

Abletrust Care Limited

Abletrust Care

Inspection report

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Able Trust Care is a domiciliary care agency which registered with the Care Quality Commission in February 2015. It provides care and treatment to people living in their own home. At the time of the inspection the registered manager told us they provided care to seven people, however following the inspection we learnt the agency was actually providing care to 12 people.

There was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to

manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during our inspection.

The provider did not follow good recruitment processes as they could not show us they had carried out appropriate checks on new staff before the commenced work to satisfy themselves they were suitable to work at this type of service.

Summary of findings

The registered manager did not ensure staff followed safe medicines management procedures because not all staff administering medicines had been trained. Audits of medicines records had not been carried out by the registered manager.

People were receiving late calls from staff because staff had not been deployed appropriately. There were no systems in place to provide rotas to staff to tell them where they should be or what care people required.

Risks to people had not always been identified or recorded in a way that staff would know what action to take to avoid harm for people. Staff were not aware of their responsibilities in relation to safeguarding people from abuse.

The registered manager was unable to demonstrate to us that all staff had received appropriate training. For example, manual handling. Staff did not receive formal supervisions from the registered manager.

People were involved in their own care plans, but decisions about their care were not taken into account by staff. People were being cared for by staff who did not always know them as staff were unable to give us information about the people they cared for.

Information about people's care was contradictory or missing and the registered manager was unable to demonstrate to us they carried out any audits of care records to quality assure the service provided.

We had concerns about the management oversight of the agency as they were unable to provide us with all the information we required on the day of the inspection. However, staff told us they felt supported by the registered manager and people said the registered manager was very kind.

People had signed to show they consented to the care and treatment being provided to them. People liked the care staff who provided care to them but knew how to make a complaint should the need arise.

Staff ensured people had access to health care professionals when they needed it. Although staff did not cook for people they ensured they had access to meals when they wished them.

During the inspection we found some breaches 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 the report.

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.

Staff were not recruited safely or deployed appropriately.

Risks for people had not always been identified for people.

Staff did not understand their responsibilities in relation to safeguarding.

There was a lack of safe medicines management processes.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not receive appropriate training for their role.

People had access to health care professionals and were provided with meals by staff when they needed them.

People had been asked for their consent before care and treatment was provided.

Requires improvement



Is the service caring?

The service was not always caring.

Staff did not always know the people they cared for well.

Although people could make their own decisions, staff did not always respect people's wishes.

People liked the staff who cared for them.

Requires improvement



Is the service responsive?

The service was not responsive.

People were involved in their own care, but records held were not always up to date or accurate.

There was a complaints procedure in place.

Requires improvement



Is the service well-led?

The service was not well-led.

The registered manager did not carry out any audits to monitor the quality of the service provided.

The registered manager did not have effective management oversight of the agency and was unable to locate paperwork and care records we requested.

Staff felt they were supported by the registered manager.

Requires improvement



Abletrust Care

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2015 and was announced. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR 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. This was because we were acting on some concerns we had received.

As part of the inspection we spoke with three people, the registered manager, four staff members and two relatives. We also spoke with two social care professionals who are involved in the service.

We looked at a range of records about people's care and how the service was managed. For example, we looked at six care plans, risk assessments, training records and eight staff files.

The service has not been previously inspected as it registered with CQC in February 2015.

Is the service safe?

Our findings

The provider did not carry out appropriate checks to help ensure they employed suitable people. This meant people may be at risk of receiving care from people who were not of good character or who may have a criminal record. We found staff files were incomplete and the registered manager was unable to provide us with the evidence that full checks on staff, before they commenced work, had been carried out. For example, we found two staff did not have any references and other staff were working with DBS certificates from 2013 and 2014 from their previous employer. The registered manager was unable to provide us with DBS certificates for two staff. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. We noted four recruitment files were without photographic identification and seven files were without a completed application form. The registered manager told us some staff had completed an on-line application but was unable to provide us with evidence to demonstrate this. The registered manager told us two staff members were not currently working pending a current DBS.

The lack of safe recruitment processes was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not deployed appropriately which meant people were left waiting to receive their care. People told us they often had to wait a long time for staff to arrive and on one occasion we were told staff had failed to turn up. One professional told us they had concerns about the timings of visits because staff were often late. A staff member told us they had concerns because they regularly arrived late for people.

A relative told us staff arrived late and at times, “Stood around for five minutes” waiting for another member of staff to arrive. Another relative said, “They have trouble getting people (staff) there on time.” They added that on one occasion their family member was still waiting for staff to arrive an hour after they were due and staff had started to arrive at 19:30 in the evening to put their family member to bed. One person told us, “Staff don’t always arrive on time.”

The registered manager said the majority of their staff did not drive and they had to employ two drivers to transport

staff to and from people’s homes. However, this often caused delay and staff said at times they had to wait for a second staff member to turn up before they could commence with care. A relative told us they had seen staff on occasions waiting outside for at least 15 minutes before being picked up.

There were no processes in place to provide staff with information about their working day. The registered manager was unable to provide us with evidence to show they produced rotas for staff or how they ensured staff knew what care people required. The registered manager told us she was out on the field providing care herself. This meant the office was unmanned and she had no administrative support to manage staff timesheets or queries.

The lack of appropriately deployed staffing was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not all aware of their responsibilities in relation to safeguarding people which meant people may be at risk from harm. There was little evidence staff to show all staff had received safeguarding training and one member of staff told us they had not been provided with any information in relation to safeguarding by the registered manager. Some staff could not explain to us the different types of abuse that may occur or what they would do if they suspected abuse was taking place. One member of staff thought safeguarding was protecting staff from abuse, rather than the person. Staff did not all know about the local authority safeguarding team and their responsibilities. One person told us one carer had held their arm quite hard and it had left them with a bruise. They had reported this to the registered manager who said they would not send this member of staff to them again. However the registered manager did not report this incident to the local authority safeguarding team.

Risk assessments were not always in place to keep people safe and guide staff in how to provide support in a safe way. For example, one person suffered from recurrent urine infections, but there was no guidance for staff on how to help this person avoid these, or how to recognise signs to indicate they were suffering from one. Another person had areas on their legs which required cream. Although the care plan noted ‘apply cream to pressures areas/sores’ there was no indication on the body map in the care plan to show staff exactly where the cream should be applied. We

Is the service safe?

were told by one person that staff were supposed to stay behind them when they walked because they were at risk of falling. They said this did not always happen and staff would sometimes go and do something else.

The lack of safeguarding people from unsafe care was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were unsafe medicines practices which meant people may go without their medicines. Staff did not complete medicines records properly. Where people needed to be prompted with medicines we noted their care records did not contain details of their prescribed medicines or any other information, for example allergies or side effects. There was also no system in place for keeping care records up to date with any changes to people's medicines. The registered manager was unable to demonstrate or provide evidence to us to show how they ensured staff knew this information. One member of staff told us they completed the MAR for one person after they had prompted the person to take their medicines, but they

said they had not received medicines training. Another member of staff told us they only completed the MAR when the person took their medicines themselves, but not when they (staff) dispensed them.

As required medicines (PRN) guidance was not available for staff so people may not receive PRN medicines when they required them. For example, one person was described as suffering from, 'severe, unpredictable pain', but there was no information on how this manifested itself or whether this person had the capacity to ask for PRN medicines if they were in pain.

As the registered manager did not audit medicines records they had not been able to identify the shortfalls in this area which meant they could not act on improving the medicines processes.

The lack of safe medicines management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The agency had systems in place to manage and report any accidents and incidents. The registered manager told us to date that none had occurred. People who required two staff to support them confirmed that this always happened.

Is the service effective?

Our findings

Staff did not receive appropriate training or supervision to ensure they were able to carry out their role competently or effectively. The registered manager was unable to provide us with evidence that all staff had received training before they started working on their own. They (the registered manager) could only show us evidence of training for six of the ten staff they told us they employed. One of those staff had received medication training but no induction training. She told us another member of staff was an experienced carer so they had not needed to undertake any additional training. However when we looked at the records we noted some of the training this staff member had shown the registered manager was last undertaken in 2011 or 2013. This included for example, safeguarding.

Two staff members told us they had not received medicines training and another told us they had not received manual handling training. The registered manager told us she was a trainer and showed us a certificate to confirm Abletrust Care was a training centre. She showed us she had used DVD training modules to achieve this, but was unable to demonstrate she had trainer competency for any training other than medicines. Staff told us they had shadowed the registered manager or another member of care staff when they first started. One person told us some staff didn't know how to use their slide sheet and on one occasion the staff member, "Screwed it up in her hands and tried to lift it." This person said some staff were also unable to use their standing aid competently and they had to instruct them.

The registered manager did not carry out formal supervisions in order to monitor staff performance, competency or to assure herself staff were completing their

tasks in a safe way. The registered manager told us she was out in the field all the time working with staff, but she was unable to provide us with any evidence to show she had carried out supervisions. Staff told us they had not received any formal supervisions or appraisals from the registered manager.

The lack of supporting staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people needed assistance to eat and drink there was information in their care records and people were supported by staff to maintain good nutrition and fluid intake. The registered manager told us that staff did not cook meals for people but would heat up pre-prepared meals when required. People told us if staff prepared drinks or food for them they would leave them within their reach so they were not left at risk of malnutrition or dehydration.

Staff followed the requirements of the Mental Capacity Act (2005) as people were asked to give their consent for care and we saw consent forms in people's care records. These included consent for the agency to provide care and record information. We read where people did not have the capacity to consent to their care this has been given by people who had the legal authority to do so.

People had access to health care professionals when they needed it. Staff told us they would notify the registered manager if people's needs changed. For example, one member of staff noticed a person had a sore and they reported this back to the manager so they could contact the district nurse. They said this had been done and the person had since been prescribed some cream.

Is the service caring?

Our findings

Although people told us staff were kind and caring we found from the care records staff did not take into account people's wishes to enable them to feel involved in their care or make their own decisions. For example, we read in one person's care plan, 'likes to get up and washed and dressed between 7:30 and 8:00', but we saw that this person's first visit was arranged for between 8:00 and 9:00. Another person liked to go to bed at 22:30, but we noted their last visit of the day had been arranged for between 20:30 and 21:15. And a further person liked to have their lunch at 12:00, but their lunch visit was scheduled for 12:30.

Staff did not know the people they cared for which meant people may not receive positive, caring visits from staff. We asked a member of staff about one person they cared for but they were unable to describe to us the reasons this person needed care or anything about this person's preferences. Another member of staff did not know the medical conditions of people.

Although the registered manager told us they provided care to seven people we discovered following the inspection,

when speaking to staff and professionals, that the agency was providing care to 12 people which showed us the registered manager had not taken the time to get to know people as individuals.

Staff did not treat people or their homes with respect. For example, one person told us staff, "Don't treat my home with care. They don't seem to think about the fact it's someone's home." This person told us, "Staff move things when they are here and they don't put them back. If I wasn't able to tell them they would leave me unable to reach for things when they have gone."

Staff didn't always treat people as though they mattered. For example, we were told by one person staff didn't speak to them very nicely at times and didn't give them (the person) much attention.

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People liked the staff who cared for them. For example, one person said, "The staff are friendly" We read in care plans people were asked for their gender preference of carer and how they wished to be addressed. For example, we read one person liked to be addressed formally and their relative confirmed this was done.

Is the service responsive?

Our findings

People's needs may not be met or their decisions about their care respected. The registered manager completed a pre-assessment with people to check they could meet the person's needs. However information was not recorded properly to demonstrate these needs were met. For example, one care plan noted, 'help with commode – 4 hourly', however we read the length of time between their morning and lunch time visit was five and a half hours. Another person had no information in relation to their dietary requirements although it was noted staff were supporting them with their lunch.

Care records were not all in place which meant staff could not demonstrate they had taken into account people's views on how they would like to receive care. People told us they had a copy of their care plan in their home. However we found the registered manager was unable to show us all of the care records held in the office. For example, they were only able to find six of the seven care plans on the day of the inspection. One of these six contained no information other than a signed consent form and the person's personal details. A professional told us they had had to provide paperwork several times to the agency, because they (the agency) kept losing it.

Records were not always up to date or accurate which meant people may be at risk of receiving inappropriate care. For example, one person was at risk of pressure sores, but the care plan noted, 'pressure area needs – no'. Another care plan contained reference to a different person the agency was providing care to. A further person's dietary needs information was blank, but later in the care plan we

noted it was written, 'on a fork mashable diet'. This same person had requested their bed time call was changed and we read the registered manager had reviewed this in August 2015. However, the records were contradictory. We read, 'bed time changed to 20:30 – 21:15', but later in the care plan it read, 'bed time moved to 20:30 – 21:00'. The registered manager was unable to demonstrate to us how they had informed staff of any changes to a person's requirements.

Daily notes were incomplete so staff would not be able to review what care people had received or check people had been provided with the appropriate amount of care time they expected. For example, we noted in one person's daily notes that on at least five occasions' staff had not filled in the time they arrived or left the person. We saw three instances when a half hour visit had not been provided. For example, one visit was recorded as starting at 13:00 and ending at 13:15. The registered manager was unable to show us daily notes for anyone despite some of those people having received care from the agency since June 2015. A professional told us they had concerns about the daily notes staff were writing as they were very basic.

The lack of up to date care plans reflecting people's needs or wishes was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they knew who to make a complaint to if they were unhappy. One relative told us they planned to discuss some of their concerns with the registered manager. We noted the agency had a complaints procedure, but were told by the registered manager they had not received any complaints to date.

Is the service well-led?

Our findings

One relative told us, “I don’t think they are very professional. They (staff) don’t seem to stay the allotted time and staff are often late. Although I think the (registered) manager has her heart in the right place, the agency is not always efficient.”

Quality assurance checks were not carried out to review the quality of service provided or identify areas for improvement. The registered manager was unable to show us they completed any audits. This included auditing the care records, daily notes or medicines records. They said that although they looked at records when they visited people’s homes, they had yet to carry out a formal audit.

The registered manager did not have an understanding of their role and responsibilities and could not demonstrate to us they had an effective management oversight of the agency. We had concerns they did not have a detailed working knowledge of the people they cared for or their staff. This meant people may not be protected against the risks of unsafe or inappropriate care. For example, the registered manager was unable to locate care records and other information when we requested it. They could not give us an accurate account of the names of people they provided care to and they were unable to tell us the names of all of the staff they employed. They told us this was because their administrator had just left.

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

As the agency was relatively new the registered manager had yet to carry out feedback surveys from people and their relatives. And formal staff meetings had not yet been held.

Staff told us the registered manager was supportive as a manager and they often saw her. One member of staff told us, “She comes to the home I’m at.” One person told us the (registered) manager was very nice. They said they saw her occasionally. It was not to carry out a review of their care, but to fill in when care staff called in sick and could not attend people.

Following the inspection the registered manager demonstrated to us they had taken action to ensure people they provided care to were safe. For example, they told us they were organising training for staff and working through the areas we highlighted to her at the inspection. They told us they would impose a voluntary embargo and would not take on any additional people until the current issues had been resolved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider had not ensured staff they were enough staff to provide care to people.

The registered provider had not ensured staff had access to training or formal supervisions.

Regulated activity

Personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered provider had not ensured they had systems and processes in place to safeguard people.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had not ensured the proper and safe management of medicines processes.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider had not operated effective recruitment procedures.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Action we have told the provider to take

The registered provider had not ensured staff respected people's wishes, met people's needs or reflected their preferences.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had not ensured they assessed or monitored the service to improve the quality.

The registered provider had not ensured they held accurate, contemporaneous and completed records for people.