Care Quality Commission

Mr Simon Bellow

ABCare

Inspection report

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Date of inspection visit: 8, 10, 15, 18 and 22 September 2015
Date of publication: 10/11/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

ABCare (previously known as Abacus Care (Cambridgeshire)) is a domiciliary care agency providing personal care to people in their own homes in Cambridgeshire. At the time of our inspection care was provided to seven people.

The service had a registered manager in place. 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 and registered provider of this service were the same person.

At our inspection on 12 March 2015 we found that the provider had failed to comply with the requirements of warning notices that we had served on 12 August 2014 in relation to the poor management of medicines and governance. We also found shortfalls relating to care planning and guidance for staff on how to provide care to

Summary of findings

each person, staffing checks and staffing levels. The provider told us on 27 April 2015 that they had made improvements to the service and were "now meeting the required standards"

This announced inspection took place on 8, 10, 15, 18 and 22 September 2015. It was planned to check whether the provider had made any improvements and if they were now compliant with the regulations. We found improvements had been made but there were still shortfalls in the service provided to people.

There were systems in place to ensure people's safety was managed effectively. However, staff did not always follow these procedures, placing the person receiving care and themselves at risk of harm. People were supported to manage their prescribed medicines safely.

Staff were only employed after the provider carried out satisfactory pre-employment checks. There were sufficient staff to safely meet people's assessed needs. Staff were trained and well supported by their managers. The provider had an effective disciplinary procedure.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected.

Where people required support with meals, they received the types of foods they preferred and were helped them maintain a good diet. People were supported to maintain good health and seek medical attention when required.

People said most of the care workers were caring and said they were treated with respect and were mindful of people's dignity. People were provided with information about the service and involved in their care needs assessments and care planning. People's care plans were detailed and accurate and provided staff with sufficient guidance to provide consistent care to each person.

However, people were not always informed of changes to their agreed call times or the care workers providing their care and people's assessments were not always accurate.

The provider monitored the service provided to people through audits and feedback from people using the service, their relatives and staff. People and relatives were encouraged to provide feedback on the service in various ways including written surveys and telephone calls. However, we found that the provider's quality assurance systems were not always effective and had failed to identify some areas of concern that we found.

The provider followed their procedure when investigating complaints. People were aware of how to make a complaint and said these were resolved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were systems in place to ensure people's safety was managed effectively. However, staff did not always follow these procedures, placing people and themselves at risk of harm.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely. The provider had an effective disciplinary procedure.

Requires improvement

Is the service effective?
The service was effective.

People received care from staff who were trained and well supported. Staff knew the people they cared for and met their needs.

People's rights to make decisions about their care were respected.

People's healthcare and nutritional needs were effectively met.

Good

Is the service caring?
The service was not always caring.

People were provided with information about the service but they were not always informed of changes to the times care would be delivered.

People and their relatives were involved in the care planning process.

People were treated with respect.

Requires improvement

Is the service responsive?
The service was not always responsive.

People, and their relatives, were involved in their care assessments and care planning.

People's care assessments were not always accurate. People's care plans were detailed and provided staff with sufficient guidance to provide consistent care to each person.

People were aware of how to make a complaint and said these were resolved.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The registered provider had introduced a quality assurance system. Whilst this had brought about some improvement it was not always effective and sufficient time had not passed for us to ensure the provider could sustain improvement.

People and their relatives had opportunities to comment on the service provided.

ABCare

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.

This announced inspection took place on 8, 10, 15, 18 and 22 September 2015 and was undertaken by two inspectors and an inspection manager. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out providing care and we needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service and asked for feedback from the local authority and Healthwatch.

During our inspection we carried out visits to four people's homes where we spoke with them, two relatives, a care worker. We also spoke with two people who used the service and two care workers on the telephone. During our visit to the agency office we spoke with the registered provider (who is also the registered manager) and another manager. We looked at five people care records, staff training records and two staff recruitment records. We also looked at records relating to the management of the service including audits, rosters, and records relating to complaints.

Requires improvement

Is the service safe?

Our findings

People said that they felt safe with the care workers and trusted them. However, one person told us that although they usually felt safe, the care workers had recently forgotten to charge the person's hoist and had manually lifted them into bed. They told us they felt "scared" when the care workers did this. We looked at this person's care records. Their risk assessment showed that the person needed the assistance of two people and a hoist to move. There were no records in relation to the person being manually lifted. This meant the care workers had moved the person without the risk to the person's, or their own, safety being assessed.

Staff told us, and records verified, that they had received safeguarding training. Staff showed an understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff were confident the provider would take their concerns seriously.

Care records showed that risk assessments were carried out to reduce the risk of harm occurring to people. These included, but were not limited to, risks such as skin care, falls and assisting people to move. We saw that information from the risk assessments had been incorporated into people's care plans providing a good level of information for staff to follow.

People told us that staff always wore identification badges. This helped to keep people safe because people knew the care workers were from the service. We saw that where staff made purchases on behalf of people, clear records had been maintained and, where possible, signed by both the person and the care worker. This helped to protect people from financial abuse.

Staff told us they were aware of the provider's reporting procedures in relation to accidents and incidents. A manager told us there had not been any accidents or incidents since our last inspection.

Records showed that the required checks were carried out before staff started working with people. The checks included evidence of prospective staff member's experience and good character. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were suitable to work with people who used the service.

We saw that a manager had monitored staff member's performance, including areas such as their appearance, attitude and time keeping. We saw that the provider's disciplinary procedure had been followed where staff members where not performing to the provider's expected standards.

A manager told us that several staff had left the service in the weeks before our inspection. As a result they had served notice informing some people that they would not be able to continue providing care to them as previously arranged. The provider told us they were actively recruiting more staff. In the interim the provider and a manager were also providing direct care to ensure all care calls were covered.

Staff told us they were allocated sufficient time to cover the visits they were allocated. Where calls required two members of staff, the people using the service and staff confirmed this was arranged. Rotas showed there were sufficient staff to cover all the agreed calls and the registered manager told us they were actively recruiting more staff. This meant there were sufficient staff to provide care safely to people.

People were safely supported with their medicines. People told us they received their medicines on time and in the way they preferred. We looked at three people's medicines administration records (MARs). Arrangements were in place for the recording of medicines received and administered and we saw these were followed for two people. However, for the third person, two monitored dosage system containers were in use and it was not therefore possible to reconcile the medicines held.

Where people were administered medicines to be given 'when required', clear guidance was in place for the staff to follow. Checks of medicines and the associated records were made at least monthly to help identify and resolve any discrepancies. A manager told us, and records verified, that staff had been trained to administer medicines and that a senior member of staff had assessed their competency.

Good

Is the service effective?

Our findings

People and their relatives told us that their, and their family member's, care needs were met. One person told us, "The [staff] I've had dealing with have been very well trained except for [one named care worker]." They told us the care workers knew them well and understood their needs.

People were supported by staff that had the right skills and knowledge and were supported in their role. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One care worker told us that their induction had included topics such as moving and handling, infection control, administering medicines, and how to keep people safe from harm. They said they had also 'shadowed' another care worker for several visits before providing care to people on their own. This meant that staff were trained to provide the care that people needed.

Staff told us they felt well supported and had regular supervision. Supervision included time discussing their work with a manager, and a manager observing them providing care to people. A manager also requested feedback from the people the staff member provided care to. One care worker commented that the provider and manager were "very supportive now" and that the provider had "stepped up to his responsibilities." Another care worker told us they received a "good response" whenever they had tried to contact a manager or provider. Most staff who had worked for the provider for over one year had had an appraisal of their work. The remaining appraisals were planned to take place in the few weeks after our inspection.

A manager told us, and staff confirmed that staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by a manager as part of the assessment process. However, we noted that this assessment was not decision specific. A manager told us they would complete these if the need arose. Where the person needed support to make some decisions, we saw staff had involved people who knew the person well, such as their relatives. A manager told us that no-one at the time of our inspection was deprived of their liberty.

Staff were aware of whether people had a 'Do not attempt cardio pulmonary resuscitation' (DNACPR) order in place and were clear about the action to take if a person collapsed. These had been completed appropriately and staff were able to find them quickly.

We saw that people's assessment and care plan included information for staff about their dietary needs. For example, one person's care plan stated that the person preferred 'easy eating, soft, moist foods.' Another person's care plan stated that they preferred 'bland food's and no greens [vegetables]'. This meant that people received the types of foods they preferred and helped them maintain a good diet.

People were supported to maintain good health and seek medical attention when required. We saw that people were supported to seek advice from health care professionals, including GP's, when thy required it. For example, one person told us that they had not realised that the condition of their skin had deteriorated until a care worker pointed this out to them. They told us this enabled them to seek appropriate medical attention. Another person's relative told us how well the care worker supported the person when their healthcare specialist visited them.

Requires improvement

Is the service caring?

Our findings

A manager had introduced a new system where they sent letters to people each week advising them of the care workers who would cover their calls. Most people said they liked having the information and knowing who would be providing their care. One relative told us, "It's really good that we get the list of who's visiting each week."

Although some people told us the service kept them up to date with changes to their care we found this was not always the case. One person said the provider had "been very good. If I want to know anything - carers times etc he tells me straight away." Another person's relative said, "We always know when ABCare are coming in. They're very good." However, people also told us that one care worker who visited them was unreliable and often late for their calls.

A manager told us that the times of people's visits were agreed with them and recorded in their care plans. They said staff were expected to arrive within 30 minute of this time. The provider's service user guide stated that when changes were made 'ABCare will…. keep you fully informed." However, on the day of our inspection we found one person's call was two and half hours late and another was an hour early. Neither the person nor their relatives had been informed of the delay or of the call being brought forward.

We spoke with the person whose call had been delayed by two and a half hours. They told us the effect this late call "made me feel so ill." We looked at their care records and found that four of the last eleven other calls started more than 30 minutes before or after the agreed start time. Another person told us that the same care worker was 90 minutes late on another day. This meant that people were not always kept informed of changes to their care and caused people heightened anxiety.

People told us they were involved in their care needs assessment and care planning. One person commented that the type used for these was very small which made it difficult to read. The provider told us they would look at enlarging the type for those people who needed this.

People said most of the care workers were caring and one person described them as "kind". Another person said they enjoyed the company of most of the care workers who visited them. The person told us, "They talk and they're interesting." However, the person also told us that one of the care workers was very quiet and "never speaks unless I say something. [The care worker] just does what I ask and that's it." One person's relative described a particularly good relationship having been built between their family member and their regular care worker. They told us that their family member had "bonded" with their regular care worker who they described as "very good". Staff told us they were happy with the care provided by the service and that they would be happy for a family member to be cared for by this service.

People were treated with respect by care workers. People told us that most care workers listened to them and provided care in the way they preferred. However, one person told us that some of the care worker's "do things their own way and don't listen" to them. They told us they felt able to tell the care workers when this was the case. People told us that care workers always knocked before entering their homes. Care workers were mindful of people's dignity. For example, one person told us that staff covered them with a towel during personal care.

People were provided with information about the service. We saw that people receiving a service had been provided with a 'service user guide'. This included the aims and objectives of the service, an overview of processes relating to the delivery of care including assessments, consent and staff selection. It also included information on the provider's policies such as health and safely, receiving gifts and infection control. There were also useful addresses such as organisations to report concerns to or that provided advocates. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Requires improvement

Is the service responsive?

Our findings

Care and support plans were very detailed and included guidance for staff to follow so they could provide care safely and in the way that people preferred. However, we found that information in peoples care needs assessments were not always accurate. We read through two people's care records with them. Both people told us their care and support plans were accurate and reflected the care they required and received. Staff also agreed people's care plans were accurate and were updated promptly. However, two people told us that information in their care needs assessment was incorrect. One person's assessment stated they had a medical condition that they and their care manager told us they did not have. Another person's assessment stated that they used a walking aid, but they told us this had only been used during a hospital stay and never at home. Both people's assessment stated they were 'forgetful' but both people said this was not the case. This meant that information available to care workers was not always accurate and could result in people receiving inappropriate care.

People and their relatives told us they were involved in the care planning process including the assessments of their care needs. One person told us that a manager "came out to find what I needed." Another person said that a manger "went through the care plan" with them.

Staff completed records after each visit. These records stated the care workers time of arrival and departure and described how each person was and the care provided to them.

People and their relatives told us that the service was responsive to people's changing needs. For example one person's relative said the service was "flexible" and changed the time of care workers visits to accommodate hospital appointments and day care.

The complaints procedure was included in the 'service user guide' which had been provided to each person who received care. People were aware of how to make a complaint and said these were resolved. They told us they felt confident contacting the provider or a manager if they had any concerns.

Staff had a good working knowledge of how to refer complaints to a manager or provider for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly, within the timescales stated in the complaints procedure.

Requires improvement

Is the service well-led?

Our findings

The quality of people's care and the service provided were monitored in various ways. This included monthly audits of care records, including medicines administration records. We saw any identified issues of concern had been addressed and followed up. For example, a care worker had not recorded whether one person's medicines had been administered on one occasion. We saw this had been followed up with the care worker in supervision. However, we found that the provider had not identified some areas of concern that we found. For example, staff arriving late for calls, inaccurate care needs assessments and staff not following the guidance in a person's risk assessment. This meant that although systems were in place, they were not always effective.

The provider sought feedback from people about the service they received in various ways. Questionnaires had been sent to people and their relatives in May 2015. The responses received were all positive and they had rated the care as 'good'. One person had commented that this "had not always been the case" but reflected that there had been recent improvements in the service. One person had commented that they preferred staff to wear uniforms. The provider said they had reflected on this, but had decided not to introduce uniforms for staff. The provider said this was because they had found some staff wore the same uniform for more than one day and that this was less likely to occur with staff wearing their own clothes.

A manager told us they had introduced bi-monthly telephone calls to people to check their satisfaction with the service. We saw that on at least one occasion, feedback had been sought in this manner from all people receiving the service, or their family member. Again, the feedback was positive about the service received.

People and their relatives told us that overall they were happy with the care they received from this service. We asked people how the service could be improved. Their responses were all in relation to one care worker's performance. We saw the provider had already used their policies to address these issues.

Care workers told us that they felt the service had improved over recent months. One care worker told us, "There have been lots of improvements making the job much easier." For example, they told us they were provided with documents they needed to record the care that had been provided and that a manager or the provider were always available if they needed support.

We saw that systems had been introduced and monitored that ensured that procedures, such as recruitment, training and supervision, were followed. However, we are concerned about the provider's ability to sustain these improvements. This was because the manager who introduced the improvements left the service during our inspection.

The registered provider was also the registered manager for the service. They were supported by a manager, who left the service during our inspection, and care workers. Staff were clear about the reporting structure within the service and told us that they felt confident about reporting any concerns or poor practice to a manager or the provider. From discussion we found the provider, manager and care workers understood the care needs and preferences of the people supported by this service.

Staff told us they felt both the provider and manager to be supportive. Staff said they had received regular supervision from senior staff which included a 'spot check' where senior member of staff observed them providing care to people and assessed areas such as their attitude, general appearance, written skills and communication. We saw that where concerns about a care workers performance had been raised, this had been addressed using the provider's policies which included supervision and the disciplinary procedure.

The provider confirmed that the regulated activities 'nursing care' 'treatment of disease, disorder or injury' and 'diagnostics and screening' had not ever been carried out at this service. We therefore did not assess these during our inspection. We have asked the provider to consider removing these regulated activities from their registration.