Abicare Services Limited

Abicare Services Limited - West Sussex

Inspection report

Unit 9 Oaklands Business Centre
64-68 Elm Grove
Worthing
West Sussex
BN11 5HL

Tel: 01903248980
Website: www.abicare.co.uk

Date of inspection visit:
31 May 2016
02 June 2016

Date of publication:
19 July 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 31 May and the 2 June 2016 and it was announced.

Abicare Services Limited - West Sussex is a domiciliary care service providing support to people in their own homes. The service supports older people, people living with dementia, people with a physical disability, people with mental health needs, those with a sensory impairment and younger adults. At the time of our visit, they were supporting 52 people with personal care.

The service had a registered manager who had been in post since August 2015. 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.

People spoke positively about the support they received from care staff but also shared frustrations over staff not arriving at the preferred or agreed times, not knowing in advance which staff were attending and a lack of contact from the office when this happened. People and the service confirmed the agency was short staffed therefore this impacted on the deployment of staff and how care visits were carried out.

Medicines were not always managed safely. Significant gaps and a lack of guidance for staff were noted within care records. The records in place did not demonstrate that people had received their medicines as prescribed.

People had been asked their views of the service. People told us they knew who to go to to make a complaint and how they would do so if required. Some people told us complaints were made yet no action was taken to resolve the complaint. Complaints were recorded although it was not clear what the outcomes were what actions had been taken and what learning had been achieved to improve the service.

The service had quality assurance monitoring tools in place to identify areas which required improvement however this had not always been used effectively to implement the necessary changes in a timely way. Shortly after the inspection an action plan was provided which showed how improvements to the service were to be made.

Staff had been trained in how to recognise signs of potential abuse and protect people from harm. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

Staff spoke kindly and respectfully to people, involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well; they promoted people's privacy and dignity and had a caring approach.

Staff implemented the training they received in core subject areas by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager and other members of the management team.

People were encouraged to be as independent as possible and to be involved with determining the care they received. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. People received personalised care. People's care had been planned and individual care plans were in place. They contained information about people's lives, including their personal histories.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the 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?

Requires Improvement

Some aspects of the service were not safe.

People's calls were covered but visit times varied from the agreed or preferred times.

Medicines were not managed safely.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

People said they felt safe and comfortable with staff. Staff had been trained in safeguarding so they could recognise the signs of abuse and knew what action to take.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision and appraisals, attended training and additional training was provided when needed.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were encouraged to be involved in making decisions

about their care.

Staff knew the people they supported and had developed meaningful relationships.

People were complimentary about the staff and said their privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Complaints were not always investigated and a responded to. It was unclear of the outcome to the complaint and subsequent actions taken as written documentation was limited.

People received personalised care from staff.

Care plans were individual to the person being written about.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Quality assurance monitoring tools had not always been used effectively to implement the necessary changes in a timely way.

The registered manager was open to feedback throughout the inspection.

The operations manager provided an action plan to drive improvements shortly after the inspection.

Abicare Services Limited - West Sussex

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 31 May and 2 June 2016 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience has experience of dementia care, domiciliary services and other care environments.

Before the inspection, we examined the information that we held about the service and the service provider. Prior to the inspection the provider completed 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. We reviewed the Provider Information Return (PIR) and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we visited one person in their home and observed how they were supported by staff. We looked at their home care file. We spoke to them about their views of the care they received. We visited the registered office where we met with the registered manager. We looked at three care records, medication administration records (MAR), complaints, accidents and incidents record, surveys and other

records relating to the management of the service. We met with a community team supervisor and two care staff separately and looked at four staff records. This included staff recruitment documents, training, supervisions and appraisals. The expert-by-experience spoke with seven people and three relatives by telephone to gain their views of the service and care they received.

The service was last inspected in December 2013 where there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People were not always protected and kept safe. Some people spoke positively about the care they received from care staff. However some people expressed their frustrations over poor timekeeping as visits were often late and not the member of staff they had expected. We read the Abicare policy on late calls and it stated, 'Carers are allowed to arrive at the care call up to 15 minutes either side of the agreed start time'. In some instances the actual call time varied considerably from the preferred or agreed times in the care plan. One person told us they had a health condition which relied on visits being at a certain time, they said, "My calls should be at 9am and 5.30pm. The timings are awful. Only this week so far they've been half an hour and 45 minutes late. They added, "It can be even an hour and no one calls me it's very distressing. It affects my medication". Another person told us, "My lunch call should be at 12.30pm. Well the other day it was 2.15pm when they arrived. I'd had my breakfast at 7am I was so hungry". A third person said, "Sometimes it's been 3pm before I've had my lunch". A fourth person told us how late care visits had a negative impact on when they took their medicines and said, "They can be as much as an hour late and I'm supposed to take medication after meals so the timings are all out". A fifth person said, "When it's late they try to hurry me to bed", they added, "I don't want to be rushing". People also told us staff sometimes shared their views when they were stressed about the timings of calls, one person said, "I don't want to be listening to them (staff) moaning about traveling time. It's not their fault but I don't want to hear it".

During our inspection we received numerous negative comments with regards to how late care calls were managed by the office and the impact on the way staff delivered the care. People told us they were not always provided with an explanation from the office as to why changes had been made, one person said, "If you get what it say's on the rota then it's a pleasant surprise". Another person told us, "It's very unnerving, you've got no idea what's going on". A third person felt staff rota's were not planned well and said, "How on earth are they supposed to be in two places at once", they added, "They've only got to get stuck in traffic and your whole day is messed up". A fourth person said, "It often makes visits feel very rushed, I feel frustrated for them (staff) just the sheer pressure of work". A fifth person told us, "It's constantly haphazard and weekends are especially bad". A sixth person said, "On occasion they've been so late that I've rung them and told them not to bother".

Staff also told us people had experienced late calls however this had mainly been at the weekends and due to staff shortages. They also felt communication to people waiting for their care visit could be improved from both the Worthing office and the head office. The head office were the point of contact for people outside of office hours. One member of staff said, "Rotas are changed due to sickness however clients don't always get told". Another staff member said, "There are not enough staff. Not at weekends and evenings but they are working on it". They added, "Calls are always covered but might not be at the time they like". A third member of staff said, "People get stressed" and added, "I ring the office and tell them to pass on the message but they haven't so the service user maybe upset when you arrive". The same member of staff said, "It has improved in the last couple of weeks".

The above evidence showed that there was not always sufficient numbers of staff deployed to meet peoples assessed needs, therefore posing a risk to people's safety. This was a breach of Regulation 18 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back the comments to the registered manager who was aware of the problems and the views people had on how staff were deployed. They told us the weekends had become increasingly difficult and recruitment was one of their biggest challenges. They confirmed Abicare services limited-West Sussex was in the process of a recruitment drive to minimise the further impact on people using their services. The registered manager also told us they would be taking control over the out of hours on call contact between people and the service to encourage more effective communication.
An action plan completed after our visit stated that all people would be called by the office if a care call was going to be late.

Some people received support from staff with their medicines. All staff were trained by the company trainer in administering medicines prior to giving it to people. Staff told us they felt confident when administering medicines to people. However we found inconsistencies and gaps within the records of medicines administered or prompted. Medication Administration Records (MAR) were completed by staff and stored in each person's care file in their own home. People's MAR were later given into the office which meant there may be some delay in these records being quality assured for accuracy.

Two people's MAR's contained significant gaps where no staff signature entries had been made. One care record guided staff how to support a person who was visually impaired to take their eye drops it stated, 'Care staff to observe service user taking medication' however there were ten signature gaps noted on the December 2015 MAR no replacement reason had been provided on the MAR, for example if the person had refused. January to April 2016 MAR were not easy to follow as when the pharmacy had not provided a MAR on time the service had used an alternative record sheet which meant two sheets were used over a course of a month and the dates did not always translate. Staff supported another person with a range of medicines. The person told us they were confident with how staff supported them, however when we checked the MAR there were 13 staff signature gaps for April 2016. The registered manager explained the person used a combination of staff support and relative support which accounted for the gaps however the care record did not reflect how this should be managed therefore difficult to check whether it was an accurate account of what the person had taken.

We discussed the MAR's with the registered manager who agreed the current system was not easy to check and audit. The service had introduced a routine check of daily paperwork called 'monitoring sheets' which were completed by community team supervisors. A monitoring sheet provided an opportunity to write what the highlighted issue was and then a box to write the management action taken. One monitoring form completed on the 27 March 2016 had identified staff had failed to complete a MAR on behalf of one person it stated, 'Text sent to carers, brought up in a staff meeting'. However a further seven separate monitoring sheets had identified MAR's had not been completed in May 2016 properly by staff for seven people however no information on the action taken by the community team supervisors or registered manager. The records we read did not demonstrate people had always received their medicines consistently as prescribed by their GP and the registered manager was unable to effectively monitor the quality of medicines records for accuracy.

The evidence above showed that the proper and safe management of medicines was not always followed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection visit the operations manager for Abicare Limited – West Sussex provided an action plan which included how they were to address the issues highlighted regarding the safe administration of

medicines. An additional training date on administering medicines to people for staff had been arranged for the 10 June 2016 to address some of the issues identified during our visit. The action plan also referenced how the office would routinely check MAR's, record any findings and take the necessary action to ensure the system was safe and the risks to people were minimised.

Staff understood the need to protect the people they supported and told us that they had received regular safeguarding adults at risk training. Staff members told us that they felt confident in recognising signs of possible abuse and understood their duty of care to report any concerns they had. Staff could tell us the importance of reporting all concerns to the office. A community team supervisor told us, "We are always encouraged to speak to [the named manager] if we have any concerns". They added, "The more you get to know an individual the more you can spot if something isn't right". Another staff member said, "If normally a service user was very talkative but suddenly they were quiet", they would talk to the registered manager. Staff also knew how they could escalate an incident to external professionals including the local safeguarding team. People and relatives told us they found the service and staff safe. One person said, "Oh yes absolutely safe I wouldn't be having them if not". A relative told us, "We feel very happy that [named person] is safe and happy with them [staff team] when we are not here".

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes.

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted.

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, the risk of fall related accidents and how to support people from potential abuse. We found risk assessments were updated and reviewed regularly throughout the year and captured any changes. Information in risk assessments was then transferred into other service delivery documents. These were used by staff and monitored at the office. The risk assessments gave direction to staff to enable them to carry out their responsibilities safely. Staff told us how important risk assessments were in ensuring practices were safe.

Good

Is the service effective?

Our findings

Our observations and discussions with staff confirmed they had the knowledge and skills needed to carry out their roles and responsibilities effectively. Mainly concerns expressed about staff related to the impact when staff were late for care visits which we have discussed in the Safe section of this report. People who had a consistent team of staff providing their care made positive comments about their experience and shared the confidence they had in the staff's skills and abilities. One person said, "They are good people with good personal skills". One person said, "I think they're fine. I tell them what to do and they get on with it". Another person who required support with moving safely told us, "One carer comes to assist me with hoisting me (person has another live-in carer) and it's done well, no complaints". A third person said, "I like my three girls, they're all lovely". A fourth person told us, I've had [named staff] for four years and she and I know each other well. It works like clockwork". A relative told us, "They seem well read on dementia". However one person told us, "I haven't got the energy to have to keep showing them what to do all the time" when referring to staff that were new to them. Another person said, "When they are new they do some shadowing but it doesn't seem like enough".

We checked staff records and spoke to staff and the registered manager about the induction, training and supervision the service provided to the staff team. Records showed and staff told us they had been taken through a thorough induction process and were given opportunities to shadow more experienced staff. In addition to the service induction, the registered manager and internal trainer had introduced the Care Certificate (Skills for Care) for new and existing staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. One member of staff had recently completed the Care Certificate.

Records showed that mandatory training for all staff was consistent and regularly updated. There were 10 topics covered including dementia, safeguarding adults and food hygiene. Staff told us how they valued the training which had been organised by the internal trainer and how it had supported them in their role. They shared they were able to request additional training if they needed it. During our inspection one member of staff requested additional dementia training as they felt it would support them in their role. Another member of staff who had worked for the service since August 2015 told us they received all their training before they were able to carry out care duties and said, "I did all my training then shadowed for five days". Two staff we spoke to had completed Health and Social Care Diploma's. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Other staff had achieved various levels of Health and Social Care Diplomas.

Supervisions and appraisals were provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings that had taken place throughout the year. The registered manager was aware of staff that were due supervision and or an appraisal. Work related actions were agreed within supervisions and carried over to the next meeting. The trainer observed staff whilst they delivered care to people in their own homes, a record was

kept within each staff record. The trainer and registered manager used this and supervisions to determine how additional support could be given to staff to improve the quality of care provided to people. The staff team were provided with regular staff meeting opportunities. We were told by staff and the registered manager that meetings were used as opportunities which generated discussions about the care they delivered to people. Staff meetings had taken place. Topics covered included Medication Administration Records (MAR), Timesheets, Sickness and Rotas'. Staff meetings provided additional support to the staff whom often lone worked in the community.

Consent to care and treatment was sought in line with legislation 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 the least restrictive as possible. When we visited a person in their own home we observed staff involved them in decisions and choices. Records confirmed people were involved in making decisions relating to care and treatment and staff received training on the topic and understood how consent should be considered. Staff told us that they would seek guidance from the registered manager if a person's needs changed. The registered manager spoke with confidence about the topic and told us they would approach the relevant family member and/or a health and social care professional if changes in capacity for people were highlighted. Staff respected people and the decisions they made, the community team supervisor explained it was, "Supporting people to make their own decisions even sometimes if the decisions seem unwise".

Where required, people's needs had been assessed with regards to what support they required with food and hydration. Others were able to support themselves or received support from family members. Mainly people were happy with the support provided by staff during mealtimes. The only concerns expressed to us were relating to the impact when staff were late and we have addressed concerns related to staff deployment in the Safe domain of this report. One person said, "They always ask me if I'd like a cup of tea and they make the best cups of tea". One care record provided guidance for staff of how a person would like their banana peeled each day; another care plan gave clear step by step instructions on how to make a person's breakfast each morning. Staff spoke confidently about how they record what people have eaten and if they declined any food during a care visit. Staff also told us how they checked people's food was in date or not and advised them whether it was safe to be consumed. People were involved in decisions about what they chose to eat and how they liked it cooked, one member of staff said, "Some people like things done in a certain way" when referring to supporting people with their meals.

People felt confident that staff could manage healthcare needs. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in the care plan. For example, we noted that district nurses were involved with some people's care. The office encouraged staff to call healthcare professionals when a need arose and record any actions and outcomes from the appointment. The registered manager and staff told us that rotas given to all staff included key notes. The key notes reported any healthcare changes to people they may be visiting. One staff member showed us their mobile telephone and how the key notes were communicated, "We get texts with updated information about service users". The same staff member explained that they would liaise directly with healthcare professionals if people's needs changed. One person told us, "I had a fall once and they (staff) thought I should be looked at so called an ambulance which was the right thing to do". The registered manager encouraged staff to provide updates to the office in order to maintain people's good health. The registered manager maintained links with local healthcare professionals and sought advice when needed to ensure people's needs were met.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed staff smiled with people and looked approachable; their interactions were warm and personal. People and relatives spoke positively about the care provided. One person said, "I have no complaints as they are so kind and helpful". Another person said, "When [named staff] arrives she always checks to see if I'm awake first otherwise she waits, she's thoughtful and she's always clam". A third person said, "They do lovely things with [named person]". A fourth person told us, "We have lovely chats about our families, the garden and general chit chat its lovely". Another person described the staff as "Polite and courteous". One person said, "They know me well". However one person told us, "The regular ones are very nice but others don't talk too much".

Staff told us about the principles of providing good care and how they achieved this. The community team supervisor said they did so by, "Chatting to service users", and added, "Somebody feels more confident if you are chatting to them. They feel more relaxed". They also said, "All carers care about what they are doing". Another member of staff said, "We might be the only person they see. If it makes them happy we have done our job".

We observed staff involving people in their day to day decisions surrounding their personal care. One member of staff told us, "You talk to them (people) you ask them". Another staff member said, "It's their choice". The community team supervisor said, "Even if the person has a routine I would still ask them". People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People with capacity were encouraged to sign documents within their files which showed they were involved with the care they received.

People and their representatives were given opportunities to express their views and make comments to the service and review their care. Individual care records held completed telephone monitoring forms. This was where the office had rang people and asked for their views on how care was delivered to them. One telephone monitoring record in October 2015 asked whether the person was happy with their care and the response was, 'Good'. In April 2016 another person was asked the same question over the telephone and the person had responded with, 'Yes, the girls are lovely'.

People were encouraged to be as independent as possible. Staff described how they knew what people were able to achieve with regards to their own personal care. One member of staff said, "The bits they can do for themselves I try to encourage them to do". Another staff said, "[named person] can wash their hands and face, it's the other areas they find difficult". One person told us, "I used to have three calls a day but we've been weaning it off as I don't need so much". The service kept a log of compliments they had received. One person who no longer used the service had written, 'The service and staff provided was very good and helped me gain my independence'. A second comment made by a senior social worker stated, 'Your agency was able to turn things around and achieve the customer's outcome to a level where she is independently managing'.

People were supported by staff who promoted and respected privacy and dignity. One person who we met in their own home told us how staff always ring the bell first then let themselves in then calls out. "They knock the door they check with me before they start. One telephone monitoring record asked, 'Do you feel your care workers treat you with dignity and respect?' the person had responded, 'Yes'. One member of staff said, "If they use a commode they may want you to go out of the room, then I encourage them to call me when they are ready". Another staff member said, "I always think what if it was my mum".

Requires Improvement

Is the service responsive?

Our findings

Some people told us they did not always feel they were listened to and their concerns and complaints responded to in a timely manner by the office. All people and relatives told us who they would go to if they had any issues and found the registered manager approachable and friendly. However the majority of people we spoke to felt their complaints were not addressed satisfactorily if at all. One person told us, "I have spoken to [named manager] last week and asked if I could speak to the top person at head office, well a week has gone and I'm still waiting". Another person said, "I have spoken to them but with not much satisfaction". Other people described difficulties in getting through to the office by telephone and made reference to both the local and head office. People mostly told us about complaints to do with late calls and the lack of communication from the office with regards to this and how it impacted the way care was delivered. However one person said, "I have told them (office) I only want ladies but sometimes a man comes if they're short but they don't know the ropes". A member of staff confirmed it had taken the office a few weeks to resolve the issue highlighted.

The office kept a separate complaints file which logged complaints and the response to people and action taken by the registered manager. However when we checked the quality monitoring records we read surveys completed by people and their relatives in January 2016. Ten surveys contained negative comments about the service they received from the office. One entry on the 27 January 2016 read, 'Carers great, management let the team down'. Another form completed on the 21 January 2016, 'Complaints, do not hear anything back. I've never heard anything back '. A third person on the 22 January 2016 had written, 'Carers are overstretched and appointments have been forgotten'. A fourth person had written, 'Quality of carer's positive, lack of continuity down to the constant changing of staff'. We discussed these and other comments made with the registered manager who told us they had not considered them as official concerns or complaints. This meant issues raised had not been managed in accordance with the service complaints policy and procedure and best practice guidance. The registered manager said they had responded to some people by telephone however had not kept any records of how issues had been resolved. Therefore it wasn't clear what the outcomes were for people who raised the concerns and complaints. This included whether the complaint had been resolved and what actions the service had taken and if any feedback had been provided to the person or their relative. Therefore the registered manager could not demonstrate what learning or improvements, if any, had been made in response to the concerns.

The above evidence shows complaints received had not been fully investigated and the necessary and proportionate action taken. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew people well and responded to people's needs in a personalised way. One person had recently changed a piece of moving and handling equipment. They received support from a regular team of staff from the service and told us, "They (staff) are very responsive. I was very involved. We spent time together working it out". Another person said, "I asked for more experienced carers to follow my routines which they have accommodated and they do well". A relative told us, "We've had to push but we've managed to get them down to about six carers now as [named person] has dementia. It avoids confusion". People told us

the agency were flexible and happy to change care visit arrangements when they were requested. When people requested to change their visit times a 'client amendment' form was completed. One person told us they had recently requested the service to increase their care visits whilst family members were away and the service were able to adjust accordingly.

Care records included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed regularly and included insights into a person's history and information about their present day needs. Each person had a care plan within their home and a copy was also kept at the office. Care plans we read reflected how people and their representatives were involved with the process. A member of staff told us, "If people can't sign they will still be asked or a family member might advocate on their behalf". Care plans provided step by step instructions for staff on how care should be delivered. One care plan spoke of a person's history in the RAF, another care plan referenced how the person didn't like to be reminded of their disability as it upset them. Each care plan included a 'relationship circle' which stated all people of importance to them this showed a person's well-being had been considered. It also meant staff and the service knew who to contact if there were any changes to a person's care. Daily records were also completed about people by staff at the end of their visit. They included information on how a person presented during the visit, what kind of mood they were in and any other health monitoring information. The service responded to changes in peoples care needs. Staff told us that any changes to care highlighted on visits were communicated back to the office. The registered manager and staff told us that this information was then included with the key notes sent to staff with their rotas for the following week.

The service aimed to review care plans initially after three months then annually or sooner if needed and records confirmed this. The registered manager told us they were face to face meetings between herself or the internal trainer and people using their services. One person said, "Yes they came to do a review with me at home recently. They issued an updated one (care plan)". All people we spoke to were aware of their care plans however some people were unclear how often their care was reviewed. A member of staff said care plans were, "Regularly reviewed. It depends on the individual whether families are involved".

Requires Improvement

Is the service well-led?

Our findings

People expressed mixed opinions on how they found the service as a whole and whether it was well led. Some people were frustrated with poor timekeeping and not knowing which staff would be attending their visits and this dominated how they viewed the office and how it was organised. Others were very appreciative of what the service had achieved for them. All surveys sent to people and relatives complimented the support provided by the care staff. Some people would recommend the service to others. One person said, "I would recommend them because they do their best and it's so difficult for them". Another person said, "I would recommend them. Abicare plays an important role in keeping tabs on everything for me", and added, "They're all delightful people. I think they do an outstanding job". However other people shared more negative experiences. One person said, "The timing problems make me hesitant to recommend". Another person said, "I've been with them 7-8 years and they are on the decline. It's a poor service and it's getting worse". A third person said they would not recommend and told us, "They're here to do a job and I don't feel I'm getting the service I pay for".

There was a system in place to check records that were held in the service. A quality assurance service check by the registered manager was carried out weekly and entered onto a risk register. The service used the risk register to highlight areas which required the attention from the registered manager and to inform the wider company. For example the risk register contained an area where you recorded the amount of accidents and incidents which had occurred over a period of a month. The risk register also gave an opportunity to record whether the office had received any complaints.

During our inspection the registered manager told us they were aware of some of the areas of service provision that required improvements. This included the need for additional staff and the timeliness of care calls. They shared some actions they and the wider 'Abigroup' organisation had already taken. Particularly with regards to the introduction of a recruitment consultant and other incentives to attract new staff to the service. However at the time of our inspection there was no current action plan in place which provided information on how the quality and safety would be improved for people using the service with regards to medicines management and responding to concerns and complaints from people with regards to late care visits. Monitoring tools had identified some issues yet it was not clear how these tools had been used to improve the service. For example; significant gaps of staff signatures on MAR's had been highlighted when they had been checked by the office however there was not a recorded review of the action the registered manager had or planned to take. We also found negative issues raised by people and their relatives through quality surveys were not investigated and addressed by the service. Therefore although there were some processes to identify areas for improvement, this had not always been used effectively to implement the necessary changes in a timely way.

The above evidence shows a failure to monitor and improve the quality and safety of the service for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Shortly after the inspection we received an action plan completed by the operations manager which

included how the service would address the areas we had fed back during and after our inspection. This included how the registered manager would review the progress of service delivery which required improvements. We will assess improvements made to the service at our next comprehensive inspection.

The service sent out surveys to staff in January 2016 to gain their views on how they were supported. The service received nine completed surveys. The responses from the surveys returned varied. Nearly all staff found the quality of training to be of an 'excellent 'standard. However the majority of staff found the support from the registered manager either 'adequate' or 'good'. During our inspection we asked staff their views on how the service was managed was it well-led. All staff were aware late care calls were a problem for people and some staff told us the communication could be improved between the office and people that used the service. One member of staff told us, "Communication isn't brilliant". However they also valued and appreciated the support the registered manager and wider organisation provided. They spoke positively about the quality of the training they received and understood their roles and responsibilities. One member of staff told us, "There is always someone to phone". Another member of staff said, "We are all working for the same goal". A third member of staff said the service was, "Quite supportive".

The registered manager told us in addition to managing the office they also carried out care calls to people to help with staff shortages at the weekends. We asked how she wanted the service to develop, she told us their aim was to, "Take on more staff and keep the service users happy that we have at the moment". The registered manager had achieved the position in August 2015 however had been working for Abicare Limited- West Sussex for four years. When we asked what her biggest achievement had been so far, she said, "I have a good rapport with the service users as I have worked my way up, I know them all". Shortfalls had been identified during our inspection however we found the registered manager open to the discussions held and keen to improve the service delivered to people.

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 did not take formal enforcement action at this stage. 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 Medicines were not safely managed. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints received were not investigated and the necessary and proportionate action was not taken. 16 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems or processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The number of staff deployed was insufficient to meet people's needs. Regulation 18 (1)