

Abbeyfield The Dales Limited

Abbeyfield Grove House - DCA

Inspection report

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Date of inspection visit:
13 April 2017
19 April 2017

Date of publication:
01 June 2017

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

Abbeyfield Grove House Domiciliary Care Agency operates only within the Abbeyfield Independent Living with Extra Care complex, which is located close to Ilkley town centre. The agency is part of an integrated care scheme providing supported living for people aged 55 and above and operates a 24 hour service. Staff from the agency also act as first responders to the Abbeyfield Court and Lodge which are adjacent to the main building. At the time of inspection the agency was providing care and support to 18 people.

We inspected Abbeyfield Grove House on the 13 and 19 April 2017 and the inspection was announced. This was the first inspection of the service since the provider changed to Abbeyfield The Dales Limited.

At the time of inspection there was no registered manager in post as they had left the service shortly before the inspection. However, the service had appointed a new manager who was due to take up post in the near future. 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.

We found staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. Staff told us the training provided by the organisation was good and they received the training and support required to carry out their roles effectively.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place which showed what action had been taken to mitigate the risk. However, although there was a medication policy in place we found staff had not always followed correct procedures therefore we could not be confident people received their medicines as prescribed. In addition, we found that although the shortfalls in the medication system had been identified through the internal audit process no action had been taken to address the concerns raised.

The feedback we received from people who used the service about the standard of care provided was consistently good and people told us staff were reliable, kind and caring.

The support plans we looked at were generally person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest.

If people required staff to assist or support them to prepare food and drink information was present within their support plan and staff told us they encouraged people to eat a healthy diet.

There were a sufficient number of staff employed for operational purposes and the staff recruitment process

ensured only people suitable to work in the caring profession were employed.

Staff were able to describe how individual people preferred their care and support delivered and the importance of treating people and their property with respect.

Senior management demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People told us they felt able to raise any concerns with staff and felt they would be listened to and responded to effectively and in a timely manner.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 consistently safe.

Medication policies and procedures were in place. However, we could not be confident people received their medicines as prescribed.

People told us they felt safe and there were processes in place to help make sure people were protected from the risk of abuse

Appropriate recruitment checks took place before staff started work and sufficient staff were employed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

The senior management understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were always asked for their consent before care was given.

People were referred to relevant healthcare professionals if appropriate and their dietary needs were met.

Good ●

Is the service caring?

The service was caring

Care and support was provided in a caring and respectful way. The principles of privacy and dignity were upheld and staff spoke with compassion about the people they supported.

Wherever possible people were involved in reviewing their care needs and were able to express their views about how they wanted their care and support to be delivered.

People's confidentiality was respected and maintained.

Good ●

Is the service responsive?

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and updated as required.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

The delivery of care was personal to each person and responsive to their changing needs.

Good 

Is the service well-led?

The service was not consistently well-led.

Although there was no registered manager in post the organisation had been proactive in recruiting a new manager.

There was a quality assurance monitoring system in place which was designed to continually monitor and identify any shortfalls in service provision. However, prompt action was not always taken to address identified areas of concern.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Requires Improvement 

Abbeyfield Grove House -

DCA

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.

We visited Grove House on 13 and 19 April 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the manager was available. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we looked at the care records of four people who used the service, three staff recruitment files, training records and other records relating to the day to day running of the service.

We also spoke with the Chief Executive Officer, Quality Manager, Head of Care Services, Business Support Manager, Assistant Manager, eight staff members and five people who used the service.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Grove House and were complementary about the staff team. One person said, "The staff are wonderful and although busy always find time to have a chat and make sure I have everything I need before they leave." Another person said, "All the staff are very good and easy to get on. I am very happy living at Grove House and even happier with the care and support provided by staff."

We saw the provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to identify different types of abuse and the reporting procedures. The service also had a whistle blowing policy which provided a mechanism for staff to report matters of concern. In addition, the Head of Care Services told us they operated an open door policy and people who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

The staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. We saw medicines were stored in people's apartments in a locked cupboard and were administered by staff who had received appropriate training. The assistant manager told us medicine administration records [MAR] were returned to the office once completed for auditing. We saw the audit system had identified some concerns about the administration of medicines but action had not always been taken to ensure staff were following safe procedures.

For example, we found staff had not always completed the MAR correctly by signing each time they administered medicines or entering a code if for any reason people did not take their medicines. We also found tablets in one person's locked cupboard which had been prescribed in December 2016 but had only been administered three times before being stopped by their GP. The tablets were not recorded on the MAR and the assistant manager was unsure why they had not been disposed of appropriately.

We found the Lorazepam 1mg tablets for another person prescribed to be administered PRN [As and when required] if they became distressed or anxious had been left along with other medicines and creams on the unit top in the kitchen area of their apartment. They were not recorded on the MAR kept in their apartment and there were no stock control system in place.

We saw the same person was prescribed four different types of cream. We found one cream had not been recorded on the MAR, a second had run out and staff were waiting for a new prescription and a third was not being applied as prescribed. We also found staff were not recording the start and expiry dates on creams

and ointments as required.

For another person prescribed Paracetamol 500mg on a PRN basis we found three boxes of medicine in their locked cupboard, two of them dated April and June 2015 and the third dated December 2016. The assistant manager confirmed that a routine stock check should have identified there was an excessive amount of tablets in the cupboard.

We saw the previous registered manager had held a meeting with the pharmacist in January 2017 to try and resolve some of the issues they had identified. We also the safe administration of medicines had been on the agenda at recent staff meeting. However, when we looked at the minutes of a staff meeting held on 14 March 2017 we saw the following comment, '[Name of registered manager] was alarmed by the number of med errors they were coming across, missed signatures, eye drops stored incorrectly, dates still not being put on creams, eye drops and Paracetamol not in original containers.' This demonstrated to us that although the registered manager had been aware of the concerns around the safe administration of medicines before they had left the service they had failed to act promptly to ensure people received their medicines as prescribed. This was discussed with the Head of Care Services who confirmed the registered manager had also failed to escalate concerns to the senior management team to allow them to support the process of addressing shortfalls in medication practices.

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

The assistant manager confirmed the agency employed sufficient staff for operational purposes and staff recruitment was on-going to recruit additional day and night staff.

We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. We looked at three recruitment files and found all relevant checks had been carried out prior to employment.

The staff we spoke with told us that generally there were sufficient staff on duty to meet people's assessed needs. However, they told us at the current time they felt under increased pressure as one person they were supporting had complex needs and had been assessed as requiring 24 hour nursing care but was still living at Grove House. They told us the person required additional care and treatment and although they were managing the situation they were not equipped to meet their complex needs on a long term basis. This was discussed with the Head of Care Services and assistant manager and who confirmed this matter would be resolved in the near future and the person would move to more appropriate accommodation.

The people we spoke with told us in their opinion there were sufficient staff on duty and staff usually arrived on time and did not rush them. One person said, "The good thing about living at Grove House is that there is only a small staff team and therefore you get to know them and they get to know you very quickly. That is certainly not the case in the community where you can have seven or eight different carers coming in to your home during the course of a week." Another person said, "I don't need a great deal of support from the staff but it is reassuring to know they are always there if a need them or my circumstances change."

Risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. We saw the care plans and risk assessments provided staff with clear guidance on how to meet people's needs and were reviewed on a regular basis. This ensured they provided accurate and up to date information and people received the appropriate care and support.

Staff told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the assistant manager who arranged for a thorough risk assessment to be carried out and the support plan updated. We saw risk assessments covered such areas as mobility, medication, infection control and the environment.

We saw incidents and accidents were recorded correctly and included a description of the incident and any injury, action taken by staff or management and recommendations to prevent reoccurrence. We saw that these records were reviewed as part of the internal audit system. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

Is the service effective?

Our findings

The people we spoke with had confidence in the staff who provided their care and supported. One person said, "They all know what they are doing and make sure I am comfortable and have everything I need before they leave". Another person said, "The service is first class and the staff could not be more accommodating."

The quality manager responsible for monitoring staff training told us the organisation had recently moved away from distant learning and wherever possible provided staff with more classroom based training. This was so that staff could interact with their peers and the trainer could be confident individual staff members had fully understood the course content. They confirmed designated senior staff had received training from a recognised training agency and were now responsible for delivering training using power point presentations and other training aids. We saw a training room was available to staff within Grove House complex.

We saw all new staff members completed induction training and staff with no previous experience in the caring profession had to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The quality manager told us some training continued to be facilitated by external trainers and training required to meet an individual persons needs was at times provided by other healthcare professionals.

The staff we spoke with told us the training provided by the agency was comprehensive and they confirmed they updated their training on a regular basis. We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. The staff also told us there was always a manager on call outside of normal office hours who they could contact any time for guidance, advice and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and managers had an understanding of how these principals applied to their role and the care the agency provided.

We saw evidence of consent in people's care records. For example, the support plans we looked at showed wherever possible people had been involved in planning their care and support and had consented for staff

to assist them. The staff we spoke with told us they always asked people's consent before assisting them with any personal care tasks and that care and support was provided in line with their agreed care plan. One staff member said, "I never provide any care and support without first asking the person if they are happy for me to do so." Another staff member said, "It is important you explain your actions to people so they are aware of what you intend to do and continue to reassure them throughout the process. It can be very difficult and embarrassing for some people to accept they need help especially with personal care and therefore it is essential they give you consent and you are sensitive to their needs and wishes." This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan. However, we were told both the lunch and evening meals were provided in the on-site restaurant as part of their rental agreement if they wished to make use of the facility. People told us the restaurant menu was very good and they enjoyed the relaxed and informal atmosphere. One person told us "I really enjoy going down to the restaurant, the food is very good and I get to meet my friends for a chat." Another person said "Meal times are an important part of communal living and I think the restaurant provides a good choice of meals including healthy options and a friendly and comfortable place for people to eat."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The assistant manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. The Provider Information Return [PIR] completed by the organisation confirmed the agency had built up good working relationships with other health care professionals and staff always followed their advice and guidance. The input of other healthcare professionals involved in people's care was clearly recorded in the support plans we looked at.

The people we spoke with told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person said, "The staff are very quick to call a doctor if [Name of person] is unwell which takes a lot of pressure off me." Another person said, "It is very reassuring to know that if become unwell the staff will contact the doctor for me. It is one of the reasons I moved in to Grove House both my family and I have peace of mind knowing there is always someone around to assist if I am unwell." This showed to us that the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest.

Is the service caring?

Our findings

The people we spoke with were very complementary about the staff that supported them. One person said, "All the staff are wonderful, I couldn't wish for better". Another told us, "I couldn't be happier, they're really wonderful. Everybody is so nice and so kind and caring, they really go the extra mile to make sure you have everything you need." People told us they had developed good relationships with the staff who supported them and looked forward to their visits.

The support plans we looked at showed they had been developed in consultation with people who used the service and/or their relatives. This helped to ensure their individual needs were met.

During our visits we saw staff and people interact in a friendly way. People were pleased to see the staff and staff used people's preferred name. Staff spoke respectfully and with warmth about people who used the service. They were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They knew people's likes and dislikes and things that were important to them.

Staff told us they knew where to locate important information about people within their apartments and had access to people's care records and risk assessments. They told us support plans were updated regularly and were reflective of people's needs. One staff member said, "Whenever I visit someone I always make sure I look at their support plan to make sure I am doing things correctly and that there have been no changes in their needs."

The staff told us although they used the support plans as working documents they always asked people how they would like their support to be delivered at each visit. This demonstrated to us that staff sought people's views and preferences about how they wanted their care and support to be delivered.

Staff had a good understanding of the need to promote independence. For example, one staff member told us that they always encouraged the person to try and do as much as they could for themselves to increase their independence but would always make sure they were given plenty of time.

All five people we spoke with said that the staff were discreet when providing care and support and respected both their privacy and personal possessions. We found that people were treated with dignity and respect and the provider had effective systems in place to monitor this. People told us that their care and support was not rushed and they were given time to be as independent as they wanted to be. They also told us they were involved in making decisions about the level of support they required and felt listened to when they discussed their wishes.

The assistant manager told us people were supported to access advocacy services if they had no family and friends to act on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them.

We saw the agency had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. All care records in the office were stored securely to maintain people's confidentiality.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. Our discussions with staff showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

Is the service responsive?

Our findings

People told us that staff carried out their duties in accordance with their agreed care plan. One person said, "They know what to do and get on with it." Another person said, "It's all written down, they always know what they are doing."

The Head of Care Services told us people's needs were assessed prior to them being offered a place at Grove House and apartments were allocated based on this assessment of needs. They told us people could apply themselves for an accommodation but they also received referrals from the Local Authority and other professional healthcare agencies working in the community. We saw people were given an information pack when they made the initial enquiry which outlined the care, support and facilities provided by the organisation which helped them to make an informed decision about pursuing their application. The Head of Care Services confirmed that the allocation panel met on a monthly basis to discuss the needs of people on the waiting list and allocate vacant apartments.

We looked at four support plans and supporting documentation during our inspection. There were visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered.

The support plans and supporting documentation we looked showed people who used the service and/or their relatives had been involved in planning their care and support. People told us staff reviewed and discussed their care and support with them on a regular basis to ensure that their changing needs were met.

We saw support plans were person centred and contained guidance about people's personal preferences and how they liked to be supported and were written in the first person. For example, 'I can walk with my wheeled walker around my flat and to activities with Abbeyfield. I have a wheelchair for longer distances.' Another support plan explained how to support a person who was living with dementia to maintain their independence. Support plans provided staff with sufficient information to provide appropriate care and support a clear overview of the level of support and tasks required at each visit.

Daily records were completed by care staff following every visit. However, we found some daily reports lacked detail about the level of care and support provided. The Head of Care Services told us at the current time there was no formal process in place for daily records once completed to be returned to the office for audit purposes. However, they showed us a copy of a new report book they planned to introduce in the near future which covered all aspects of people's care and support and included an audit tool. They told us once in place the report books would be audited as part of the internal quality assurance monitoring process.

On the second day of the inspection we had the opportunity to observe the handover meeting between the morning and afternoon staff. We saw the meeting was conducted in a professional manner and staff had a good understanding of people's changing needs and responded to them appropriately.

The provider had a complaints procedure in place which shows they worked on the principle that people should be able to access the complaints procedure easily and any complaints received should be welcomed and looked upon as an opportunity to learn, adapt, improve and provide better services.

The assistant manager told us they had a proactive approach to managing complaints and senior staff were always available to talk to people and deal with any concerns as soon as they arose. The provider information return (PIR) completed by the organisation showed the service had dealt with four complaints in the last 12 months under the formal complaints procedure.

The people we spoke with told us they were aware of the complaints procedure but none had used it. One person said, "I have never had to make a formal complaint and don't envisage ever having to do so. However, it is right the complaints procedure is available if people wish to use it" Another person said, "I have never had to make a formal complaint. If I have a concern I just speak with one of the staff and they sort it out but I rarely have anything to complain about."

Is the service well-led?

Our findings

The people we spoke with very complimentary about the care and support they received and the way in which the service was managed. One person said "The carers are extremely good and during the time they have been providing my support I have never had any issues. They arrive on time do what they have to do and always with a smile on their face." Another person said. "I understand [Name of manager] has left which is a great shame but a lot of the staff have been here a long time and know people very well. They are more than able to cope until a new manager is appointed."

At the time of inspection there was no registered manager in post as they had recently left to another position in the caring profession. However, the organisation had been proactive in recruiting a new manager who was due to take up post shortly after the inspection. We were told the new manager would apply for registration with the Care Quality Commission [CQC] once in post.

The Head of Care Services was aware of the organisations responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals.

There were internal and external auditing and monitoring processes in place to assess and monitor the quality of service provided. We looked at the most recent audits and found the shortfalls in the service highlighted in this report had already been identified through the internal audit system. However, although the shortfalls in the medication system had been identified by the organisation prior to the inspection no action had been taken to ensure people received their medicines safely and as prescribed. This meant the audit system was not sufficiently robust or effective.

The quality manager told us audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The assistant manager told us the care provider, Abbeyfield The Dales Limited had an organisational structure which ensured front line managers were supported in their role by senior management and there were clear lines of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the quality manager, business support manager and human resource staff. In addition, a board of trustees ensured the service was managed effectively and in people's best interest.

We saw that staff meetings were held about every three months so staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received. Information in the Provider Information Returned completed by the service showed that in the next 12 months the organisation would like to invite more guest speakers to staff meetings to encourage awareness and understanding of other people's roles and responsibilities.

The staff we spoke with told us morale within the team was usually very good but recently they had struggled to meet the needs of one person using the service which had impacted on staff morale. They told us they had felt let down by other healthcare professionals involved in their care who had failed to respond to request for assistance in a timely manner. However, they confirmed that this had not affected the care and support other people received and were aware senior management were in the process of resolving this matter. One staff member said, "We are a very supportive staff team and work really well together but recently we have been frustrated by events out of our control. However, we have continued to do our best in difficult circumstances and will bounce back."

We saw as part of the quality assurance monitoring system people who used the service were asked to complete an annual survey questionnaire. The quality manager told us the information received was collated and an action plan formulated to address any concerns identified. We also saw the organisation held resident and family meetings on a regular basis and published a newsletter. The newsletter kept people informed of any changes to the management of the service and provided general information about events planned within the Grove House complex.

We also saw an annual staff survey carried out and the organisation held an annual staff and volunteer recognition award ceremony. The quality manager told us the ceremony recognised the contributions made by individual staff members working in all the services managed by the organisation and staff were nominated by their work colleagues or people who used the service.

Throughout the inspection we found all the management and staff we spoke with were open, honest and positive in their approach to the inspection process and where areas for improvements were identified took the appropriate action.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have suitable arrangements in place to ensure people received their medication as prescribed. Regulation 12 (1)(2)(g)