

Abicare Services Limited

Abicare Services Limited - Dorset

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



Overall summary

This inspection was announced and took place on 7,8,9 and 17 December 2015. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. Our last inspection was in September 2014 and no concerns were identified.

Abicare Services Limited – Dorset provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to more than 50 people.

Abicare Services Limited has a registered manager in post. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available for the whole inspection. When they were not present, the locality manager was available and answered many of our queries.

The feedback we received from people and relatives was that staff were kind and caring and that “Some of them go out of their way” [to ensure ensure one person’s needs were met].

People said that staff knew them well and understood their needs. They told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff. However, care plans were not always sufficiently detailed to provide information and instruction for staff particularly if they did not know the person they were caring for.

People knew how to raise concerns and complaints and records showed that these were investigated and responded to. Staff understood how to protect people from possible abuse and how to whistleblow.

Management arrangements and systems at the service did not ensure that the service was always well-led; a manager was registered in September 2015 but prior this the service had not had a registered manager for a number of months. The new manager had begun to identify shortfalls within the service and take action to address the concerns they had identified.

People’s medicines were not always managed safely. There were systems in place for the management and administration of medicines but these had not always been followed. This meant that people may not always receive their medicines as they were prescribed.

The service did not always manage the risks to the health and safety of the people they provided care to. Where risk assessments had been completed, some identified hazards but no action had been taken to reduce or manage the hazard and some were in need of review because situations had changed.

Recruitment systems were not always fully implemented to ensure that staff were suitable to work with vulnerable people. Staff had not received regular supervision. They had been trained in essential areas such as moving and handling and infection control but had not received additional training to meet people’s specific needs such as caring for someone after a stroke, with diabetes or Parkinson’s disease.

Quality monitoring systems were not used effectively because they had not identified all of the shortfalls highlighted during this inspection. Some records contained errors and omissions.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care had not been properly assessed, and in some instances, action had not been taken to mitigate any such risks.

Staff recruitment systems to ensure the suitability of care workers were not used effectively and consistently.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs. Training in specialist areas had not been undertaken. Staff had not received regular supervision to monitor performance and provide support and identify training needs.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Requires improvement



Is the service caring?

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect

Good



Is the service responsive?

The service was not always responsive.

People's needs were met but care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy and complaints were responded to appropriately.

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Quality monitoring systems were not effective and record keeping required improvements.

Abicare Services Limited - Dorset

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 checked 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 7, 8, 9 and 17 December 2015. Two inspectors undertook the inspection.

Before the inspection, we reviewed the information we held about the service; this included incidents they had notified us about. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views

We visited two people in their homes and spoke with seven other people on the telephone. We also talked to four relatives and seven members of staff. We also spoke with the registered manager and office based staff who were involved in supporting people who used the service. We looked at six people's care and medicine records in the office and the records in their homes, with their permission, of the people we visited. We saw records about how the service was managed. This included nine staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them and many said they looked forward to their visits. One person told us, “I feel safe with them and find them very good”. Another told us how they had not felt confident in one member of staff; they had told the office and the member of staff had not been sent to them again.

There were systems in place for the management and administration of medicines but these had not always been followed. The medication policy and procedures did not reflect national published guidance or relevant local authority policies about how to ensure medicines were handled, stored and administered safely.

Most people had their medicines delivered to them from the pharmacy in a blister pack system which meant that all of their medicines for a particular day and time were in one compartment. Administration records were completed by staff who ticked a box on the record to say that all medicines were given from the relevant compartment.

Some people had been prescribed medicines on an ‘as required’ basis (also known as PRN). There was no assessment or care plan to guide staff on when to administer the medicine, how much to give or the maximum amounts to be given within a fixed period.

All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. We found that there was no assessment or plan of care relating to the skin condition for any of these people. There was no guidance in place to ensure that creams were applied in accordance with the prescriber’s instructions. Not all of the creams had been recorded on the Medicines Administration Record (MAR). This meant that people may not have received some of their creams as prescribed.

Medicines Administration Records (MAR) were handwritten by staff. We saw MAR charts for five people. Three had not been signed by the person creating them and four had not been checked and signed by a second person. This was also the case when changes to a medicine had been made or when additional medicines such as antibiotics were prescribed. All of the completed records that we saw contained numerous gaps where no record had been made to indicate whether medicines had been administered or refused. For two people, staff took medicines out of the original container and left them in an open pot for the

person to take at a time when the staff were not there. This had not been documented in the care plan or risk assessed and staff were signing the MAR to say that all medicines had been taken when they had not witnessed this to be the case.

All of the above issues meant that people may not have received their medicines as prescribed.

Staff had been trained on the administration of medicines. Records showed that they undertook annual refresher training and their competency was also checked annually. Staff were also ‘spot checked’ whilst providing care to ensure that they were following correct procedures and instructions and keeping suitable records. However, none of the shortfalls found during this inspection had been highlighted by staff following their training or as a result of a spot check.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

Systems were in place to manage risk but these were not operating effectively. There were risk assessment forms for the environment that staff worked in as well as the risks to people using the service when receiving care. Some risk assessment forms had been placed in people’s files but not completed, some had been completed and had identified risks but no action to reduce or manage the risk with appropriate control measures or support from other professionals had been recorded. Risk assessments had not been undertaken for a number of areas. These included the use of bed rails, moving and handling and using aids such as mobile hoists. This meant that the provider had not undertaken proper steps to keep people safe.

These shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people’s health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

There were systems in place to ensure that recruitment practices were safe but we found that these had not always been followed. All staff whose files we checked had had their identity checked, completed fitness to work questionnaires and provided evidence, where necessary, of

Is the service safe?

their right to work in the United Kingdom. In the case of one member of staff, they had started work without the service obtaining any references and five other staff had started work with only one reference rather than the two references that the provider's policy stated they would obtain and which is also recognised as good practice within the industry. The policy also stated that where references were not available, the HR director should be informed and risk assessments should be completed. There were no risk assessments in the staff files. The registered manager provided copies of recent audits that showed that they were analysing staff files and had identified for themselves that four staff did not have satisfactory references and had sent letters chasing the referees. The staff concerned had been appointed before the registered manager who confirmed that safe procedures would be followed for all future appointments. These staff had continued to provide care for people and risk assessments had not been carried out whilst references were being obtained. Two staff had not provided full employment histories with dates of employment. This meant that the provider had not checked for any unexplained gaps in people's employment.

These shortfalls were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people. (as described in Schedule 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010)

The registered manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Abicare Services Limited – Dorset and there was no reliance on agency staff. People we spoke with told us that there were issues with rotas. They said that they did not always receive a rota, were not always told when changes were made to the rota and often had calls with no named member of staff on the rota and instead the word

“unallocated” was used. People felt this was particularly the case over weekends. The registered manager told us that they were aware of these issues and were working to recruit more staff, had reviewed and amended the method that rotas were sent out and improving communications with people. Staff told us that they often felt that insufficient travel time was allowed between calls and this therefore meant they either had to rush to meet a person's needs and then leave to get to the next call or accept that they would be late to the next call. Two staff told us that the office would organise more travel time if they asked for it but were not clear about why they did not request this. Three staff rotas for the week of the inspection were analysed. 80% of calls had travel time allocated between calls. 20% of calls did not have travel time allocated between visits. For example; one member of staff had a call from 1745 to 1800 in Broadstone, 1800 to 1830 in Shapwick and 1830 to 1900 in Sturminster Marshall. Some calls were scheduled back to back in the same area but people did not live in the same street and so some time to get between visits without cutting calls short or arriving late was needed. This was an area for improvement.

There were systems in place to enable the service to respond to emergencies. There was an out of hours on-call system in place so that people who used the service and staff could contact senior staff in emergencies and for support in various situations. Staff and people we spoke with confirmed that the systems worked well and they had received support in the event that they had had to call the out of hours service. The provider also had plans in place to cover other eventualities such as unavailability of the office and records and bad weather affecting staff being able to travel to people.

The service had satisfactory policies and procedures in place to protect people from abuse. Staff received regular training in safeguarding and whistleblowing. Staff knew the different signs and symptoms of abuse and told us they were confident about how to report any concerns they might have. The registered manager had made notifications to CQC of any concerns that they had reported to the local authority.

Is the service effective?

Our findings

People told us they felt they could rely on the service, that their needs were met and staff understood their roles. One person said “They’ve never let me down. They have always arrived, sometimes a bit late but I don’t mind, they do what needs to be done and some of them go out of their way to help me. They’re all great.” Another person said, “My visits are due at 9.00am but sometimes they arrive between 8.00am and 9.00am. This is too early. Yesterday a carer told me to hurry up because they were short of time. I felt was being rushed”.

People told us that staff were competent and understanding. Training records showed that staff had undertaken training in all of the essential areas. These areas included health and safety, infection prevention and control, first aid and safeguarding adults. Training in medicines administration and moving and handling had also included a competency assessment. Some staff had not completed refresher training within the timescales laid down by the provider. The registered manager demonstrated that they were aware of the staff concerned and had training scheduled to address this.

Staff had not received training that was specific to the needs of the people they were caring for. People receiving care from the service, had a wide range of needs. These included illnesses such as multiple sclerosis, diabetes, dementia, and Parkinson’s disease and strokes. Some people were receiving care at the end of their lives. With the exception of training for staff in dementia awareness and pressure area care, training to understand and meet people’s specific needs had not been provided.

The provider’s staff supervision policy stated that, “Abicare recognises the vital role that Supervision and Appraisal plays in the development of a skilled and supported workforce. It is an essential requirement for the delivery of a high quality and effective service. Staff perform most effectively when they have clear expectations of their job role and purpose and are given regular feedback on their performance. Therefore all staff will receive regular, planned supervisions and an annual appraisal with PDP (personal development plan) by a named supervisor or manager.....Staff receive between four and six supervisions per year, including an annual appraisal”. Records showed that of the 26 staff employed, five staff had not had any supervisions, nine staff had received one supervision, four

staff had received two supervisions and seven staff had received three supervisions during 2015. No annual appraisals had been carried out during 2015 but the registered manager advised that appraisal forms had recently been sent to all staff and appointments were being made to complete this.

These shortfalls were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff were not supported with appropriate training, supervision and appraisal.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

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 themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager confirmed that they had completed training in this and was aware of the definition of a deprivation of liberty.

Staff had been trained in the Mental Capacity Act (MCA) 2005. Examination of records and discussions with relatives and staff highlighted that there was not always a sufficient understanding of the processes to assess capacity, make decisions in people’s best interests where necessary and to accept that people have the right to make unwise decisions. For example staff identified a person that did not have capacity and the reason for this but no assessments or best interest’s decisions had been undertaken. This was an area for improvement.

Is the service effective?

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists; GPs and district nurses being contacted by staff on their behalf when they requested it or when their care worker identified a concern.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals.

Is the service caring?

Our findings

People told us that they received personalised care from staff who were caring and kind. One person told us how staff understood their likes and dislikes with their meals and how they liked to have their shower. Another person told us that they had been sent staff from another service when Abicare Services Limited - Dorset was short staffed. They said that they had nothing but praise for the Abicare Services Limited - Dorset staff. They recognised that having temporary staff was sometimes unavoidable but said that the other staff were not as professional as their regular carers.

Discussions with the registered manager and staff evidenced that they were aware of people's needs, likes and dislikes. They described in detail how they provided the care to suit the individual. Care plans did not always include this information.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff.

Staff we spoke with were aware of requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

People told us that staff were caring and responded to any changes in their care that they needed. Some people said there were frequent changes to the care workers on the rota that they were not always told about. However, all confirmed they were confident that they would receive the care they needed even if it was not with the staff member they were expecting. One person said, “They have been quite good. They mostly turn up on time and stay for the time. There are issues due to staff shortages. They send a rota mostly. When I don’t get a rota I don’t know who is coming. I just hope and someone turns up.”

People’s health and care needs had not been properly assessed and planned for. People living with conditions such as diabetes, angina, multiple sclerosis or dementia did not have care plans outlining what the condition meant for the person, how it affected them, how it may progress, any risks or complications that may occur and how to meet any specific needs related to the condition. For example, the medical history for a person living with angina stated that they had been diagnosed with unstable angina. There was no information to inform staff what the signs or symptoms of an angina attack were, any emergency medicines they should ensure the person had and when they should call for help such as from the emergency services. We also found that people with diabetes had this noted in their medical history but there were no care plans to indicate the type of diabetes, any medicines that were prescribed, the signs and symptoms of hypo or hyperglycaemia and the actions they should take if this occurred. There was also no information about any special diets that people should follow which would be important where staff were responsible for providing meals. This meant that, while regular staff may know people and

understand their needs, there was no detailed information or instructions for other staff to refer to should they need to care for someone they did not know or pass information onto other professionals in the event that a person became unwell.

Most care plans and risk assessments were up to date. However, some were in need of review due to changes in people’s needs. The registered manager confirmed that there was a plan in place which took into account when regular reviews were due and that staff were frequently reminded to notify the office when people’s needs changed and therefore a review of the care plan was required. For example, staff were handling people’s money and undertaking shopping which had not been assessed and planned for; the registered manager confirmed that they had not been aware that staff were doing this. Discussions with staff confirmed that they were aware of the changes and worked in accordance with people’s current needs even when care plans did not give them instructions to provide this care.

These shortfalls were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people’s care and treatment needs had been fully assessed and planned for to enable their needs to be met.

People were given a complaints policy and procedure when they began receiving a service from Abicare Services Limited - Dorset. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at four recent complaints and found they had been investigated and responded to appropriately.

Is the service well-led?

Our findings

People had very different perceptions of the service they received from Abicare Services Limited - Dorset. One person told us, "The individual girls are spectacular. They are professional and understand what they need to do". Other comments were, "It's about half and half, some [staff] are very good". Another person said, "The staffing is very erratic, especially at weekends. You never know who you are getting. The office never phone to say carers are running late. It's not the carers' fault. They don't leave them enough time to get from A to B". The majority of people were happy with the staff who looked after them although some said that staff could be rushed and they then felt rushed when receiving care.

Common areas of dissatisfaction were with time keeping, the provision of rotas, communicating changes to rotas or staff delays and a lack of staff continuity, especially at weekends. People said they felt that there was poor communication between office and care staff. One person was receiving a 'live-in' care package. This is a service where a member of staff lives with the person. It is usual for staff to stay up to three weeks at a time and then swap with another member of staff. The person's relative told us how the person was easily unsettled by change and needed to plan for this. The relative had found out with less than 48 hours' notice that staff were changing and only because staff themselves had told them. There was no communication from the manager or office staff.

There were systems in place to monitor the quality and safety of the service provided. However, these were not fully effective. Since their registration, the registered manager had undertaken a number of checks and audits and had identified concerns. They had plans in place to correct these concerns. However, these audits had not identified all of the shortfalls highlighted during this inspection.

During this inspection a number of different records were examined. These included care plans, daily records, medicines and staff records. A number of these records were not dated, timed or signed. In addition, some records were illegible. This meant that, in some instances, it was not possible to establish which was the most recent and current information. It also meant that other staff may not be able to read important information or know who to ask if they had queries about the entries that had been made.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and because accurate records were not maintained.

Surveys were sent annually to people who used the service and their relatives or representatives. The most recent had been undertaken in the May 2015. In addition, the staff in the office were responsible for telephoning a number of people each month to obtain their views of the service. A detailed analysis of the responses had been carried out and a report summarising the findings had been created. Where individuals had raised specific issues, the registered manager confirmed that these had been addressed. The main issues arising from both the annual survey and telephone calls were similar to those found during this inspection and related to rotas not arriving or being changed without notice, staff arriving late and not staying for the full period of time that people were paying for and poor communication. The registered manager confirmed that these areas were being addressed with recruitment of more staff and additional training for existing staff as well as looking at systems and communications within the office.

The registered manager confirmed that they have two roles within Abicare Services Limited; they are an area manager with responsibility for three separate locations plus the registered manager for Abicare Services Limited – Dorset. They were registered in September 2015 after the Dorset office had been without a registered manager for over 12 months. The registered manager confirmed they were usually present at the Dorset office two days per week and were available by telephone at all other times. There was a locality manager who was training to become a registered manager. The locality manager was at the office during most of the office hours although did also provide some care when short staffed.

Staff confirmed that they were well supported and felt able to raise any issues or concerns directly with the registered manager. All of the staff we spoke with knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Personal care

Regulation

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

People were not protected against the risks associated with the unsafe management and use of medicines.

Regulated activity

Personal care

Regulation

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

The risks to people's health and safety whilst receiving care had not been properly assessed.

Regulated activity

Personal care

Regulation

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

Checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Care workers were not supported with regular training, supervision and appraisal.

Regulated activity

Personal care

Regulation

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

Proper steps had not been taken to ensure that people's needs were assessed, and planned for, to provide the care, treatment and support they required.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Effective systems and processes had not been established to assess and monitor the quality and safety of the service provided and accurate records were not maintained.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.