

Abel Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

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. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people with dementia, people with sensory impairment, people with physical and learning disabilities. At the time of the inspection there were 26 people using the service.

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

Risk assessments were not always personalised or updated regularly. Quality assurance measures were not always effective.

People had mixed views on staffing, though we found there were sufficient staff and robust recruitment measures in place. People held mixed views on whether medicines were managed safely, however, we found there were systems in place to ensure it was and staff were trained in, and competency assessed on medicine administration. They were adequate systems and processes in place to safeguard people from abuse. Staff understood infection prevention. Lessons were learnt when there were accidents and incidents.

The registered manager told us the service was in transition following an office move and were attempting to drive improvement at the service following our last inspection. They had made improvements to documentation since our last inspection. Staff told us they held meetings that were beneficial. We viewed compliments of the service and staff were spoken of positively. The registered manager understood their responsibilities and acted with candour when appropriate. Their service worked with other agencies to the benefit of the people using the service.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 06 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

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

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abel Care Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to managing risks and good governance at this inspection.

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 safe.

Details are in our Safe 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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. It provides a service to older people, people with dementia, people with sensory impairment, People with physical and learning disabilities. At the time of our inspection the service was providing care and support to one person.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also spoke with the local authority commissioners and other health and social care providers. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager and three carers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. In particular, we sought information on how the service was managing risk.

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 requires improvement. At this inspection this key question has now remained the same. 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; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people nor were they learning lessons when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been insufficient improvement to the carrying out of this regulation and therefore the service remains in breach.

- Risk assessments were not always personalised. We looked at five care plans and saw that there were various risk assessments including manual handling, environmental risks and skin integrity. However, we saw one care plan where the risk assessments did not fully capture the risks associated with the person and therefore these risks were not mitigated against. These risks related to the person's potential behaviour traits and the risks associated with their medicines, neither of which were captured in the persons care plan.
- One care plan was missing a risk assessment entirely. Another person's risks assessment had not been reviewed and therefore was out of date. This indicated the service lacked oversight of risk to people and a system in place to ensure risks were reviewed regularly.

We found no evidence that people had been harmed however, risks were not always managed and mitigated against for people using the service. This meant people could be placed at risk of harm or inappropriate or unsafe care. These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The registered manager was responsive to our findings and told us they would complete further risk assessments for the incomplete, missing and out of date risk assessments we had found. They duly sent us the risk assessments following the inspection. They explained they had recently moved office and were transferring paper care plans to a digital system which had led to some issues, however they felt these would all be resolved within six weeks of the inspection.

- Improvements had been made when recording incidents and accidents and lessons were learned when things went wrong. We saw various incidents and accident reports that were appropriately recorded with follow up actions to mitigate reoccurrence as much as possible. People were supported to access emergency health care services where necessary, and the service informed the local authority and Care Quality Commission (CQC) when it was their duty to so. Learning was shared with staff in supervision or team meetings.

Staffing levels

- There were mixed views on staffing levels and timeliness, but they were mostly positive. One person said, "They're good staff. They've always got enough time." There were some issues which we discussed with the registered manager, who gave us assurances that these would be addressed.
- Records showed us there were sufficient staff to provide care and how they managed missed and late calls. They told us they were implementing a new digital system which they hoped would provide better oversight of care calls and staffing needs.
- There were robust recruitment measures. We looked at three staff files and saw each staff member had provided proof of identification, had the right to work in the UK, and had Disclosure Barring Service (DBS) checks. DBS checks supports employers by checking that people being employed to work in a social care setting are suitable to do so. They do this by checking their criminal record and any lists that identify whether someone is unsuitable to work with vulnerable people.

Using medicines safely

- There were mixed views whether medicines were managed safely. One relative told us, "[Family member] is always ok with medicines. They prompt them to take it." We shared concerns people told us with the registered manager who assured us these would be investigated and dealt with.
- Where people were taking medicines, care plans contained sufficient information to support them. We saw the service completed medicine assessments which listed medicines and provided guidance for staff on how to manage these medicines.
- Staff received training in medicine administration, were competency assessed and medicine administration records were audited. This demonstrated there were systems and measures in place to ensure people's medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse

- People had mixed views about whether they felt safe receiving a service. One person said, "[I feel] perfectly safe." We shared concerns people had raised with the registered manager who promptly investigated them and shared their findings with us.
- There had been no recent safeguarding alerts raised by the service, but we saw safeguarding concerns were investigated and dealt with appropriately when they had been raised.
- Staff at the service knew what to do if they suspected abuse. One staff member said, "I will let me my manager know if abuse is suspected." Staff received regular training on safeguarding and safeguarding was a regular topic at staff meetings and supervision.

Preventing and controlling infection

- Staff understood infection prevention. One staff member told us, "We wear gloves and aprons when we provide personal care." Staff received training on infection control and there was a policy in place.

Is the service well-led?

Our findings

Well-Led – this means that 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 requires improvement. At this inspection this key question has remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the service did not have sufficient systems in place to ensure the service was well-led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst there had been some improvement, the service was still in breach of this regulation.

- Audits and checks carried out to promote the quality of care and support provided were not always effective. For example, systems in place had failed to address the issues we identified relating to lack of risk assessment, timely review of documentation and risk management.
- People, relatives and staff had provided feedback to the service through completion of survey forms. The majority of their responses were positive; however surveys were undated, and it was impossible to tell when these forms had been completed.

This shows that whilst improvements had been made since the last inspection, the provider had failed to ensure there were effective systems and process to assess, monitor and improve the quality of care provided by the service. This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained that they had been attempting to drive improvement since our last inspection, but some improvements had been delayed by the service moving office location. They assured us that they will strive to improve areas we have highlighted to them.

- The service used competency checks on staff and spot checks to assure the quality of care their staff provided. The registered manager told us they needed to make improvements to their spot checking and was in the process of implementing a new template, which they showed us. They also told us they were hoping to roll out work place observations but were unable to give us a date by when this would happen.
- Staff told us they attended team meetings. One staff member said, "They are good. We discuss things, like the clients and do some learning., talk about training and how we need to do thing by policy." Records confirmed that staff held meetings and discussed topics such client welfare, training and medicine

administration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Whilst there were some mixed views, people and relatives mostly spoke positively about staff. One relative said, "[Registered manager] is lovely no complaints at all. Very thoughtful and caring." A person said, "I've got a brilliant carer." We saw compliments received by the service about staff and these showed the service in a positive light.

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;

- The registered manager understood the responsibilities of their role. They investigated concerns raised with the service and where appropriate made apologies. When necessary they notified the local authority and Care Quality Commission.

Working in partnership with others

- The service worked with others for the benefit of people receiving care. The registered manager showed us how they had built relationships with a local authority and other health and social care providers. The registered manager also attended training, conferences and meetings that sought to improve care being provided as well as promote the service.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessment were not always personalised or reviewed in a timely manner. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective quality assurance systems in place that did not always ensure people received safe and effective care. |