

Abletrust Care Limited

# Abletrust Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Requires Improvement</b>  |
| Is the service effective?  | <b>Requires Improvement</b>  |
| Is the service caring?     | <b>Requires Improvement</b>  |
| Is the service responsive? | <b>Requires Improvement</b>  |
| Is the service well-led?   | <b>Inadequate</b>            |

# Summary of findings

## Overall summary

Able Trust Care is a domiciliary care agency which provides care and treatment to people living in their own home. At the time of this inspection the agency was providing care for 14 people.

There was a registered manager in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during our inspection.

At our last inspection in September 2015 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing, recruitment, medicines records, respect and dignity and good governance. We asked the provider to submit an action plan to tell us how they planned to meet the Regulations. We carried out this inspection to see if the provider had taken action in line with their action plan.

The provider did not follow good recruitment processes. We found some application forms for new staff had not been completed fully. This meant the provider could not satisfy themselves that the staff they employed were suitable to work at the agency.

The registered manager did not ensure staff followed safe medicines management procedures and robust audits of medicines records had not been carried out by the registered manager. Where there had been a medicines incident the registered manager had failed to follow the requirements of their registration by notifying CQC.

Actions as stated by the registered provider in their action plan had not been completed in the timescale we were told they should be. We found continued breaches of Regulation from our last inspection.

Risks to people had not always been identified or recorded in a way that staff would know what action to take to avoid harm for people. Should people need to get hold of someone outside of office hours, they had been provided with an out of hours contact number. This could be used by both people and staff.

Care records for people were not always up to date and some information was missing. However, staff we spoke with said they knew people and found the information they had been provided with was sufficient to enable them to give the care people required.

Although the registered manager had commenced quality assurance audits since our last inspection, she had not always identified shortfalls in records. Other quality assurance processes had been introduced to obtain feedback from people as to the care that was provided to them. Staff had the opportunity to attend staff meetings to discuss all aspects of the agency.

Improvements had been made in relation to staff deployment which meant most of time staff arrived when people expected them, although we did receive mixed responses from people in relation to this. Staff were allocated travelling time between people which had not been evident at our last inspection and staff were provided with a written rota to show them where they needed to be each day.

People and relatives told us that staff were kind and caring and they were very pleased with the care the agency provided to them. However, we received some feedback which was not so positive. People had signed to show they consented to the care and treatment being provided to them.

Staff were aware of their responsibilities in relation to safeguarding people from abuse and knew how to report any concerns they may have. Staff demonstrated to us how they would support someone to make a complaint. However, people told us they were not always satisfied at the way their complaints were responded to.

Training and supervisions had been completed by the registered manager, however this was not always consistent. Staff told us however that training was good and that they felt supported by the registered manager.

People were supported to eat and drink sufficient amounts and staff always ensured food or drink they provided to people were left within their reach. If people required it, staff would arrange for a GP to call.

During the inspection we found continued breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as well as one new breach relating to the Registrations Regulations. We also made some recommendations to the provider. You can see what action we 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** ●

The service was not consistently safe.

The provider did not always follow safe or robust recruitment processes.

There was a lack of safe medicines management processes.

On the whole staff turned up on time to people or notified people if they were going to be late.

Risks for people had been identified but records did not always contain the most up to date information.

Staff understood their responsibilities in relation to safeguarding.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had received mandatory training but some staff did not have supervision as frequently as they should.

Staff followed the legal requirements in relation the Mental Capacity Act (2005).

People had access to health care professionals when they needed them.

Staff helped to ensure that people were not at risk of dehydration or malnutrition.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People were not always treated with respect by staff.

Staff did not always provide care to people at the time they would like.

People were encouraged to make their own decisions by staff.

People felt staff were kind and caring.

### Is the service responsive?

The service was not consistently responsive.

Although people knew how to make a complaint, they were not always satisfied with the response they received.

Care plans had improved and they contained more detailed information for staff to follow.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Actions from our previous inspection had not been completed in line with the action plan given to us by the registered provider.

Although the registered manager carried out quality assurance audits these did not always identify areas which required improvement.

Care plans were not contemporaneously completed.

The registered manager struggled to find some paperwork for us during the inspection and was unaware of their responsibilities as a registered manager.

People were asked for their feedback about the care they received and staff told us they felt supported by the registered manager.

**Inadequate** ●

# Abletrust Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 July 2016 and was announced. We announced the inspection to make sure the registered manager was available to help us on the day. Due to the size of the agency the inspection was carried out by one inspector.

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

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were inspecting this service to follow up on the concerns we had identified at our last inspection.

As part of the inspection we spoke with six people, the registered manager, three staff members and one relative. We also spoke with three health and social care professionals who are involved in the service.

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

The agency was last inspected in September 2015 where we identified a number of breaches of Regulation.

# Is the service safe?

## Our findings

At our previous inspection we found the provider did not carry out robust recruitment checks on new staff which meant people may be cared for by staff who were not suitable to work for the agency.

At this inspection we found the majority of recruitment processes had been completed in line with the regulations, however there was still some missing information. We found six files where staff applications forms were incomplete as staff had not included all information in relation to the previous work history. One staff file did not have any evidence that a Disclosure and Barring System (DBS) check had been carried out. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. This meant people may be at risk of receiving care from people who were not of good character or who may have a criminal record.

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

At our previous inspection we found unsafe medicines management practices. At this inspection we found that medicines information had greatly improved and the registered manager had started to audit the completed medicines records returned to the office each month.

People received the medicines that had been prescribed to them. People had medicines administration records (MARs) which staff signed to show they had given people their medicines. People told us they received the medicines that were prescribed when they needed them. One person said, "I know what I take and I always get my medicines when I should." However, we noted records were not always completed properly. Some signatures on the MARs were inconsistent with the staff member who had attended to the person and MAR charts did not record the medicines people were prescribed, instead 'blister pack' was written on the chart. The registered manager told us this was because staff did not dispense any medicines other than those supplied in a blister pack. This meant however that staff may not know how many tablets should be in each blister so they may not be able to identify if there was a discrepancy, although information relating to people's medicines was recorded in their care plans.

Other information had not been included on the MAR chart such as whether or not people were allergic to specific medicines and any topical creams (medicines in cream format) they may be prescribed. We read in daily notes that people had their topical creams applied when needed, but formal recording was not included on the person's MAR.

Although the registered manager told us they audited the MARs each month they had failed to notice that some records had not been completed properly and information was missing. We found two MAR charts for one person which had been signed by different staff for the same day.

We noted a medicines error had occurred in March 2016. This had been followed up by a manager from the agency at the time and the local authority had been notified. However, the registered manager had failed to

follow their legal requirements by notifying CQC.

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

At our previous inspection we found that staff were often late for people because of a lack of staff and a lack of staff who could drive. In addition people were not notified if staff were going to be late, or were unable to make a call and staff were not provided with a rota which showed them where they needed to be.

At this inspection we received mixed responses from people in relation to timings. Some people told us staff always turned up on time; other people said differently. One person told us, "Not very good lately. They've (staff) been late. Another person said, "Not happy with them in relation to timings." A third person told us, "No, she (staff) doesn't turn up on time." However other people told us staff always arrived on time and a relative said, "They (staff) come at the times we want and stay the full time. A second relative told us, "They always arrive on time."

Since our last inspection the provider had employed more staff who could drive and an administrator. The registered manager had divided staff into two teams, each covering a different patch within their coverage area. She explained this had resulted in people receiving more of their calls at a time when people expected them and that staff within each team worked closely together and helped out where necessary. Staff were provided with rotas which showed where they needed to be and at what time. We observed that staff rotas allowed for travelling time between appointments and staff confirmed that, more often than not, the travelling time was sufficient. Staff told us that if they were running late they would let the office know in order that they could inform their next person. People confirmed that on the whole this happened. A relative told us, "If they're running late I am notified."

We recommend the provider continues to work towards ensuring people receive the care from staff at the time they are expecting it.

People were helped to stay safe as staff were aware of their responsibilities in relation to safeguarding people. Staff were able to describe to us the different types of abuse that may take place. They told us if they had concerns they would speak to the registered manager, "Straight away." Staff also knew about the role of the local authority in relation to safeguarding and told us they would report concerns to them if the registered manager did not take action. Alternatively they said they would telephone the police or CQC. Staff currently working for the agency had undergone safeguarding training. A relative told us they felt their family member was, "Safe with the carers."

At our previous inspection we found that people may be at risk of harm because risks to be people had not been recorded and staff had not been provided with guidance on how to help reduce risks to people.

At this inspection we found risk assessments had been drawn up for people and were contained in their care plans. There were risk assessments around people homes and the surrounding environment and where people had poor mobility falls risk assessments were in place. However, one person was at an increased risk of falling but their falls risk assessment had not been updated since April 2016. Another person was recorded as having, 'problems with their mobility' but there was no further information written in their care plan. A third person did not have a falls risk assessment completed although they used a mobility aid to assist with their walking which would indicate that may be at risk of falls. Some people lived with family which meant the impact of people being unsafe was reduced.



We recommend the provider reviews all risk assessments to ensure they are up to date.

The agency had a system for recording accidents. The registered manager told us that no one receiving care from them had experienced an accident whilst in the presence of staff from the agency. In the event of an emergency, such as adverse weather conditions or missed calls, people had the details of an out of hour's telephone number they could call in order to speak to the registered manager. Staff told us they knew the number to ring outside of normal working hours.

## Is the service effective?

### Our findings

At our previous inspection we found that staff had not been provided with appropriate training or supervision to help ensure they were confident and competent in their role.

At this inspection we read that training had been provided to staff and staff confirmed they had received it. We noted that all staff had undergone moving and handling, health and safety, medicines management and safeguarding training. One staff member said, "I did the mandatory training before starting."

The registered manager had started formal supervisions with staff in order that they could check that staff were putting their training into practice. We read that these took place in the way of a 'spot check' where the registered manager visited a person's home and observed staff carrying out their duties. Staff confirmed that they saw the manager regularly and that she came to observe their practice. A staff member said, "Yes, I've had spot checks done a couple of times by the manager." A social care professional said, "(The registered manager) goes and checks what carers are doing." However, there was inconsistency in the frequency of these spot checks. Some staff had been observed on numerous occasions, whilst others had not been supervised as frequently as the registered manager told us they should; which was once a month. Staff who had worked at the agency for longer than one year had undergone an appraisal. This was an opportunity for staff to discuss all aspects of their role with their manager.

We recommend the provider ensures all staff are provided with suitable to enable them to carry out their role in a safe and competent way.

People were provided with food and drink in order to help ensure they were not left at risk of malnutrition or dehydration. Staff told us that they did not cook meals from scratch for people but would heat up pre-prepared meals when required or prepare snacks or light meals for people. People told us if staff prepared drinks or food for them they would leave them within their reach when they left. One person said, "They always make sure I have everything I need including a drink." A relative told us, "They (staff) always give her a drink and snacks."

People's consent was sought in an appropriate way because staff followed the legal requirements of the Mental Capacity Act 2005 (MCA). The 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. Where people had capacity we noted that they had signed to agree to the care they were to receive from the agency. In the event that people lacked capacity the registered manager had sought consent from family members in line with the Act.

People had access to health care professionals when they needed it. People told us staff would arrange for the GP to come to them if they needed it. Staff confirmed that any changes to a person, or if they had a concern about someone's health, they would notify the manager who would arrange for a health professional to call.

## Is the service caring?

### Our findings

At our last inspection we found that staff did not always treat people with respect and dignity and as though they mattered. We received mixed responses from people in relation to staff at this inspection.

We asked people and their relatives if they were happy with the care they received from Able Trust Care. One person told us, "Yes, the staff are very caring and very kind." A second person said, "(Staff member) is really good." One relative said, "Very nice, very respectful and caring." Another relative told us, "They are excellent." A social care professional said, "The registered manager goes above and beyond." However we received differing views from some people.

People did not always receive care at the time they wished it. One person told us they had agreed to a 20:30 bedtime because the agency had been unable to meet their request of a later night time call. However this person said that staff often turned up much earlier than 20:30 which made them, "Feel like a little girl." A second person said they liked a very early morning call, but this was not always provided to them and often instead of a 07:00 call, staff did not arrive until 09:00.

People were not always shown respect by staff. One person told us that on the very first day of receiving care from the agency the staff member had not knocked on their door but, "Just walked into the house" using the key coded door entry pad. Another person said that staff did not always shut the door when they were using the bathroom and staff had told them, "Some ladies don't mind it." The person told us, "How is that dignified?"

People were not always cared for by a consistent staff team who could develop relationships with people. One person said, "I get different staff – quite annoying at times because I always have to tell them what to do." A second person told us, "When I first joined them there were one or two very nice ladies, but systematically they have all left."

The lack of dignity and respect care was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did receive compliments about staff. A relative told us, "Staff were very obliging and flexible." They said that staff arrived at 06:30 one morning to enable their family member to attend an appointment they had. They added that their family member had regular care staff who knew them well.

Staff told us they did not feel rushed when they provided care and ensured they showed people respect. One staff member said, "I have time with people to chat. I chat while I am giving them (people) care." They told us, "I always call out and let people know when I am coming into their house so people don't worry. When I provide personal care I cover the person with a towel." Another staff member said, "I get enough time to do everything. I don't want to rush and I get time to speak to people."

People could make their own decisions. We were told staff would prepare meals for people and staff would

ask them what they would like before doing so. A staff member said, "I always give people choices."

## Is the service responsive?

### Our findings

At our last inspection we found that care records were not available for each person the agency was providing care to and the records we viewed were not up to date.

At this inspection we saw care records were in place for each person. The care plans better reflected the care people required and information and guidance for staff was more detailed. We read each person had a support plan in place. This gave details to staff on exactly what to do at each visit. Most of the care plans included people's likes and dislikes and any specific information that was important for people. For example, in relation to their preferences for breakfast or a drink before bedtime. However some people's care plans did not always reflect what had been discussed and their expectations when they had first started the care package with Able Trust. One person said, "I've read through the care plan and there are various things I don't agree with."

Staff told us people's care plans were easy to follow and they could obtain all the information they required about a person from the records. When changes occurred or people deteriorated staff confirmed that these changes were conveyed to staff before they next visited a person. Staff told us they would never be expected to go to someone new without background information about the person and details of the care they required. A social care professional told us the registered manager always attended the reviews of people to help ensure they had the most up to date information and were involved in all discussions about a person.

Daily notes were not always written in a way that demonstrated a person-centred approach. We read staff had written, 'pad changed, washed, got breakfast, got up' instead of describing how people were during the day or what they had done.

We recommend the provider supports staff to help ensure care plans and daily notes focus on the care, treatment and preferences of the person.

People and their relatives told us they knew how to make a complaint if they were unhappy. However we heard that people were not always happy with the response they received from the agency. One person had a recent complaint in relation to staff and although the registered manager had apologised this person did not feel happy with how the registered manager had dealt with the situation. Another person told us that when they had complained about staff either turning up too early or too late that, "Things settle for a while, but then go back to how they were." A third person said, "Whenever I speak to the manager she always says, 'oh, it won't happen again' but it always does." However one person told us they had a concern which they had raised with the registered manager and they knew they would, "Sort it out."

We recommend the provider reflects on how they respond to people's complaints to ensure they are resolved and sustained to their satisfaction.

There was complaints information available to people in their information pack. The registered manager held a complaints log but we noted no formal complaints had been received since our last inspection. Staff

told us they knew what to do in the event someone wished to complain. One staff member said, "There is a complaint form in the back of the service user guide and I would help someone to fill it in if necessary. If not, I would support the person to contact the office."

## Is the service well-led?

### Our findings

We received mixed responses from people in relation to how well managed the agency was and whether or not they saw or had regular contact with the registered manager. One person said, "I don't think Able Trust is very well organised." Another person told us they did not see the registered manager. A relative told us, "We see (the manager) from time to time." A social care professional said, "I find them a very good agency. (The registered manager) always keeps us informed."

At our previous inspection we found the registered manager and provider did not have good management oversight of the agency. We found the registered manager was unable to provide us with the documentation we required, they were not carrying out quality assurance checks and care records in relation to people were incomplete or missing.

At this inspection, although the registered manager was able to demonstrate to us they completed regular audits and we found care records had improved we still had some concerns in relation to the running of the agency.

Quality assurance audits that were carried out did not always identify issues and therefore action had not been taken by the registered manager or the provider. For example, in relation to the medicines records, care records or lack of personalised detail in daily notes. Although the registered manager told us they reviewed the daily records and MARs, they had difficulty in finding some of the documentation to evidence this which demonstrated to us regular audits may not always be happening. We asked the registered manager for the list of staff with their signatures in relation to medicines recording. They were unable to show us this during the inspection. Paperwork from people's care plans which had been returned to the agency for auditing was piled in a room within the office, rather than organised in a secure, easily accessible way. We found information relating to people's care plans within other people's records. On several occasions throughout our inspection the registered manager spent a considerable amount of time trying to find the paperwork we requested.

Care records held for people were not always completed fully. Three out of five completed premises risk assessment forms were not dated and the fifth form was blank. Three out of the six care plans did not contain a date that a person started with the agency. Neither the registered manager nor the administrator were able to tell us when the care package started for one person. It was unclear therefore whether or not records had been reviewed as regularly as they should.

Some detail in care records was not written in a respectful way. One person's support plan was written using their surname all of the time. It noted, 'to give (surname) choice' and 'to communicate with (surname)'. In one part of this person's care plan the support plan referred to 'her' instead of 'he'. A review form for this person was dated August 2016, although it was only July. Three other care plans stated in the support plan, 'to complete medication record' or 'support with medication' or 'care worker to administer medication' however when we asked to see these people's MAR records we were told by the registered manager these people self-medicated (took their own medicines) and the information in the care plan was out of date. This

was confirmed by people when we spoke with them.

The registered provider had stated in their action plan following our September 2015 inspection that action in relation to the breaches found at that inspection would be completed by December 2015. We found this not to be the case. Recruitment processes did not follow the requirements of Schedule 3, there was a lack of first aid training for some staff, we had not been notified of, 'any form of abuse that takes place' and auditing of medicines recording was not robust.

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

The registered manager did not have an understanding of their legal requirements in relation to their registration with CQC. The medicines error which occurred in March 2016, although referred to the local safeguarding authority, had not been notified to CQC as required.

The lack of notification of safeguarding incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People were encouraged to give their feedback in relation to their care. As soon as someone started to receive care from Able Trust Care regular telephone calls were made to the person to obtain their feedback. The registered manager told us (and we saw) that these were complimented with visits to a person's home for a face to face discussion about how happy the person was. We noted from the information provided to us that no one had expressed any real concerns about the care they received. We noted people had commented, "Excellent" and, "Really good and professional." This was despite some of the negative feedback we had from people about the timings of visits and the attitude of some staff.

Staff told us they felt supported by the registered manager. One staff member said, "Definitely supported." Another staff member said, "I feel supported and can go to her with any issues."

Staff had the opportunity to meet together at staff meetings. We read minutes of meetings which showed that discussion took place around all aspects of the agency.



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 18 Registration Regulations 2009<br>Notifications of other incidents<br><br>The registered provider had not ensured notifications of important events had been submitted. |
| Regulated activity | Regulation   |
| Personal care      | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>The registered provider had not ensured people were always treated with respect and dignity.                       |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered provider had not ensured the proper and safe management of medicines processes.                 |
| Regulated activity | Regulation   |
| Personal care      | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The registered provider had not operated effective recruitment procedures.                             |

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured they held accurate, contemporaneous and completed records for people.</p> |

### **The enforcement action we took:**

We issued a warning notice to the registered provider in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have set a timescale by which the registered provider must address this breach.