

Abantu Healthcare Agency Ltd

Abantu Care Services

Inspection report

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12 March 2019

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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

About the service: Abantu Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. At the time of our inspection 18 people were receiving personal care and support from this service.

People's experience of using this service:

- Care plans and risk assessments were not updated as required.
- Risks were not always identified in relation to falls and risk management plans were not in place to manage these risks.
- Risk assessments were not reviewed on a regular basis to ensure that they met people's current needs.
- People were not involved in planning their care and support.
- People's medicines were not always safely managed.
- The providers quality monitoring systems were not effective.
- People told us they felt safe. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse.
- Accidents and incidents were appropriately managed and learning from this was disseminated to staff.
- People were protected from the risk of infection because staff followed appropriate infection control protocols.
- There were enough staff available to support people.
- Assessments were carried out prior to people joining the service to ensure their needs could be met.
- Staff were supported through induction, training and supervision to ensure they carried out their roles effectively.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported and encouraged to eat a healthy and well-balanced diet.
- People had access to healthcare professionals when required to maintain good health.
- People told us staff were kind and respected their privacy, dignity and promoted their independence.
- People were involved in making decisions about their daily care needs. For example, what to wear and what to eat.
- Staff understood the Equality Act and supported people's individual diverse needs if required.
- People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.
- People were aware of the provider's complaints procedures and knew how to raise a complaint.
- The service was not currently supporting people who were considered end of life but the provider was aware of best practice in this area.
- Regular feedback was sought from people and staff about the service and acted upon if necessary.
- The provider worked in partnership with key organisations to ensure people's needs were planned and met and to deliver an effective service.
- People and staff were complimentary about the registered manager

Rating at last inspection: Requires Improvement (report published 14 March 2018).

Why we inspected: This inspection was part of a scheduled plan based on our last rating of the service and aimed to follow up on some concerns we had found at our inspection in January 2018.

Enforcement: We found breaches of regulations in relation to person centred care, safe care and treatment and good governance. You can see what action we asked the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Abantu Care Services

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Abantu Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. Not everyone using Abantu Care Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Notice of inspection: This inspection site visit took place on 12 March 2019 and was announced. We gave the service five days notice of the inspection visit, because we wanted to be sure the office staff would be available for the inspection.

What we did:

Before the inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. Usually the provider is asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection: We spoke with four people and one relative to ask their views about the service. We spoke with three members of care staff, the registered manager and the general manager. We reviewed records, including the care records of five people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such quality audits, accident and incident records, and policies and procedures.



Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Requires Improvement: People were not always safe and protected from avoidable harm. Legal requirements were not met.

Assessing risk, safety monitoring and management.

- At our last inspection we found that the local authority had allocated the service some people on a 'discharge to assess' basis. This meant that the service had been asked to provide care and support for four people for a maximum of 72 hours, while they were assessed regarding their continuing care needs that the people would go on to receive. However, we saw that these people had been receiving care and support for up to two months without risk assessments and support plans being in place to ensure the service was meeting their needs adequately and safely. At this inspection we found that the service was not providing care and support for any people who were considered 'discharge to assess'.
- Risks to people had been assessed in areas including medicines, mobility, people's environment and nutrition. However, there were not always risk assessments in place for people who smoked. For example,
- Risk management plans were not always in place to provide guidance for staff about how to manage and minimise risks safely in relation to falls. For example, one person who was at risk of falls, and had suffered falls in the past, did not have any guidance in place for staff on how to minimise any potential risks, such as wearing appropriate footwear and having a clutter free environment.
- One person who smoked, did not have a fire risk assessment in place. Although records confirmed there was a smoke alarm in the person's property, there were no records to show that the smoke alarm was in working order. There was limited guidance in place for staff about what to do to minimise the risk of a fire in respect of the person smoking. Records documented that staff should ensure that cigarettes were extinguished, however this together with the fact the person smoked was documented under the person's hobbies. There was no other information about what staff should do to minimise the risks or information about signs to look out for in terms of increased risk such as scorch marks on clothing or furnishings.
- Risk assessments were not regularly reviewed. Records showed that some risk assessments were carried out in 2015 and then in December 2018. For example, one person's nutrition risk assessment had last been reviewed in 2015 and then on 19 December 2018. Also, there was no records to document whether or not this person had any allergies.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely.

- Medicines were not always managed safely. People's records contained contradictory information about who was responsible for administering their medicines. For example, one person's care plan stated 'Staff to assist in administering medicines at night' and '[Relative] to administer if carers are cancelled'. The registered manager told us that it had been arranged with social services that this person's relative would

cover certain days of the week which included administering medicines. This information was not documented in the person's care plan.

- The same person's Medicines Administration Records (MAR) were not always completed and left blank when their relative was responsible for administering the person's medicines. This meant there was a risk that this person may not be receiving their medicines as prescribed. Information provided by the registered manager following the inspection did not provide assurances as this stated that the person's relative was supporting them on Fridays, however MARs for October 2018, showed that staff were administering medicines to the person on Fridays.
- Another person's care plan stated, 'Family to administer medicines if carers are cancelled'. This person's MARs for September 2018, showed lines had been put through entries between 8 and 11 September 2018 for a prescribed (PRN) medicine without any explanation as to why the medicine had not been administered. The appropriate code such as 'R' was not used to explain whether or not the PRN medicine was offered but refused or 'NR' that it had not been required.'
- We found that although people's care plans had a list of their medicines, this list was not signed and dated to indicate that this was the person's current medicines.
- Medicine audits carried out in October 2018 were ineffective as they did not identify the shortfalls we found at the inspection.

The above issues relate to a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at a further sample of MARs and saw they had been completed correctly and in full. Medicines were administered only by trained staff who completed an assessment of their competency to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe. One person said, "Yes I feel very safe. The carer cares for me very well." One relative said, "Yes my [relative] does feel safe when carers come here, because the same regular carers come."
- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training and staff knew of the types of abuse and what to look out for. They told us that in the first instance they would report any concerns of abuse to their registered manager.
- Where there were concerns of abuse the registered manager had notified the local authority, and CQC as required.

Preventing and controlling infection

- People were protected against the risk of infection. There were policies and procedures in place which provided staff with guidance and records showed staff had completed infection control training.
- Staff had access to personal protective equipment (PPE) which included aprons and gloves. Staff described how they prevented the risk of the spread of infections, for example by ensuring they wore aprons and gloves and washing their hands to prevent the risk of infection.
- One person told us, "Carers do wash their hands and wear gloves." One staff member said, "I always wear gloves and aprons. I have had infection control training."

Staffing and recruitment.

- There were enough staff deployed to meet people's needs in a timely manner, staff rotas we looked at confirmed this.
- Appropriate recruitment checks took place before staff started work. Staff files contained a completed

application form which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

- A person told us, "Yes I believe there are enough staff." A staff member said, "Yes we have more than enough staff."
- The provider had an electronic call monitoring system (ECM) in place which was used effectively to manage staff attendance and punctuality.
- People told us that staff attended their care calls punctually and were not late. One person said, "The carers always turn up on time, I've never had a problem with timing." Another person said, "Carers are very good with time keeping."

Learning lessons when things go wrong.

- The provider had policies and procedures on reporting and recording accidents and incidents. Accidents and incidents were appropriately recorded and investigated in a timely manner. However, improvements were needed as records did not document the action taken following an accident/incident and the measures taken to prevent this from happening again. For example, one person had a fall, but documentation did not record what injuries, if any were sustained, what healthcare professional advice was sought if required and the actions taken and measures put in place, such as a falls risk assessment to prevent this from happening again. There were no records to show learning had been disseminated to staff. The registered manager told us that they would ensure they would include the omitted information going forward and that they would document when learning had been disseminated to staff.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were conducted prior to them joining the service. The registered manager told us this was done to ensure the service would be able to meet people's care and support needs.
- Initial assessments included people's medical, physical and social needs; personal care, medicines, eating and drinking and continence care. They also included the level of support people required.
- These assessments along with referral information from the local authority that commissioned the service were used to produce individual care plans so that staff had the appropriate information to meet people's individual needs effectively.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to support them with their individual needs. One person said, "I think the carers are very well skilled." Another person said, "My carers are very competent in what they do for me."
- Staff training records confirmed staff had completed an induction and were up to date with their mandatory training which included safeguarding, medicines infection control, health and safety, mental capacity, equality and diversity and food hygiene. One staff member said, "My training is up to date, we do a lot of training".
- Records confirmed that staff were supported through regular supervision and annual appraisals in line with the provider's policy. At these supervision sessions staff discussed a range of topics including their objectives, performance, training and the people they supported. Staff told us "Yes I have supervisions, I discuss my work, my clients, my performance and training."

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

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff were knowledgeable and understood their responsibilities in relation to meeting the requirements of the MCA.
- People told us that they could make decisions for example about their food and clothing for themselves

and they had not experienced any restrictions.

- People's rights were protected because staff sought their consent before supporting them and explained how they would be assisting them. One person said, "Yes I have observed carers asking for my relative's consent before they do any task with or for them." Another relative said, "Carers always explain what they are going to do with my relative." One staff member said, "I always ask for people's consent before helping them."

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

- Staff supported people by heating up microwave meals and preparing drinks and sandwiches. One person said, " My carer will microwave a meal for me at lunch time and prepare a sandwich for tea time."
- Staff knew the level of support each person required with eating and drinking and told us if they had any concerns regarding a person's eating and drinking they would report to the office.

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

- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. This included, GPs, and district nurses.
- People and their relatives were responsible for booking and attending healthcare appointments. However, if they required staff support, this would be provided. One person said, "I visit the GP myself if I need to." A relative said, " My relative has been referred to the District Nurse, who now visits every Wednesday."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that staff were kind and caring. One person said, "My carer is incredibly kind and caring and will do anything for me if I ask of them." One relative said, "The carers are all very kind and caring in the way they treat my relative, with so much patience"
- People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people were aware of the complaints procedure should they wish to make a complaint.

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

- People were involved in making decisions about their daily needs and level of support. For example, what time they wanted to get up or what they wanted to wear.
- Staff knew how to support people; they understood and were able to describe the individual needs of people who used the service. For example, one staff member said, "One person used to travel a lot and loves talking about this, so I always make time to talk to them. It makes them happy."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy, dignity and independence was respected. One person said, "Carers always close the bathroom door when I use the toilet or have a shower." One staff member said, "I shut doors and curtains. I always cover people during personal care."
- People's information was stored securely in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.
- People were encouraged to be as independent as possible in relation to eating and drinking and carrying out aspects of personal care. Staff supported people where required. One staff member said, "I encourage people to wash their face, to eat, drink and walk by themselves if they can."
- The service recorded people's religious beliefs, cultural or spiritual needs but at the time of the inspection no-one using the service needed support in these areas. The registered manager told us if they did, this would be documented in the care plan along with the support they required to ensure people's needs were met.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Requires Improvement: People's needs were not always met. Not all regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were not always reviewed regularly, the last review date was 28 January 2018 for all the care plans we saw.
- Care files were not well organised or easy to follow or person-centred. People's care plans did not always include their likes, dislikes and preferences such as food they liked to eat and the things they liked to do.
- There were no records to show that people or their relatives (where appropriate) were involved in planning their care needs.
- Care plans did not always have individual risk assessments or guidance for staff on how to mitigate and manage these risks.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care files had a personal profile in place, which provided information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
- Care files included individual support plans addressing a range of needs such as medicines, communication, moving and handling, nutrition, and physical needs.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The registered manager told us that no-one required information that needed to be tailored to people's individual needs. However, if they did, this documentation would be provided in the form of large print or a pictorial format.

Improving care quality in response to complaints or concerns.

- The provider had a system in place to handle complaints. The service had not received any complaints since our last inspection. However, the registered manager told us, if they did they would investigate and resolve complaints received in line with the provider's complaints procedure.
- People told us that they knew how to make a complaint if they needed to. One person said, "I would just phone and contact the manager." Another person said, "I have a leaflet on how to make a complaint if I need to."

End of life care and support.

- The service did not currently support people who were considered end of life. The senior operations manager told us that if they did then they were aware of best practice guidelines and would consult with

people and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A regulation was not met.

Continuous learning and improving care

- Records demonstrated that audits were carried out, however, they were not effective as they did not identify the issues we found at this inspection such as no risk assessments in place for people at risk of falls and who smoked, gaps in medicines records and care plans not being reviewed and person centred. This meant that these matters were not being addressed in order to improve the service and ensure a good quality service and no learning was taking place in relation to these matters.
- There were unannounced 'spot checks' which involved managers checking staff practice for example, whether staff dressed appropriately, wore uniforms and badges, followed infection control procedures and if daily notes were completed. Records confirmed no issues were found, however, people told us that staff did not always wear uniforms.
- One person said, "Carers wear their own clothes. I have never seen them wear a uniform." A second person said, "My carer wears her own clothes, no uniform." A third person said, "Carers wears just their ordinary clothes, never a uniform." This meant people did not always feel safe as they could not always identify care staff because they were not wearing their uniform.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended regular team meetings. Minutes from the last meeting in February 2019 showed areas discussed included people using the service, safeguarding, training and health and safety.
- An annual survey to obtain people's feedback about the service was carried out in December 2018. Nine responses were received and feedback was positive. One person said, "Staff put me first." Another person said, "Staff offer me choices."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals and a local 'stroke' organisation to provide joined-up care.
- One person said, "I go to the Stroke Club once a week."
- Feedback received from the service commissioner was positive. They told us that they did not have concerns about this service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory

requirements.

- There was a registered manager in post who understood their responsibilities in relation to meeting the requirements of the Health and Social Care Act 2008 and to notify CQC of any significant events at their service. The provider was displaying their CQC rating on their website as required.
- We received positive reviews from people and staff about the registered manager. One person said, "I think the registered manager is marvellous. I don't have any problems with them." The manager is good, they listen and I feel supported."
- Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety. Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
- The management team demonstrated a commitment and willingness to provide meaningful, high quality and person-centred care. However, the systems in place were not effective to ensure people received the high standard of care and support they aimed to deliver.
- People's care and support needs were not regularly reviewed to ensure their needs were met.
- The management team understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.
- Staff told us the registered manager was very supportive.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person-centred care because they were not involved in planning their care and support.</p> <p>People's likes, dislikes and preferences were not always documented.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have established or effective governance systems in place to ensure they provided appropriate and good quality care.</p>

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems in place to assess, mitigate and review risk. Medicines were not always safely managed.

The enforcement action we took:

A warning notice was served