

Abel Care Ltd

# Abel Care Ltd

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Abel Care Ltd is a domiciliary care agency that provides personal care to people living in their own homes, including older adults and younger disabled adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 25 people.

### People's experience of using this service and what we found

We found that risks to individuals were not always assessed and the service was not analysing accidents and incidents to ensure lessons were learnt. The timeliness of visits was not always reflective of people's preferences.

Systems had been established to safeguard people from the risk of abuse. Medicines were being managed in a safe manner. People were protected from the risk of infection. There were enough staff working at the service and pre-employment checks were carried out on prospective staff.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff were not always provided with ongoing supervisions and an appraisal. We recommended that the service review the support provided to staff to enable them to provide effective care and support to people.

Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. People's nutritional needs were met, and they told us they enjoyed the food. People were supported to access relevant healthcare professionals.

People told us they were treated in a caring manner by staff. Staff understood how to support people in a way that respected their dignity, privacy and independence. People were consulted about the care they received.

The service did not provide information in an accessible format to ensure people knew about the care they were receiving. People were not involved in the creating of or reviewing of their care plans. We recommended that the service ensure people were consulted about their care plans and deliverance of their care package.

People told us they received personalised care and support. Systems had been set up for dealing with complaints and people and their relatives told us they knew how to make a complaint. Staff were trained in end of life care and knew how to provide appropriate support.

We found there were shortfalls in the governance systems that failed to identify the concerns we found during our inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 22 December 2016). The service is now rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to safe care and treatment, the need for consent, person centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Abel Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, notifications of serious incidents and any whistle blowing or complaints we had received. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We contacted the host local authority to seek their views about the service.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with

five members of staff including the registered manager. We spoke to one health and social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk assessments were not always completed for people. These set out the risks people faced and included information about how to mitigate those risks. These risk assessments related to nutrition, personal hygiene, medicines and skin care.
- We found three people were at risk of falls but there were no falls risk assessments in place. For one person who was at risk of constipation, we found their toileting chart had not been completed properly. It was not always clear if the person had been to the toilet or if they were maintaining a normal toileting pattern, so staff could respond if there were concerns. This meant the service was not properly assessing and monitoring risks to ensure people were safe.
- Risk assessments were not being regularly reviewed, they were due every six months. One person had not had a review since January 2019 and another since April 2018. This meant the service could not be sure they were providing safe care and support in line with people's up to date support needs.
- However, people told us they trusted staff to keep them safe and manage risk. One person said, "[Staff] are very careful, they never leave me alone as I am at risk of falls."
- Staff told us how they assessed risk to ensure people were safe. One staff member told us, "I always make sure the flat and the environment is free from hazards or risks, [people] should not fear having a fall, we make sure it is safe for them to move and get around." This ensured staff understood people's support needs as well as how to keep people safe.

### Learning lessons when things go wrong

- There were blank forms available to record and analyse accidents and incidents to learn lessons and prevent reoccurrence where possible. The form asked if a new risk assessment was needed and for the registered manager to investigate and respond to aim to reduce the risk of reoccurrence.
- We reviewed three forms that had been completed in 2018. We found that two forms identified people had fallen in their own home but there was no record of any further action taken and the registered manager had not investigated and analysed these incidents to learn lessons. The registered manager confirmed these forms had not been reviewed. The service could therefore not ensure they were learning lessons when things go wrong to ensure people received safe care and support.

This meant that the provider was not always providing care and support in a safe way for people. Risks were not properly assessed, and the service was not learning lessons from accidents and incidents. This demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities

## Regulations 2014 for 'Safe Care and Treatment.'

- Following the inspection, the registered manager emailed us a blank copy of a falls risk assessment that would be implemented in the future

### Staffing and recruitment

- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. One staff member told us, "We can't start work without all of this. The manager is very good, very strict. Without those things they will not give you a job." This meant that the provider ensured staff employed were suitable to provide safe care.
- People's preferences around visits and timesheets did not always match. For example, we saw one person requested their evening visits be after 6.30pm but during one week staff visited up to an hour early. Another person's records say they would prefer their morning visits to be between 7am- 9am but during one week staff visited this person up to an hour later. We spoke to the registered manager about this. They told us these times were what the person preferred but their care plans had not been updated.
- The rota confirmed that people were supported by sufficient numbers of staff. Staff told us they had enough time to support people and carry out their duties.
- People trusted staff to arrive on time. One person told us staff are, "Always on time. Never been late." Staff confirmed, "If we are running late we let [people] know. The manager always calls to find out where we are and if we are on time. We record on daily records what time we arrive and leave."

We recommend the provider seek and implement best practice guidance when deploying staff so that people receive visits at the time planed.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One person said, "I feel very safe."
- There was a safeguarding policy and staff had received safeguarding training.
- Staff demonstrated a clear understanding of how to keep people safe. One staff member said, "To make sure that nothing happens to the client, and they are always safe, and the clients are not harmed in any form. I would always call the agency, my manager and tell them my findings." This meant the systems in place could ensure people were protected from potential abuse.

### Using medicines safely

- People trusted staff to manage their medicines. One person told us, "[Staff] make sure it is done properly."
- Arrangements were in place for the safe administration of medicines and staff had received medicines training. One staff member said, "We write everything down, if [people] don't take it, we write this down."
- Medicine administration record (MAR) charts were in place. These contained details of each medicine to be given and after each staff had signed the MAR chart so there was a clear record of the medicine being given. Mostly, they were correctly filled in to evidence what medicines people had taken and where they were not, the daily records accounted for this. Daily records and MAR charts were reviewed monthly. The registered manager showed us a newly implemented system that would make it easier to complete the MAR charts. A health and social care professional told us they had seen an improvement. This showed people were supported to receive their medicines safely.

### Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. Staff told us they wore protective clothing when providing support. One staff member said, "I always wash my hands, I wash whatever has been used. I



wear gloves, use the right [equipment]. I always check the dates of food before preparing it."

- People confirmed staff managed infection control. One person said, "Oh yes, [staff] always wash their hands and they wear their gloves."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA and found that they were not.

- Records showed that there were not always consent forms in place. In one person's care plan there was a consent form but it had not been signed. This means the service could not evidence that all people using the service, or those lawfully acting on their behalf had given consent before receiving care and support.
- Furthermore, it was not always easy to tell from reading people's care plans whether they had capacity to give consent to their care package. For example, the registered manager told us about one person who did not have capacity but there was no mention of this in their care plan. Therefore, it was not always clear if people were able to make decisions in line with their best interest for themselves about their care and support. We spoke to the registered manager and they told us they were unaware of the principles of the MCA.

This meant that the service was not always obtaining consent in line with the MCA. This demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Need for consent.'

- However, people confirmed that staff always asked for consent before providing care and support. One person said, "They always ask, 'Can I do this', or, 'Do you want me to do this?'" Staff confirmed they gained consent. One staff member said, "Everyone, no matter who the person is, you must get consent, for everything. For them to have a wash you ask if they are ready." Another staff member told us, "If [people] don't have capacity we do what is best for them."

Staff support: induction, training, skills and experience

- Records show that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of

specific job roles in the health and social care sectors.

- Staff felt they received enough training to enable them to do their job well. One staff member said, "I am up to date with all my medication, safeguarding, moving and handling. I always make sure my training is up to date."
- People felt staff were equipped with the skills to provide good care and support. One person said, "[Staff are] absolutely well trained." Another person said, "They are very knowledgeable."
- Staff told us, and records confirmed, they received an induction into the service. One staff member told us, "Before we start work we go to the office and we are introduced to the members of staff and all of the paperwork and all the information about the service and the training. I shadowed someone for a little while."
- Staff told us they received supervisions to support them in their role. One staff member said, "Yes, [supervisions] are helpful. Every time I am with my boss I learn new things, there is always a lot of information." However, records confirmed that not all staff members were receiving supervisions in line with the policy which stated they should be done every three months. One staff member had not had a supervision since July 2018. Furthermore, the registered manager had not completed annual appraisals.

We recommend the provider seek and implement national guidance and best practice guidelines with regards to providing support to staff to enable them to work effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were in place. These provided details about people's health and support needs and their personal preferences about the care and support they would like to receive. One staff member told us, "Any new [person] I go with my manager to do a joint assessment, so I can meet the [person]." Another staff member said, "When we have new clients we read [care plans], it is good." This meant the service could provide person-centred care to people and meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to maintain their hydration and nutrition. Care plans advised staff if people required support with meals or if they were supported by their relatives.
- One person told us, "They make sure I have what I need, I always have a drink by me. They make me a hot cup of tea, but I can't do that myself so when they are here they sort it."
- Staff understood the importance of supporting people to eat a balanced diet and stay hydrated, "We prepare food for them. We encourage them to drink as much water as they can."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Individual care plans contained contact details for professionals. This showed that if people needed access to healthcare services they could be supported to do so.
- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stay well. One staff member said, "There is one [person] the doctor is always visiting, I call them to come out. They read through my notes and ask me questions, if there is anything they need to know, I will tell them."
- One health and social care professional said, "[Staff] were very caring. It is really because of the agency [person] was able to stay at home rather than go into residential care, which is positive."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind. One person said, "[Staff] are caring and friendly."
- Staff we spoke to demonstrated a caring approach. One staff member said, "I have a good relationship with them all. I compliment them, I make them laugh, I cheer them up."
- Staff demonstrated an understanding of the importance of equality and diversity protecting people's human rights. They told us people should not be discriminated against. One staff member told us, "Everybody is different, so we get to know them, and we find out how they want to be treated, how they feel and how they like things. We treat them how we would want to be treated."

Respecting and promoting people's privacy, dignity and independence

- People told us, and staff confirmed that the service worked in a manner that ensured people's privacy and dignity was respected.
- The service supported people to be as independent as possible. One person said, "Yes they encourage me to do as much as I can." Another person told us, "I am more mobile now, but they still support me to dress, they help me to wash my back as its awkward for me with my shoulder." Staff told us they encouraged people to remain as independent as possible. One staff member said, "When [people] are having a shower I might encourage them to wash their legs or pick things up for themselves."
- Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff asked them about their care and support during visits and people were able to express their views and wishes when receiving care and support. Staff confirmed they always encouraged people to be involved in their care and support. One staff member said, "We always ask what they would like to do today." Another staff member told us, "I check with [people] if everything is okay."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service did not provide information to people in an accessible format that met individual need. One person's care plan said, '[Person] has reported that [they are] not able to read small prints these days'; however, this person had not had information relating to their care and support package produced in a larger print. The registered manager confirmed they were not aware of AIS.

This meant that the service was not always providing information to people in the most suitable way for them, and in a way that they can understand. This demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Person-centred Care.'

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records did not show that people and their relatives were involved in the creating of or reviewing of their care plans. People we spoke to confirmed this and told us they had not seen their care plan and a copy of their care plan had not been made available to them, so they did not know what was in it.

We recommend the service reviews its procedures to ensure people are actively involved in their care plans.

- However, people told us they received personalised care that was responsive to their needs. One person told us, "I think [staff] are very good, they are always keen to see if anything else could be done."
- Staff told us they aimed to provide care that was person centred. One staff member said, "[Person] likes to wear jewellery, we support [person] with these little things." Another staff member told us how they specifically support people living with dementia, "We always follow what they request. If they forget we do what is best for them and we always tell them everything we are going to do and have done."
- Care plans were in place which set out how to support people in a personalised manner. This enabled staff to get to know people better, so they could deliver a person-centred service. Care plans covered needs associated with personal care, mobility, nutrition, and social relationships.

### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One person told us, "No complaint, but if I

thought I needed to make one I would."

- The service had a complaints policy and procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. All complaints had been appropriately responded to and resolved.

#### End of life care and support

- The service was not currently providing care and support to people at end of life. Staff demonstrated an understanding of how to provide end of life care and support and had completed training. One staff member said, "We would see them more regularly, [and provide personal care] more often." This showed that the service would be able to provide appropriate end of life care to people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The audits and checks carried out to promote the quality of care and support provided were not effective. For example, systems in place had failed to address the issues we identified relating to risk management, staffing, accidents and incidents, consent, involving people in the care and support provided, accessible information standards and oversight of the quality of the service.
- We found there had been no spot checks done on staff providing care and support in over nine months. The registered manager advised they did not have a current plan in place to manage this.
- The registered manager told us they had recruited a member of staff in January 2019 to oversee quality assurance; they were reviewing care records monthly. We found the forms being used were out of date as they asked questions about systems that were no longer in place. We also found that where shortfalls had been identified with daily records, no action plan had been put in place to fix them moving forward.
- The provider could not evidence they sought feedback from people who used the service, relatives or staff to improve and develop care at the service.
- The registered manager told us they aimed to do six weekly telephone spot checks to all people using the service; however, the only records available were from the 25 February 2019 and showed that only two people had been asked how they were. Of these, only one response was recorded.
- Surveys for staff, people and relatives were not regularly carried out. There was evidence of these having been done in the past, but they were not dated, and the registered manager advised none had been done since 2017. Of the past surveys we viewed, we found some feedback about staff timing had been recorded but not analysed or responded to. This meant the registered manager was not seeking and acting on the feedback from those using the service to ensure it was of good quality. People we spoke with confirmed they had not been asked to provide feedback in a long time.
- The service did not seek feedback from health and social care professionals to help meet people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they had not met the registered manager for some time and could not confirm if they knew who the current registered manager was. One person said, "I met the manager when [my care] first started. I

don't know if it has changed." People told us the service was not good at communicating with them and informing them if there were any problems.

- The registered manager had not completed a Provider Information Return (PIR) which is information we require about the development and status of the service. They told us they thought they had done it, but during the inspection found that it had not been completed.

Working in partnership with others

- The registered manager told us they did not attend any partnership events or participate in any learning to oversee their professional development. The registered manager advised they did not have any future plans to change this.

This meant that the service did not have sufficient systems in place to ensure the service was well-led. This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Good Governance.

- However, staff spoke positively about the registered manager. One staff member said, "My manager is amazing. Very helpful. Very supportive." Another staff member told us, "She is good, she is very understanding, she helps you out." Records confirmed that staff attended team meetings to discuss the running of the service.
- The registered manager was aware of their legal responsibilities about what issues they had to notify CQC about and records showed they had done so as appropriate.
- Following the inspection the registered manager advised they attend training opportunities with the local authority and liaise with other health and social care professionals to oversee their professional development



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered manager did not provide people with relevant information in the most suitable way for them and in a way they can understand.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not have effective arrangements to ensure that care and treatment was always provided with the consent of the relevant person.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager did not have effective systems in place to ensure people's risks were assessed.</p> <p>The registered manager did not effectively analyse accidents and incidents to ensure people were safe and to prevent the risk of reoccurrence.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not have effective quality assurance systems in place to ensure people received safe and effective care and</p>

support.