented in order for the assessor to say the standard was met. This guidance had not been followed. For example, the forms stated that the assessors should record a description of what was observed and evidence to support the standards had been met. The assessors had entered "met" against each standard with no observations or evidence. The form stated, "All standards can be completed by asking related questions when carrying out observations and recording the responses..." The assessors had not recorded any questions asked of the staff or their responses on the form. The assessment forms did not include any details of what was observed. The assessment criteria, as set out in the Skills for Care guidance document on assessing the Care Certificate, were also not evidenced on the forms. For example, authentic – it was not possible to identify that the evidence, or any identified part of it, was produced by the learner; sufficient – the observation notes did not cover all the areas of competence that were needed to meet each standard. In addition, as the observations were undertaken on one day only with each staff member, there was no evidence that what was observed was consistently how the staff member worked.

The registered manager had completed a "Holistic Assessment and Observation Forms" dated 24 May 2017 for one member of staff saying that the standard relating to moving and handling had been met. The staff member was allowed to work unsupervised from 28 May 2017. For the same staff member we saw a holistic assessment and observation form completed by one of the care coordinators dated 4 July 2017. In this form it was stated that the same staff member had not met the moving and handling standard and needed other staff to remind them of the correct procedure to avoid bruising the person using the service. There was no record of any further action being taken regarding this concern, potentially putting people at risk of injury due to incorrect moving and handling practices.

The registered manager told us the care coordinators and field supervisor carried out additional observations of staff as they carried out their care calls. The field supervisor told us they had carried out six staff observations during September 2017 and one in November 2017. We asked to see copies of the reports but the field supervisor told us they had not written up the notes yet. They left the office and wrote up their

notes that day. They then sent them to the registered manager who gave copies to us on the second day of our inspection, 22 November 2017. The registered manager confirmed it was the first time he had seen the notes or been made aware of the contents. The notes contained the field supervisor's findings of their observations of the staff carrying out care calls. At the end of the report there were general observations and recommendations as follows, "Number of carers do not understand the impact of the mental health of clients has on their behaviour and reaction. This results in not knowing how to communicate and can often take a client's behaviour or comments personally. It could also be a contributing factor behind the lack of social communication and interaction. Recommend training/learning session with mental health expert and session on benefits of chatting." The report went on to say, "Manual Handling, not everyone doing things the same way. For example use of sliding sheets, use of rotunda. Recommend everyone given refresher manual handling training to include rotunda, hoists and sliding sheets." The final comment on the report was, "Carers ability to prepare either microwave or fresh meals should be confirmed." None of the recommendations from the report had been actioned or passed to the registered manager prior to our inspection, despite the majority of the observations taking place between six and twelve weeks earlier. We also noted that two of the seven staff observed had been identified as needing training on a particular piece of moving and handling equipment (a rotunda). However, they had been assessed as meeting the moving and handling Care Certificate standard shortly after they began their employment. This shows that staff assessing people as meeting the Care Certificate standards may have been incorrectly, or prematurely, judging the standards as met. This potentially places people at risk of receiving poor or unsafe care due to staff being allowed to work unsupervised prior to being fully competent.

Skills for Care guidance sets out that when the new staff member has completed all Care Certificate standards, evidence of competence should be submitted to the registered manager to validate, following which the registered manager should sign and issue the care certificate. There was no record that the registered manager had reviewed the induction paperwork or validated any of the evidence. None of the six members of staff new to care had been signed off as competent or issued with the Care Certificate by the registered manager. All were working unsupervised with people who use the service.

We looked at the provider's list of mandatory refresher training and saw it was not in line with the latest best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in first aid, fire safety and moving and handling every two years. The Skills for Care ongoing learning and development guide for adult social care staff recommends that first aid and basic life support skills are refreshed annually. For fire safety and moving and handling the guide states, "Assess competence at least annually; provide learning and development opportunities when identified or required at least annually.

Some training had been provided that related to the individual needs of people who use the service. For example, staff had recently watched a DVD on dementia care. However, other training had not been provided that was relevant to the duties of the staff such as pressure area care and the prevention of pressure sores. We saw in one person's file that a member of staff had logged on an incident form that they had found a pressure sore on the back of someone's thigh and had applied a moisture barrier cream and left instructions that the moisture barrier cream should be applied to the area. We asked if any professional advice had been sought prior to the staff member determining the treatment of the pressure sore as none was noted. It was not clear in the notes why the specific moisture barrier cream had been identified as appropriate and a photograph of the area was not clear enough to determine the stage of the pressure sore. The care manager contacted the staff member and was able to determine, before the end of the inspection, that the person did not have a pressure sore but just that the skin had been red. The care manager commented that the member of staff did not know what they were saying (in identifying redness as a pressure sore). This lack of training and understanding could lead to people being at risk of developing

pressure sores and staff not seeking appropriate advice at the appropriate time.

Whilst the registered manager understood that staff needed training and development, the way training was delivered was not in line with best practice. The way the Care Certificate was provided to staff new to care did not ensure they were supported, skilled and assessed as competent to carry out their roles. Staff did not have individual training and development plans. Training was not always designed around staff learning needs and the care and support needs of people who use the service. For example, in one staff member's supervision notes we saw they had identified they wanted training to improve their English. The care manager had also identified to us that this staff member had some problems with English. However, there was no evidence that the registered manager had sourced or provided any training in the English language for this member of staff. This meant they could have communication difficulties when providing care and may not be able to understand if people asked for help and/or report any issues clearly to other professionals.

The above evidence demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were potentially at risk of receiving care and support from staff who were not appropriately trained or competent to do their job.

People told us staff asked their consent to the care and treatment they received. People's rights to make their own decisions, where possible, were protected. As their training, staff watched a DVD on 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.

The registered manager was aware that applications to the Court of Protection were necessary if people were being deprived of their liberty in their own home. However, at the time of our inspection there was no-one they supported that this applied to.

Staff confirmed they received regular supervision from their managers. They said their managers were accessible and approachable and dealt effectively with any concerns they raised.

Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They added, "As a domiciliary care agency I believe the management will put every effort into seeing that customer's health needs are met and maintained." Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. As noted above, we saw a recommendation from the field supervisor that carer staff's ability to prepare either microwave or fresh meals should be confirmed, although the reason for this comment had not been explained further in the report.

People said they received care and support from familiar, consistent, care and support workers. Each care plan was based on an assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the people and relatives we spoke with. The care plans were drawn up from information gathered prior to the service offering a care package. The care plans were person-centred and included details related to people's cultural and diverse needs and personal preferences. The care plans were kept under review and amended when changes occurred or new information came to light.

Is the service caring?

Our findings

People told us the care workers were caring and kind. One relative added, "They are all very nice." A community professional said the service was successful in developing positive, caring relationships with people using the service and added, "The proprietor does not accept care packages he cannot sustain. It is very rare to receive negative comments about this service. A sample of customer care calls describe the service as 'The agency is wonderful', 'Thank you for commissioning this agency', 'Best company ever had' and 'Regularly go above and beyond'."

We saw a compliment sent by a relative who wrote in October 2017, "Thank you so much for all you have done for [Name]. We would not have coped over the past year without you all."

People and their relatives confirmed they were consulted and involved in making decisions about their care and support needs. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed to provide care meant they were able to complete all the care and support required by the people's care plans. Relatives told us their family members received the care and support they needed. Staff were respectful of people's cultural and spiritual needs. Their equality and diversity needs were identified and set out in their care plans.

People and their relatives said staff treated them with respect and dignity. This was confirmed by community professionals who told us the service promoted and respected people's privacy and dignity. One professional commented it was a, "Very good and understanding agency that has always been there if I need some help in an emergency."

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

People's right to confidentiality was mostly protected. The service used an electronic system to record details of activities and support provided at every care call carried out. The system was also set up to automatically send copies of the staff daily log entries to the relatives of 19 people who use the service. The registered manager told us relatives liked receiving these notifications and that it put them at ease. However, the registered manager had omitted to ensure that people's consent was obtained before sharing personal details of the daily care logs with their relatives. We saw people had confirmed their consent for details about their care being shared with relevant agencies or professionals, but not with relatives. The registered manager said he would contact the people using the service and obtain their consent. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

Is the service responsive?

Our findings

People and their relatives were happy with the care and support they received from the service. A community professional felt the service provided personalised care that was responsive to people's needs. Other community professionals said the service acted on any instructions and advice they gave them. One community professional added, "The registered manager is extremely knowledgeable about our clients and works closely with our team."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their preferred routine for each call was included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with regard to their personal care.

People's needs and care plans were assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or the registered manager so that the care plans could be updated. The daily records showed care provided by staff matched the care set out in the care plans.

The service had a policy covering the Accessible Information Standard, although had not put it into practice at the time of this inspection. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager told us they would start to introduce the AIS as they carried out reviews of people's care plans.

People and their relatives were aware of how to raise a concern. People were given details 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. People told us staff and managers responded well to any concerns they raised. There had been no formal complaints made to the service since our last inspection.

Is the service well-led?

Our findings

At our last two inspections in May 2015 and October 2016 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not introduced an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. The provider had not established an effective system to enable them to ensure they were meeting their legal obligations and were compliant with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection on 25 and 26 October 2016 the registered manager sent us an action plan setting out how they planned to reach compliance with the regulations. In the action plan the registered manager stated, "We will use Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to develop a form that monitors compliance. This form will be automated in our new mobile phone app and the information will be gathered in real time daily. Events that require immediate attention will trigger an alert and an email/message will immediately be sent to relevant members of staff to be dealt with immediately. In this way, compliance will now be monitored in real time instead of waiting the scheduled regular checks." The registered manager stated the actions to develop the form would be completed by 31 January 2017.

At this inspection we asked the registered manager for a copy of the most recently completed form. The registered manager was not able to provide a copy and was unclear about which form we meant. We showed him what he had written in his action plan. The registered manager then told us he could not understand what he had written. The form had never been developed. Other systems and forms were in use but they did not enable the registered manager to monitor whether they were meeting their legal obligations and compliance with regulations.

At this inspection we found they were again in breach of this regulation. For example, there was no effective system to identify whether there was proper and safe management of medicines. There was no effective system to identify whether staff providing care and support were appropriately trained and competent to do their job.

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

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. Prior to opening this service the provider/registered manager had no previous experience in carrying on a regulated activity or supervising its management. In his original application to become registered in 2013 the registered manager told us he was undertaking a Level 5 Diploma in Leadership for Health and Social Care to ensure he had a qualification relevant to being a registered manager. This qualification replaced the registered manager's award qualification. At our inspection on 13 and 15 May 2015 the registered manager

told us he expected to complete the course by June 2016. At the following inspection on 25 and 26 October 2016 the registered manager had not completed the course in June as he had expected. At that inspection he told us he expected to complete the course and gain the qualification by October 2017. At this inspection we asked the registered manager if he had completed the course and gained his qualification. Initially the registered manager told us he had almost finished the course, he had one module to complete which he expected to have completed within a month. Later in the inspection the registered manager amended that statement and told us he had had to re-start the course as the training provider had stopped providing the course. He told us he had completed 60% of the work and expected to be finished by the end of March 2018. We asked the registered manager to send us confirmation from their tutor. Following the inspection the registered manager sent us a copy of a letter from the tutor dated 30 November 2017. In the letter the tutor confirmed the registered manager had enrolled on the course on 29 June 2017 and that it was a full time course. The tutor went on to say the registered manager was currently on 25% progress with a planned end date of 31 October 2018. This meant the registered manager did not have appropriate experience and did not have a qualification relevant to the carrying on of a regulated activity or supervising its management.

As part of our inspection process we look at any internet website the provider may have. On the website for Aaron Abbey Care Services Limited we noted the provider was displaying their most recent CQC rating as required. We also noted the provider was advertising they offered nursing care. We asked the registered manager about this as the provider is not registered to provide nursing care. He told us this was a mistake and would be removed. We also noted on the front page of their website they made the statement, "We are an outstanding Domiciliary Care Agency..." This statement did not accurately reflect the current CQC rating of requires improvement and could mislead people looking for a service. On another page of their website there is mention of a different registered service that has no connection to Aaron Abbey Care Services Limited. The registered manager felt their web designer had cut and pasted information from another website they had developed.

We recommend that the provider reviews their website to ensure the information they are providing is correct and accurately describes the services offered to people who may be looking to use their service.

The registered manager carried out an annual survey of people who use the service in July and August 2017. He had drawn up an action plan on the four lowest scoring questions. People who use the service, their relatives and community professionals felt the service was well-managed. One professional commented, "I believe the registered manager has the highest regard for his customers and respect for his staff." People confirmed the service asked them about the service they provided. Community professionals said the service asked them what they thought about the service and acted on what they said. People who use the service and their relatives said they would recommend the service to another person.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had not made sure that care and treatment was provided in a safe way for service users. The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>

The enforcement action we took:

The commission has imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that systems or processes were established and operated effectively to ensure compliance with the requirements of regulations 8 to 20A of the HSCA 2008 (Regulated Activities) regulations 2014.</p> <p>Regulation 17 (1)</p>

The enforcement action we took:

The commission has imposed a condition on the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured staff received appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1)(2)(a)</p>

The enforcement action we took:

The commission has imposed a condition on the provider's registration.